

Health Law and Ethics

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MHA 633

Doctor – Patient Relationship

Lecture 6



In the previous Lecture: Doctor – Patient Relationship

- ✓ Ethical Analysis..... Different Approaches
- ✓ Doctor – Patient Relationship
- ✓ Oath of Muslim Doctor
- ✓ Why does it matter?
- ✓ Types of relationship
- ✓ What is the ideal patient-physician relationship

In this Lecture: Doctor- Patient Relationship

Introduction

Duties of a good doctor

Doctor competencies

7 Principal elements that are essential to the relationship

Etiquette Based Medicine

Communication skills

Consultation styles

Four Models of Decision Making

Patient Education

Improving Doctor-patient relationship

Introduction

- This is a unique social relationship where bonding is planned with the ultimate objective of assisting the patient to achieve treatment goals.
- This approach requires the doctor (care provider) to take on the responsibility of directing , effecting and maintaining the therapeutic relationship, exhibiting a professional and ethical approach.

Introduction

- Doctor –Patient relationships express the values of medical profession
- The relationship should not be the fish & fisherman
- It should be always like fish and water
- The doctor-patient relationship has been defined as “**a consensual relationship in which the patient knowingly seeks the physician’s assistance and in which the physician knowingly accepts the person as a patient.**”

ROOTs of DPR

- The physician-patient relationship has at least three roots:
 1. A root of social contract relying upon a mutual perception of profession;
 2. A root developing out of the historical tradition of society and profession; and
 3. A personal root which gains its strength from the specific personality of both physician and patient and from that unique relationship.



DPRWhy does it matter ?

- The **patient-physician relationship** is fundamental for providing
 1. excellent care
 2. to the healing process
 3. to improved outcomes

Therefore, it is important to understand what elements comprise the relationship and identify those that make it "good."

DPR Shocking findings from research

- During interviews between doctor and patient :
- 60% of taped interviews showed interruption in first 20 seconds
- In 50 % of the cases: doctors and patients did not agree on the key problem
- 80% of the cases could not adequately repeat the prescription



Duties of a good doctor

- Patients must trust doctors with their life and death. To justify that the Doctor must show respect for human life:
- **Knowledge, skills and performance ***
 - Make the care of your patient the first concern.
 - Provide a good standard of practice and care.
- **Safety and quality**
 - Protect and promote the health of patients.
 - Take prompt action for patient safety, dignity.

* Skills all doctors should possess : E.g.

1. Recognize when a patient needs to be transferred to the ICU.
2. Deliver bad news compassionately, yet honestly.
3. Explain a disease or procedure to patients in plain, understandable terms.
4. Know when to speak, and when to listen

Duties of a good doctor

- **Communication, partnership and teamwork**
 - Treat patients as individuals and respect their dignity.
 - Respect patient's right to confidentiality.
 - Work in partnership with patient
 - Work with colleagues in the ways that best serve patient's interests
- **Maintaining trust**
 - Be honest and open and act with integrity
 - Never discriminate unfairly against patients or colleagues
 - Never abuse your patient's trust

○ Being a doctor today is **not easy!**

- too much work
- too much hassle
- too much competition
- too much despair; and
- too little reimbursement ?

Doctor Competencies

- Patient Care
- Medical Knowledge
- Practice-Based Learning (EBM) and Improvement
- Interpersonal Skills
- **Communication** Skills
- Professionalism
- Systems-Based Practice



7 Principal elements that are essential to the relationship:

1-COMMUNICATION

2-OFFICE EXPERIENCE

3-HOSPITAL EXPERIENCE

4-EDUCATION

5-INTEGRATION

6-DECISION-MAKING

7-OUTCOMES

- - in Physician-Patient Communication
 1. Build the doctor-patient relationship
 2. Open the discussion
 3. Gather information
 4. Understand the patient's perspective
 5. Share information
 6. Reach agreement on problems and plans
 7. Provide closure

Etiquette Based Medicine

Checklist for first meeting with a hospitalized patient:

- Ask **permission** to enter the room /interrogation ; wait for an answer
- **Introduce yourself**, showing ID badge
- Shake hands /greeting (wear gloves if needed)
- Sit down, Smile if appropriate (**relax** your self and make patient relaxed)
- Briefly explain **your role** on the team
- Ask the patient how he/she is feeling about being in the hospital & about the treatments

