Doctor - patient relationship

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Abstract

The doctor-patient relationship is central to the practice of medicine and is essential for the delivery of high-quality health care in the diagnosis and treatment of diseases. The patients must have confidence in the competence of doctors and should feel that they can confide in him or her. For physicians, the establishment of a good rapport with the patients is also important. This being said, some medical specialties, emphasize more on the doctor-patient relationship than others. The doctor-patient relationship forms one of the foundations of contemporary medical ethics.

Approaches to the Doctor-patient relationship

The Parsonsian Formulation

Talcott Parsons was the first (1951, 1958, 1978) social scientist to theorize the doctor-patient relationship, and his functionalist, role-based approach defined analysis of the doctor-patient relationship for the next two decades. Parsons began with the assumption that illness was a form of dysfunctional deviance that required reintegration with the social organism. An illness, or feigned illness, exempted people from work and other responsibilities, and thus was potentially detrimental to the social order if uncontrolled.

Parsons saw four norms governing the functional sick role:

1. The individual is not responsible for his or her illness;
2. The exemption of the sick from normal obligations until they are well;
3. The illness is undesirable; and
4. The ill should seek professional help, professional rapport with patients, uphold patients' dignity, and respect their privacy.

Parsons also based his model of the doctor's role on the assumption of a long-term relationship with a family physician. The ever-growing medical specialization and the decline of the solo family practitioner is gradually diminishing the importance of this role model & several doctors simultaneously attend a patient having multiple ailments, each with a somewhat different set of role expectations and interpretations of the patient's role performance.

Continuity, Trust, and Communication do matter, but perhaps doctors do not. Patients will probably continue to demand a specific human face on the medical care they receive (Barnard, 1988).

This relationship is very important when one treats a patient. When a patient comes to a physician, he or she has to treat the whole person - body and mind. The physician has to develop a rapport not only with the mind of the patient but also with the next of kin of the patient to achieve an unlimited good out come of the treatment of the patient. This aspect of management of a patient in Bangladesh, in comparison to its neighbouring countries is still in its infancy. This relationship is quite different from other professionals with their clients. Even The original Hippocratic Oath emphazized on this relation ship as early as 425 B.C. [1]

The Hippocratic Oath is taken by most physicians before they start practicing the art of medicine. It is widely believed that the oath was written by Hippocrates, the father of medicine, in the 4th century BC, or by one of his students. It is usually included in the Hippocratic Corpus. Classical scholar Ludwig Edelstein proposed that the oath was written by Pythagoreans, a theory that has been questioned due to the lack of evidence for a school of Pythagorean medicine.[2] The phrase "Above all, do no harm" is usually attributed to the oath. Although, mostly of historical and traditional value, the oath is considered a rite of Passage for practitioners of modern medicine, although it is not obligatory and no longer taken up by all physicians [2]

The Original Hippocratic Oath

"Swear by Apollo, the healer, Asclepius, Hygieia, and Panacea, and I take to witness all the gods, all the goddesses, to keep according to my ability and my judgment, the following Oath and agreement:

To consider dear to me, as my parents, him who taught me this art; to live in common with him and, if necessary, to share my goods with him; to look upon his children as my own brothers, to teach them this art.

I will prescribe regimens for the good of my patients according to my ability and my judgment and never do harm to anyone.
I will not give a lethal drug to anyone if I am asked, nor will I advise such a plan; and similarly I will not give a woman a pessary to cause an abortion.
But I will preserve the purity of my life and my arts.
I will not cut for stone, even for patients in whom the disease is manifest; I will leave this operation to be performed by practitioners, specialists in this art.

In every house where I come I will enter only for the good of my patients, keeping myself far from all intentional ill-

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doing and all eduction and especially from the pleasures of love with women or with men, be they free or slaves. All that may come to my knowledge in the exercise of my profession or in daily commerce with men, whom ought not to be spread abroad, I will keep secret and will never reveal.

