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The Doctor- Patient Relationship – Changing Paradigm

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Abstract:

Good Doctor-Patient relationship increases the compliance level of treatment recommendations and also leads continuing care and promotes patient satisfaction. In India during the past Doctors have always held disproportionate power over the patient. Modern medicine relies on a battery of tests to arrive at the diagnosis even for the basic clinical condition. Patient expects that a doctor will treat him/her holistically and not as an organ and system.

Dissatisfied patients are more motivated to post complaints. Patients are arriving to the clinic armed with information from internet. They want to actively participate in the therapeutic decisions. Health information seekers in the web have increased from 54 million in 1998 to more than 230 million in the present context (Bichille, 2004).

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I. INTRODUCTION

In the healthcare sector the doctor-patient relationship has been the key driving force from the past and continues to be in the present. One of the critical factors for the patient to remain with the same doctor is the satisfaction achieved in the doctor patient relationship. In the ancient India, doctors were enjoying the highest level of respect from the patients because of the attitude and approach towards the patients. Also many patients believed that doctors were sent by God to take care of their pains and sufferings (Paul, 2015). From the start of the 21st century there has been a sense of dissatisfaction seen in the doctor-patient relationship, due to various factors like the emergence of internet, drastic technological development in the health care sector, emergence of health care insurance, information available in the internet, nexus of pharmaceutical industry among health care professionals, amount of corruption ranging from independent registered medical practitioners even up to the level of corporate healthcare setups and many more (Verma, 2015; Berger, 2014).

Medicine is the most scientific of humanities and it is a discipline that combines science and art. One of the ancient Indian physicians Charaka once said. "A good physician nurtures affection for his patients exactly like a mother. The physician having such qualities gives life to the patients and cures his diseases." This is a special relationship the doctor – patient relationship it has received philosophical, sociological and literary attention since the time of Hippocrates and it is the subject of many books focused towards the modern medical literature. Trust is utmost important in the case of doctor – patient relationship (Paul & Bhatia, 2015).

When a patient visits a doctor most of the encounter happens between the patient and the doctor. This encounter generally comprises of three functions, gathering information, communicating information, developing and maintaining a therapeutic relationship. Generally patients will withhold the information if they don't trust the doctor. In such encounters the relationship is the important determinant that influences the satisfaction for patient and doctor and further this contributes to the maintenance of the practice as well as prevention of burnout of practice (Goold, 1999).

II. ORIGIN OF MEDICINE IN INDIA

Origin of medicine in India cab be tracked back to Vedic times i.e. 5000 BC. Atharva Veda solely deals with medicine and ayurveda constitutes part of Atharva Veda.

Atharva Veda has eight divisions of Ayurveda:

1. Kayachikitsa (Internal Medicine)
2. Salakya Tantra (Surgery of head and neck, Ophthalmology and Otolaryngology)
3. Shalya Tantra (Surgery)
4. Agada Tantra (Toxicology)
5. Bhuta Vidya (Psychiatry)
6. Kaumarabhrity (Pediatric)
7. Rasayana (Anti – aging or science of rejuvenation)
8. Vajkarana (The science of fertility)

In the start of 19th century British government of India could not entrust the health care of their own people in the hands of Ayurveda and Unanis and hence they had to bring medical men from Europe.

The British surgeons trained few Indians on the basic principles of diagnosis and treatment of disease and appointed as Compounders to assist the doctors.

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The services of compounders were appreciated by British Surgeons. The British Government of India felt they need more systemic education that's how the first Medical School in India was established in 1824 at Calcutta Sanskrit College and subsequently it let to the establishment of Medical college of Bengal in 1835 at Calcutta.

There has been a rapid development in healthcare in our country since then. Private organization entered the healthcare sector. Since then in addition to MBBS doctors India could add more specialists and super specialists.

In the ancient India doctors have earned the highest level of respect in the society, mainly because of their attitude towards the patients. More over medicine was seen from social and humanitarian perspective point of view and it was not commercialized (Paul and Bhatia, 2015).

During the twentieth century Family Physicians dominated India, they practiced in the rural area and specialists were few in number and mostly they are located in urban area. These family physicians were available round the clock and they could develop very good rapport with patients and their family members (Paul and Bhatia, 2015).

These family physicians explained the problems to the patients regarding the diagnosis, treatment protocol and patients were free to clear concerns, there was no time constraint in the consultation process. Because of this patients developed a deep trust with the doctors. Only genuine cases were referred to the specialist or super specialist (Paul, 2015).

The cost of consultation was affordable. Sometimes the treatment was offered free for poor patients. Few patients offered paddy, fruits and vegetables in the place of consultation fees. This further led the patients to have a strong faith and trust with the doctors (Paul and Bhatia, 2015)

III. LITERATURE REVIEW

Studies related to patient satisfaction show that in addition to the doctor's medical skills there are other skills which are considered as highly rated they are qualities such as listening (Lewis, 1994) and interpersonal skills (Williams and Caluan, 1991). There are a few things which are highly valued by patients they are Empathy (Mercer et al., 2001), Ease of communication and friendship (Gabel et al., 1993), Trust and Commitment (Anderson and Dedrick, 1990).