Communication Skills

Advice reassurance and support from the doctor can have a significant effect on recovery

The placebo effect

- Communication skills in clinical practice: “Its an art to talk medicine in the language of a non medical men”!
- Separates successful doctors from unsuccessful ones!
- Include ability to engage with patients at emotional level, to listen, to convey information with clarity & sympathy

Communication Skills

Polish your bedside manner

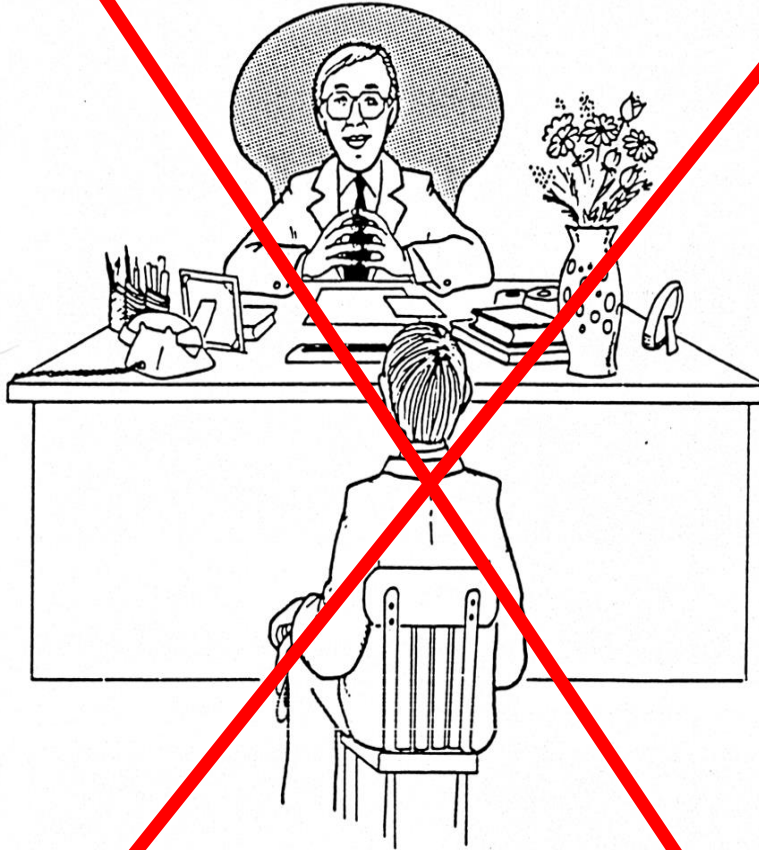
- Non-verbal communication – **SOFTEN**
 - S - Smile
 - O - Open posture
 - F - Forward lean
 - T - Touch. This is a privilege – use it !
 - E - Eye contact
 - N – Nod
- **Nonverbal skills**
 - Attentive and interested body posture
 - Facial expression
 - Appropriate eye contact
 - Touch

Communication

- 7% - Spoken words !
- 38% - Voice quality like Tone, Tempo, intonation !
- **55%** - Body language !



Appropriate seating for good communication



The headmasterly 'I am in charge' setting: a grave barrier to communication



'Is anything worrying you?'

Communication Skills

Patients perception of inadequacies of communication arise from

- **Content skills** – **what doctors say**, e.g., the substance of the questions asked, the answers received, the information given, the differential diagnosis list, and the doctors medical knowledge base
- The content of communication is influenced by a number of practical and situational factors (time available, initial or subsequent visit, private patient)
- **Process skills** – **how doctors say it**, e.g., how the doctor asks questions, how well he listens, how he sets up explanation and planning with the patient, how he structures his interaction and makes that structure visible to the patient through signposting or transitions & how he build relationships with patients

Communication Skills

✓ Communication skills and steps to be achieved in consultation

1. Initiating the session (establishing the initial rapport and identifying the reason(s) for the consultation).
2. Gathering information (exploring the problem, understanding the patients' perspective, providing structure to the consultation).
3. Building the relationship (developing rapport and involving the patient).
4. Explanation and planning (providing the appropriate amount and type of information, aiding accurate recall and understanding, achieving a shared understanding and planning)
5. Closing the session.

