

Syrian Private University

Medical Faculty

Communication Skills Course

Academic Year 2017-2018

Patient – Doctor

Relationship

M.A.Kubtan , MD-FRCS

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

Ideal Doctor

- Apply high degree of **skill** and **knowledge**
- Act for the good of the Patient
- Remain objective and emotionally detached
- Respect the position of privilege



Doctors Role

- Health provider
- Technical Consultant
- To convince necessity of medical services
- A tendency for the consumer to be right



Doctor Competencies

- Patient care
- Medical knowledge
- Practice – Based Learning and Improvement
- Interpersonal Skills
- Communication Skills
- Professionalism
- System – Based Practice

Patients Role

- **Health Shopper** , indication of patients behavior
- Cost – Consciousness
- Information seeking
- Exercising independent judgments
- Consumer knowledge



Ideal Patient

Permitted to give up

- **Some activities**
- **Responsibilities**
- **Regarded in need for care**

In Return

- **Must want to get better quickly**
- **Seek help and Co operate with Doctor**

Conflict of Interest

- Interest of patient Vs Society
- Interest of Patient Vs other Patient
- Problems of confidentiality

The Physicians Character

Principals include

- Patient welfare
- Patient autonomy

Commitments include

- **Honesty** with patient
- Patient **confidentiality**
- Maintaining **appropriate relationship** with patient



"Off hand, I'd say you're suffering from an arrow through your head, but just to play it safe, I'm ordering a bunch of tests."

Seven Essential Element

in Physician-Patient Communication

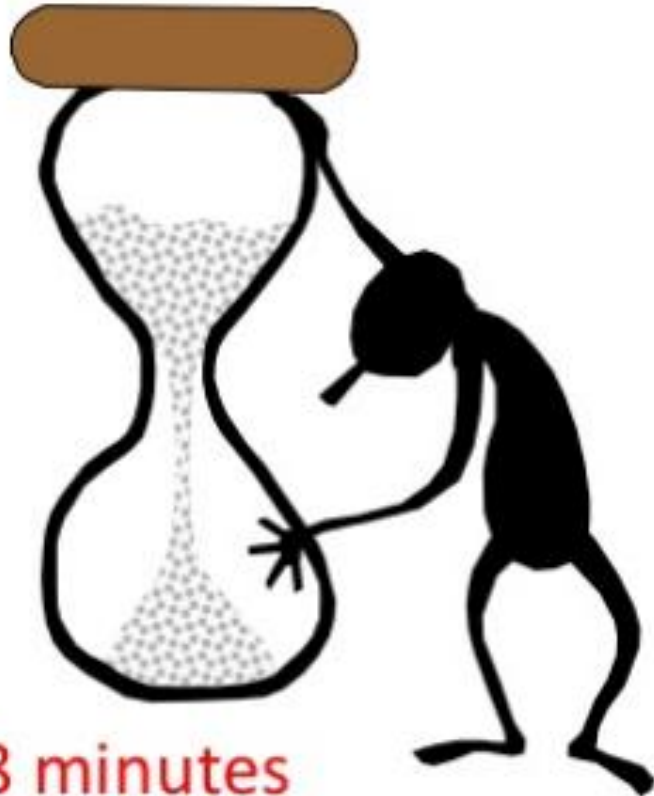
1. Build the doctor-patient relationship
2. Open the discussion
3. Gather information
4. Understand the patient's perspective
5. Share information
6. Reach agreement on problems and plans
7. Provide closure

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

Length of Consultation



Average 8 minutes

- Makes patient centred consultation styles more difficult.

Consultation Styles



It's serious isn't it doctor?

Sustained physician-patient partnerships with bonds of **trust** and knowledge of patients were correlates of three outcomes of care

- **Adherence**
- **Satisfaction**
- **Improved health status**

Doctor-Patient Relationship Linked to Outcomes of Care

Communication:

- How well this doctor communicate with you and your family
- Did doctor answer your questions?

Compassion:

- Was the doctor is sensitive to you and your family needs?

Respectfulness:

- Did the doctor ask and respect your choices about your care

Responsibility:

- Did you feel the doctor acted appropriate on your behalf?

Rate from 0 to 100...