There is a significant relationship between patients seeing their doctors regularly and the trust patients held with their doctor. This could be the doctor and patient patients are meeting at regular intervals with more frequency (Freeman et.al; Manius et.al. 2001).

Mead and Bower (2000) note that patients value the following,

Doctor's humaneness giving sufficient information and time also treating them as individuals and involving the patients in decision making process

Indian pharmaceutical market is estimated at $ 20 million and it is one of the fastest growing in the world (Ernst and Young, 2009).The culture of giving gifts by the pharmaceutical firms can influence the doctor's prescribing behaviour (Ketz et.al., 2003).With the conflict of interest with the pharmaceutical company few physicians can get influenced of prescribing a new drug irrespective with respect to the need of the patient further this is an act to demonstrate his contribution to the sale of new drug (Kmietonicz, 2004). Pharmaceutical companies play a significant role in developing treatment guidelines Physician may get involved in writing treatment guidelines to other physicians to follow in such situations. (Goozner, 2005).

Doctor performance is something which can be evaluated during the process of doctor-patient interaction (Keller & Carroll, 1994).

Critical factors that are important for a effective doctor-patient communications were the doctors communication skills and his "psychological strengths and weaknesses while interacting with the patients" (Keller & Carroll, 1994).

Conflicts in the doctor-patient relationship have become regular affair nowadays and lots of attention is drawn towards this area. Patient's consumerist attitudes and high expectation towards health care, complaints and litigations, eroding social trust in health care as well as the medical profession and sensational media coverage have all given rise to various forms of doctor-patient conflict (Kaba and sooriakumaran, 2007).

Profit making is on rise, Hospitals set revenue target to be achieved. Revenue targets are given to each clinical department and to individual doctors. Under such scenarios doctors are rewarded for achieving quantitative parameters, under such circumstances clinical experiences are going to be certainly unpleasant (Hsiao, 2008).

In the event of profit making by hospitals there are over worked, underpaid doctors in many hospitals, under such circumstances these doctors tend to rush through the process in doctor-patient encounter and will lead to unsatisfying doctor-patient encounters (Rosner, 2013)

Medical malpractice litigations has emerged and is considered to be a major form of dispute, quite a number doctors are being sued by the patients (Kessler et al, 2006). These incidences lead to lack of trust by the patients and their care takers towards the doctors.

E- Patient revolution is emerging exponentially across the world. More people are looking at internet seeking information on health and well-being. Internet can influence patient's behaviour (Akerkar et al, 2004)

With the emergence of health related websites and millions of health related searches happening in the internet each day there are rapid changes in health behaviours (Eysenbach, 2003).

Even after consulting a doctor searches may continue because of a lack of satisfaction in the consulting process, to check the validity of information told by their doctor (Grossman et.al, 2009).

It can be witnessed instead of the doctor being as sole decision maker of patient care, with the emergence of consumerist model doctors and their patients are becoming partners in managing their care (Shoor and Lorig, 2002).

Doctors are now being questioned by increasingly well informed patients (Kim and Kim, 2009).

In the past it was seen the first medical contact was with family doctor, now it is internet. As a result Family members, care takers as well as Patients search on medical websites gather information before consulting their doctors (Fox & Rainie, 2002).

IV. DOCTOR-PATIENT DETERIORATING RELATIONSHIP IN INDIA

1. There was a female patient who was admitted in the Malda Medical College Hospital and it was declared that she was dead. Later patient relatives found she was alive. Finally accused doctor was ordered an enquiry by the medical superintendent. (Paul & Bhatia, 2015)
2. In the emergency department of Delhi AIIMS a senior resident doctor examined the patient and referred to the neurology department. Patient had to wait for a long time for referral consultation, the care takers created a ruckus. Doctors went on strike in the protest of the incident (Paul & Bhatia, 2015)
3. A patient of stomach ache went to "Adarsh polyclinic & Laboratory in Mumbai for HCV antigen test. Later on the patient came to know that the test was done in "Metropolis clinic" and gave a wrong report of HCV reactive. District consumer forum has directed both the laboratory to compensate the patient for wrong diagnosis. (Paul & Bhatia, 2015)