Consultation Styles

1. Doctor centered

- Paternalistic - doctor is the expert and patient expected to cooperate
- Tightly controlled interviewing style aimed at reaching an organic diagnosis.
- Closed questions
- ‘Voice of medicine’- focus on biomedical diagnosis and treatment as quickly as possible

Consultation Styles contd..

2. Patient centered

- Mutuality
- Less authoritarian - encourages patient to their own feelings and concerns
- Open questions
- ‘Voice of the patient’ - communication of patients beliefs, feelings & psychosocial context (bio psychosocial)

Key aspects of a of patient-centred consultation

- Biopsychosocial perspective
- Patient-as-a-person
- Sharing power and responsibility
- Therapeutic alliance
- Doctor-as-a-person

BARRIERS IN COMMUNICATION

A) Doctor's barrier to effective communication

- ☐ Lack of specific knowledge
- ☐ Lack of counseling skills
- ☐ Lack of time
- ☐ Lack of appropriate resources

B) Patient's barrier to effective communication

- ☐ Sex
- ☐ Social and educational level
- ☐ Different languages
- ☐ Minority

Four Models of Decision Making:

1) The **paternalistic** model

- Similar relationship **as father and child** , hence paternalism
 - father overriding decision of child .
- Doctor has the patient's best interest in mind , and overrides the patient's choice
 - may be appropriate in **emergencies** patient cannot voice wishes .
- This is in **contrast to ethical principle of autonomy** .
 - much in favour of ethical principle of beneficence .
 - allows for uncertain patient to " allow the doctor to decide what's best "
- Doctor seen as **a father figure**

Four Models of Decision Making:

1) The paternalistic model

- **Principle**
 - The doctor should make all the decisions for a patient.
- **Assumptions**
 - People are not always rational/mature.
 - Experts know better about the needs of patients.
 - Qualified doctors have good will.
- **Sources**
 - Hippocratic Oath.
- **Problems**
 - Are the needs of patients objective?
 - How can we be sure that doctors have good will?
- **Objection and modification**
 - liberal principle

2) The **informative** model

- Doctor provides patient with facts regarding treatment .
- Patient **makes decision based upon these facts provided** , and doctor follows through with the patient's plan.
 - informed patient decision .
 - Increased patient autonomy , potentially decreased beneficence .
 - patients may not make a decision that is in their best interest .
 - **opposite of paternalistic model** .
- Concept here is that the doctor is an expert

2) The **informative** model

- **Principle**
 - The doctor should provide all the relevant information for the patient to make a decision, and provide the selected intervention on this basis.
- **Assumptions**
 - A fact/value division of labor yields the best medical result.
 - What is good for a patient depends on what his/her personal values.
 - Consumerism.
- **Problems**
 - What if the patient is unconscious, incompetent, and making choices totally unacceptable by our ethical standards?

3) The **deliberative** model

- Discussion of patient values , by doctor , **to clarify and challenge them**
- Doctor tries to challenge patient views and attempt to guide patient towards values doctor believes is in the patients best interests .
- Concept here is that the doctor **is a friend** .