If I keep this oath faithfully, may I enjoy my life and practice my art, respected by all men and in all times; but if I swerve from it or violate it, may the reverse be my lot."

Modern versions and alternatives

A widely used modern version of the traditional oath was penned by Dr. Louis Lasagna, former Dean of the Sackler School of Graduate Biomedical Sciences.

In the 1970s, many American medical schools chose to abandon the Hippocratic Oath as part of graduation ceremonies, usually substituting a version modified to something considered more politically and medically up to date, or an alternate pledge like the Oath or Prayer of Maimonides.

The Hippocratic Oath has been updated by the Declaration of Geneva

The Declaration of Geneva was intended as a revision [3] of the Oath of Hippocrates to a formulation of that oath's moral truths that could be comprehended and acknowledged modernly.[3]

The original Declaration of Geneva reads: [4]

At the time of being admitted as a Member of the medical profession:

- I solemnly pledge myself to consecrate my life to the service of humanity;
- I will give to my teachers the respect and gratitude which is their due;
- I will practice my profession with conscience and dignity;
- The health and life of my patient will be my first consideration;
- I will respect the secrets which are confided in me;
- I will maintain by all means in my power, the honour and the noble traditions of the medical profession;
- My colleagues will be my brothers;
- I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient;
- I will maintain the utmost respect for human life, from the time of its conception, even under threat, I will not use my medical knowledge contrary to the laws of humanity;
- I make these promises solemnly, freely and upon my honour. [4]

An important area of medical sociology is a doctor- patient relationship which is influenced by complex social factors. [5]The patient comes unbidden to a doctor and enters voluntarily into a contract in which he agrees to follow the doctor's advice. By virtue of his technical superiority, knowledge and skill, the doctor exercises an authoritative role and issues "orders" to his patient. Some individuals may not be prepared to invest the doctor with full authority; this may lead to conflict between the doctor and patient.

Besides technical competence, the doctor must know how to communicate with his patient. In fact, a successful doctor is one who knows how well to communicate with his patient. In this regard, three levels of communication have been described:

(1) Communication on an Emotional Plane: The doctor must give a sympathetic ear to the complaints made by the patient and his relatives. This is necessary to establish a quick rapport. The reason why folk medicine is successful is because the patient and his relatives feel they can talk more freely to a folk medical practitioner than with the modern physician. The interpersonal relationships between village and folk practitioners on one hand, and the villagers and the practitioners of modern medicine on the other hand are considerably different.

(2) Communication on a Cultural Plane: Secondly the doctor should be aware of the general concepts of cultural and social organization of the community with which he is dealing. This helps to acquire certain "flexibility" in his dealings with patients. The reason why the indigenous and folk systems of medicine are successful in the rural areas is because they are part of the total way of life of the people: treatment is based mostly on charity, and payment to the physician may be in kind, and the medicines are prepared from ordinary plants common to the region.

A mere statement of the patient that the medicine is "hot" and will help to cure "cold" diseases may make for increased confidence. Anthropologists have therefore stressed its general culture patterns and its social and political structure, and the native concepts of health and diseases.

(3) Communication on an Intellectual Plane: Practitioners of modern medicine come from well-to-do-families. By their education and training they tend to be sophisticated. This leaves a wide gap between the intellectual level of the practitioners of modern medicine and the illiterate masses In other words; there is an enormous social distance between the two groups. A successful doctor is one who reduces this distance and is able to communicate with his patient freely and wins his confidence. A most important component of doctor-patient communication is humor. It is the best icebreaker for the patient frozen by fear and anxiety.

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The doctor who is able to communicate with his patient on these three planes is bound to give maximum psychological satisfaction to his patient. The other qualities which mar the reputation of a doctor are his greed for money, differential treatment between the rich and poor and lack of a sympathetic and friendly attitude. The patient can challenge the doctor's professional adequacy if the doctor does not know how to communicate. Patients who do not behave according to the doctor's expectations are often labelled as "uncooperative [5]"

References:

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