V. PROBABLE FACTORS BEHIND THIS DETERIORATING DOCTOR-PATIENT RELATIONSHIP

1. Corruption in the health care industry is seen in both the private and as well as government health care system and is gradually destroying the doctor-patient relationship. In the circumstances doctors are influenced at times to prescribe costly and unnecessary medicines, initiate laboratory tests to get financial commission, junket tours and costly gifts, keeping the patients for more number of days in the I.C.U. for extra charge. To get into private medical colleges students have to spend pay huge sum of money as donation. This extra hunger for money among doctors is a important attribute (Paul & Bhatia, 2015)
2. There is as an existence of Inequity in the health care delivery. Highest level of health care is enjoyed by those who can pay more at the same time the poor and middle class have to depend on public health care system (Paul & Bhatia, 2015)
3. Medical science has undergone a drastic and advanced technological development during the last few decades. Now there are better clinical outcomes, less invasive procedures and recovery times are shorter leading to the improvement of the overall health of people. On the other hand the general perception among patients and their care takers is that with all this advancement in technology lives will be saved (Paul & Bhatia, 2015)
4. In India the overall doctor patient ratio is 1:1800 when compared to the WHO recommendation of 1:1000. Hence time spent by doctors with patients during consultation is inadequate (Paul &Bhatia, 2015)
5. Two major factors expanding middle class population and growth of health insurance, people are ready to spend more for saving lives. They are expecting best possible services, poor services and negligence under such circumstances flares up the emotions and cause more dissatisfaction among patients and their relatives (Paul & Bhatia, 2015).
6. Literacy has expanded much better more number of people are now aware of consumer protection act 1986. As a result of this number of negligence cases against doctors in consumer protection court is rapidly increasing (Paul & Bhatia, 2015

VI. PATIENT'S RIGHTS IN INDIA

Patient Rights	Patient Responsibility	COER / Doctor's code of practice
I deserve respectful care from my doctor	I will maintain healthy habits and take responsibility for my health	I will provide a printed schedule of my fees for office visits, procedures, testing and surgery.
I would like to be heard to my satisfaction	I will be respectful to doctors and medical staff	I will schedule appointments to allow the necessary time to see you with minimal waiting time and listen to you without interruption.
I would like to get complete information about my medical problem.	I will be honest with my doctor and disclose my family / medical history	I will encourage you to bring a friend or relative into the examining room with you.
I would like to be informed of hospital rules and regulations	I will be punctual for my appointment	I will not proceed until you are satisfied that you understand the benefits and risks of each alternative and I have your agreement on a particular course of action.

Adopted from Verma Sunil, (2015)

Cont….

Theoretical Frame Work of Dissatisfied Doctor- Patient Relationship

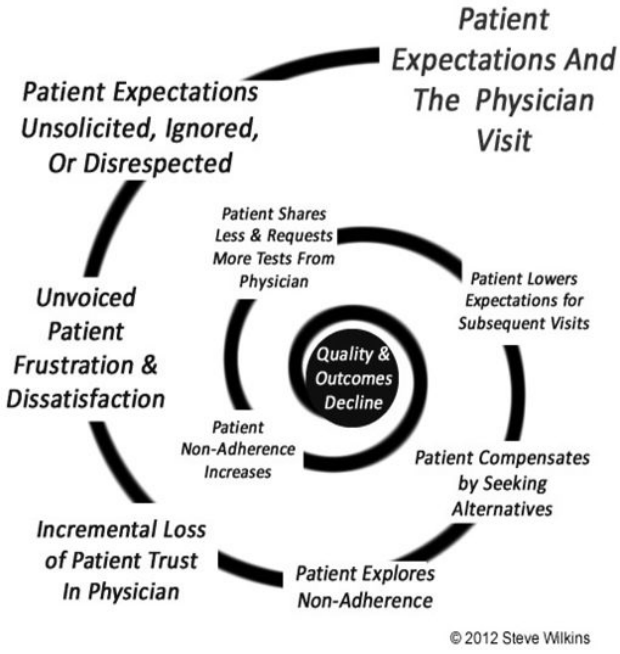

Figure 2.1

Adopted from Steve Wilknis, (2012)

VII. WHAT CAN HEALTH CARE SECTOR DO FOR BETTERMENT?

An understanding of direct and indirect effect of healthcare service quality dimensions of patient satisfaction is important for managers employed in corporate hospitals because it helps the managers to take action towards improving the patient satisfaction during all their encounters and increase their intentions to revisit.

In the recent past there has been a vast development in the medical technology and quality of healthcare has increased, further to that the standard of living has also changed and there are many people seeking better healthcare. Hence service quality has become very important for the hospitals to satisfying the patients and also retaining the patients. Further to that to increase the foot fall to the hospital. Therefore more and more number of studies at regular frequencies needs to be done to investigate the health care service quality offered and how it can be improved to build a satisfying and long term relationship with the patients.

VIII. CONCLUSION

Doctor-patient relationship highly valued by patients will have few negative consequences, increased patient compliance towards the treatment regime. Doctor-patient satisfaction will enhance acceptance of preventive approaches towards leading a better quality of life by decreasing the chances of patients encountering the emergency departments, chances of getting hospitalised etc.

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