4) The **interpretive** model

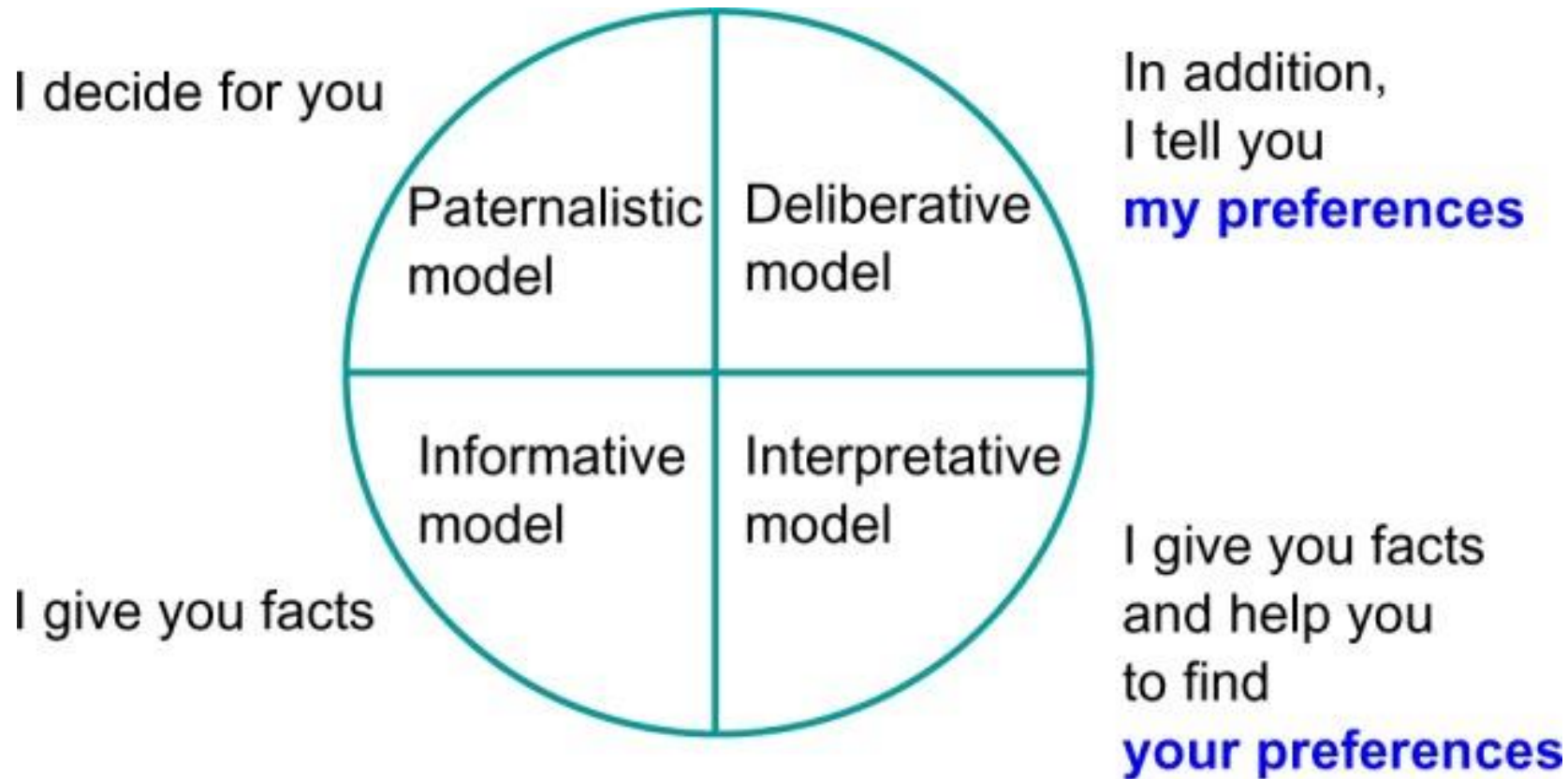
- Doctor discusses patient management , in order to clarify patients values , **and promote patient understanding of the consequence of their decisions** .
- Development of deliberative model , respects patient autonomy by informing patient rather than manipulating of their views .
- Doctor is seen as an **advisor** .

3) The **deliberative** model

- **Principle**
 - The doctor should help the patient to deliberate well through dialogue and discussion, and so develop values which are objective and truly worthy.
- **Assumptions**
 - The objectivity of values.
 - The patient's good life consists not in the satisfaction of desires, but maturity and rationality.
- **Source**
 - Aristotelian ethics
- **Problems**
 - Is the model different from the paternalistic model?
 - What is the difference between dialogue and persuasion?

4) The **interpretive** model

- **Principle**
 - The doctor should help the patient to articulate his/her values through interpretation, and provide intervention which is truly wanted.
- **Assumptions**
 - Patients have unconscious and inconsistent desires.
 - Their conscious decisions may not reflect their deepest values.
- **Sources**
 - Sigmund Freud.
- **Limitation**
 - All that a doctor can do is to help the patient see his/her own desires/values more clearly, but not to criticize them.