1. Communication

2. Compassion

3. Respectfulness

4. Responsibility

SCALE

100-Best Possible

90-Excellent

80-Very Good

70-Good

60-Above

Average

50-Average

40-Below

Average

30-Poor

20-Very Poor

10-Terrible

0-Worst Possible

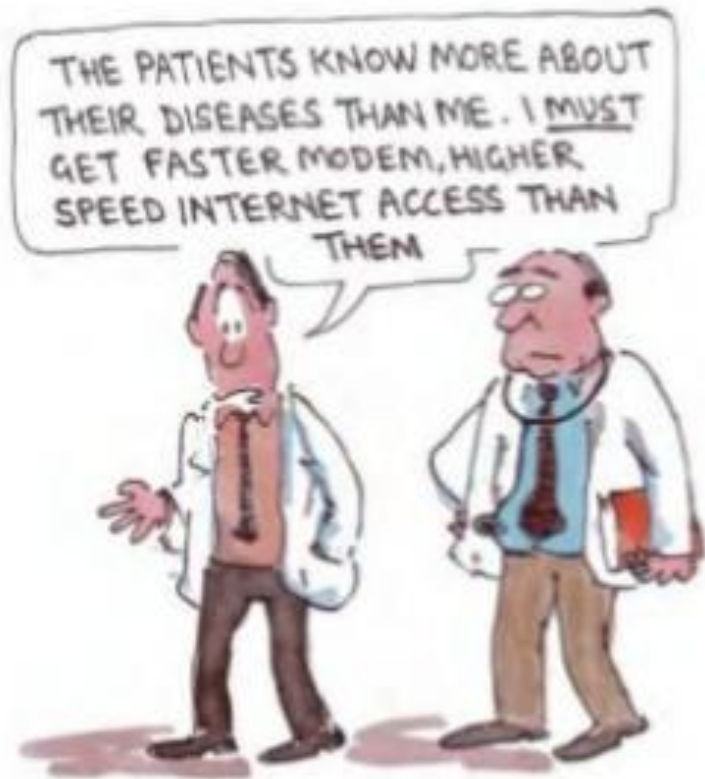
Doctor-patient relationship in the past

- **Paternalism**

- Because physicians in the past are people who have higher social status
- “doctor” is seen as a **sacred occupation** which saves people’s lives

- The advices given by doctors are seen as **paramount mandate**

Doctor-patient relationship at present



- **Consumerism** and **mutuality**
- Patients nowadays have higher education and **better economic** status
- The concept of patient's **autonomy**
- The ability to **question doctors**

Patient influences on consultation

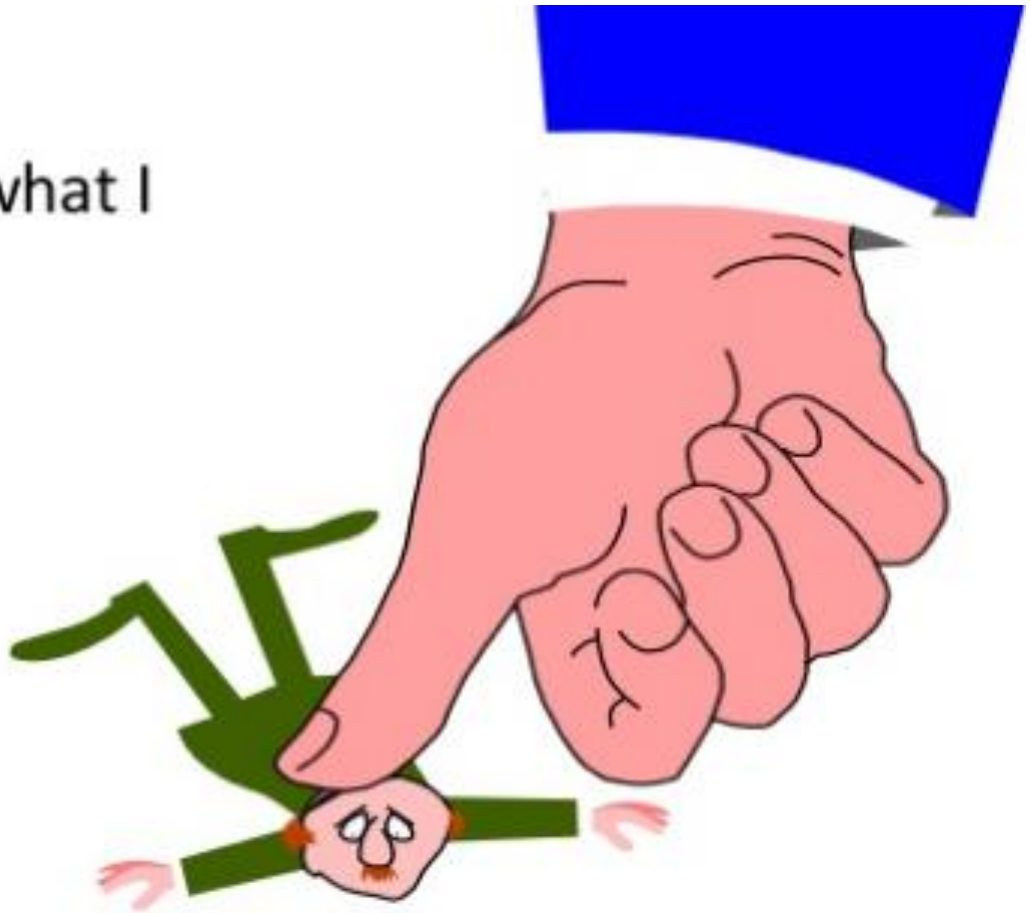


The patient's ability to exercise and control depends on a number of factors:

- Social
- Educational level
- Sex
- Membership of an ethnic minority

Patient controlled consultation

“You’re paid to do what I tell you!!”



Patients beliefs and expectations

Influenced by:

1. **Previous experience,**
2. **literature,**
3. **the media;**
4. **Family and friends;**
5. **Cultural influences;**
6. **Social significance.**

These beliefs influence outcomes

Ethical models at a glance

- Paternalistic model
- Informative model
- Interpretive model
- Deliberative model

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; Plato.
- **Problems**
 - Are the needs of patients objective?
 - How can we be sure that doctors have good will?
- **Objection and modification**

The Paternalistic Approach



“If I’ve told you once I told you 1,000 times, stop smoking!!”

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?

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; hermeneutics.
- **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.

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?

Mutuality

- The optimal doctor-patient relationship model
- This model views neither the patient nor the physician as standing aside
- Each of participants brings strengths and resources to the relationship
- Based on the communication between doctors and patients

Do – Don'ts

- Do not toss the treatments for a patient
- Make always reliable advises and practices
- Assuring the patient is first choice of – placebo treatment
 - But it should never be false assurance



Conclusion

Relationship between patients and doctors are often unstated, and they are dynamic

As **conditions** change, the kind of relationship that works best for a patient may change

Doctors and patients should choose a “relationship **fit**”