Take on Consideration

- Patient Autonomy

- Autonomy = freedom to decide !
- Doctors need to :
 - 1. present the options to the patients and
 - 2. allow patients to choose for themselves
- Informed choice means patients need

- Educating patients

- Most doctors do not spend much time educating their patients!
- Primary role of a doctor should not be merely treating an illness, but helping people remain healthy
- Patients are the practice !

Patient Education

- Key component of **informed consent**
- Don't tell the patient what to do
- Present the information and the treatment options – and allow them to make up their own mind !
- Empower patients with information – they will respect you for this !
- Information therapy - “ **Prescribing the Right Information to the Right Person at the Right Time**” is the best way of bridging the doctor-patient communication gap today !
- **Benefits of patient education :**
 - Happier patients practice promoter
 - Increase patient compliance
 - Improve public health
 - Overall :Helps to improve empathy
 - Reduce risk of complications

Take on Consideration

Intervention---

- Teach back method.
- **Ask Me 3"** is designed to bring public and physician attention to this issue, by letting patients know that they should ask three questions each time they talk to a doctor, nurse, or pharmacist:
 - 1) What is my main problem?
 - 2) What do I need to do?
 - 3) Why is it important for me to do this?

Patient Expectation From Their Doctors?

- **Expertise** (be well-informed and UpToDate)!
- **Professionalism** – look out for the patient’s best interests!
- **Accountability** – be answerable; say Sorry (if there is a mistake)!
- **Transparency** – no unnecessary tests and referrals!
- **Respect** their desires and their time!
- Treat them as intelligent human beings

Experience + Needs + Communication = Expectation !

- If Perception exceeds expectations: Satisfaction!
- If Expectations are less than perception: Dissatisfaction!

Doctor Expectation from His Patients?

- Patient's will :

- Deal with Doctor with respect
- Will say "Thank You" when things go well
- Will have realistic expectations of treatment
- Will not unfairly blame doctor anytime there is a problem
- Will pay their professional fees promptly and gracefully
- Many patients, furthermore, are not ill: they see physicians to have their health evaluated or certified, to be examined for employment, or to meet a number of other requirements not directly associated with illness.
- In the last 50 years, the patient-physician relationship has become complicated beyond imagination.
- And yet, there remains that unavoidably deeply private relationship still reflecting a slowly evolving traditional vision, the patient-physician relationship remains inevitably based on trust, fear, and hope.

Doctor Expectation from His Patients?

Physicians are capable of acting unprofessionally, but cannot act unethically, as ethical standards are part of their profession.

Therefore, it behooves all patients to educate themselves on what constitutes “professional” and “unprofessional” behaviour for those involved in health care.

Influences On The Doctor–patient Relationship

1. Influence of time –

- Average 8 minutes (avg 2-20 min)
- Pressures of time- doctor centered consultation
- However, doctors own style & approach influences than the time available.
- Patient centric approach needs more time but overall reduces the number of return visits & thus the total consultation time .

2. The patient's characteristics and behaviour depends on a number of factors:

- Age
- Social and educational level
- Sex
- Different languages

3. Influence of structural context

Hospital situation/ Ward

Fee-for service

Improving Doctor–patient Relationship

- ❖ Active Listening
- ❖ Nonverbal Communication
- ❖ Agendas
- ❖ Empathize
- ❖ Educating Patients
- ❖ Reassurance
- ❖ Agreeing on a treatment plan
- ❖ Taking responsibility
- ❖ Avoid overreacting
- ❖ Establishing boundaries

SO, what makes a GOOD Doctor

Listening

Interest – concern

Respect

Flexibility

Knowledge

Subject matter

General examination

interview techniques

Symptomatic reading of the patient

Relationship reading

Proof of Negligence Lodge a Complain

- The essentials of negligence are four "D"s:
 - 1. There was a Duty towards patients
 - 2. There was Deficiency in duty
 - 3. This Directly resulted in the problem
 - 4. Damage which may be physical, mental or financial loss to patient or relatives

Conclusion

- ❑ The doctor-patient relationship is at the core of the practice of healthcare.
- ❑ Essential for the delivery of high-quality health care in the diagnosis and treatment of disease.
- ❑ The Doctor-Patient Relationship itself is part of the therapeutic process.
- ❑ Many issues may complicate or negatively affect the doctor-patient relationship if not taken properly into consideration.



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Thank You