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EDITORIAL

The changing relationship between doctor and patient

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The doctor patient relationship has been a matter of concern from the ancient times, as evidenced by the Code of Medical Ethics prescribed by Hippocrates in 3rd century BC. In older days it was not only a professional relationship, but it also had social and philosophical aspects. It was a noble relationship directly between the physician and his patient. Generally speaking, it was based on mutual respect, knowledge and trust between the patient and his doctor. Until the later part of last century, the codes of medical ethics largely followed the Hippocratic tradition where the physician was held in high esteem, while the rights of the patient were not given due importance. However, the last few decades have witnessed a shift in the situation resulting in increasing empowerment of individuals, emergence of rights activists and enforcement of laws protecting consumers. The authority of decision making is slowly, but definitely shifting from the physician to the patient. The importance of the changing trends in the doctor-patient relationship is supported by the large number of articles and chapters in books written on this subject in the literature.[1]

In the recent past, several models of doctor-patient relationship had been described. Emanuel and Emanuel[2] introduced four concepts of this relationship. These are:

(1) Paternalistic model, where the physician acts like the patient's guardian, implementing what is best for the patient. The patient is not given any choice of his own. This model is best implemented in the emergency situations.

(2) Informative model, where the physician provides the patient with all relevant information so that the patient can agree to which ever intervention is considered to be the best for him/her. Here also the physician holds the responsibility of choosing the treatment modality.

(3) Interpretive model, where the physician is a counselor explaining to the patient about the various options available. In this model the physician guides the patient to decide about the course of action to be followed.

(4) Deliberative model, where the physician acts as a friend explaining about the various treatment options available. The patient can actively participate in the discussion and he/she is free to choose the best available option.

The emergence of internet with all health related information available to everyone, has given the impression to a section of the population that they can manage many health related problems on their own, and the doctor may be needed for expert opinion and technical intervention only.[3] Although some of the information available in the public domain may not be flawless, the educated patient is now more informed about the diseases and treatment options. The modern medicine is mostly evidence based, and consequently the physician is more dependent on the results of investigations rather than the clinical skills. Moreover, the technological advances in the various diagnostic fields have made the results of investigations easily available to the patient. The patient is now in a more advantageous position than before, willing to take part in decision making. Therefore a healthy balance of power is now needed in the form of shared decision making between the patient and the doctor, heralding in the evolution of a modern doctor patient relationship.

Another issue which has further complicated the matter of doctor patient relationship currently is the increasing number of patients a doctor has to attend to, particularly in the government sector because of the rising population and insufficient number of doctors available in government service.[4] Lack of sufficient time devoted for patient care leaves the patient feeling unsatisfied, which may result in 'doctor-shopping'.[5] The behavior of the patients and their relatives towards the health care professional is equally important, as unfriendly behavior towards the attending doctor tends to distract him, making him liable to make mistakes during a medical procedure. The doctor, on the other hand is expected to maintain his calm and behave in the gentlest way with the patient.

There had been many instances of individuals, clinics, diagnostic centers and hospitals being attacked by the mob on the pretext of 'negligence'. This happens not only in the government health institutions but also to some extent in the private sector health establishments like nursing homes, diagnostic centers and clinics. Government of various states have come out with laws to protect the properties under the Health department, while some of the corporate hospitals had gone to the extent of hiring "Head bouncers" in the hospital premises to protect their employees and properties.

Many other factors have come to play their individual roles in the health care management. The development of the pharmaceutical industry brought in drug trials, aggressive marketing, over the counter availability of medicine, and sponsorship offered to the health care professionals. The other players like nurses, physiotherapists, physician's assistants and paramedics also came into the field, diluting the direct role of the

physician. With technological advances, sophisticated and costly laboratory services, radiological and other imaging techniques are now introduced into the medical profession. With the introduction of multiple inputs, the original doctor-patient direct relationship has become multifaceted.[6] As there are multiple factors, any deficiency or mistake at any level influences the ultimate outcome of treatment, but at the end of the day the doctor is held responsible for it by the patient and the family members.

With the corporate sector entering into health care, there are conflicting and overlapping interests of patients, doctors and management of the organizations. The patient may rightly think whether the doctor is more interested in the welfare of the patient, or the management of the hospital, or about his own income.[1] It is a common knowledge that many corporate sector hospitals provide incentives to doctors for referral of patients for specialized treatment. The press and electronic media play their part to inform the public. As a result, doctors in our country are presently having a poor impression in the public mind.[5]

In the recent years, litigations against doctors for the act of negligence are in the increase. Although it has been observed that most of the medical litigation cases are disposed in favor of the doctors, nevertheless it causes lot of physical and mental trauma to the doctor, spreading the wave of bitterness in the medical community. The family physician concept is gradually becoming a thing of the past, and direct psycho-social contact of the doctor with the patient and the family is slowly disappearing from the scene.

The entry of private sector in medical education has also contributed to the problem. The practice of getting admission into the medical courses by paying huge amount of fees in private medical institutions has lead to a situation where the doctors can have high level of debt or family obligation, for which he or she is compelled to join an employment with maximum monetary gain soon after the qualification is obtained so as to repay the investment as early as possible.[5] They are not very keen to serve the government sector, especially in the rural and small town areas where the income is low and health care facilities are poor.

Over the years, **two classes of doctors are emerging in our country**:

(a) Those who are working in the government health care services in medical college hospitals, district and sub-divisional hospitals, CHCs and PHCs, in private clinics in small towns and semi-urban areas. This is a very large work-force of professionals working all over the country, although with limited facilities and financial return, and they mostly bear the brunt of public fury.

(b) The other class is concentrated in urban areas, working in corporate hospitals with better facilities at work place and better financial returns. They are mostly specialists and super-specialists. Although they are not immune to public wrath, the preference is always there for obvious reasons, and most of them work with indemnity cover. They are not supposed to look into the financial background of the patients, with no worry about cost of investigations and treatment, because only the rich can afford it.

Thus there is an inequity of health care delivery system in the country. A large section of the people in our country knows it and the poor and middle class people always feel neglected. This is the underlying cause of all anger and frustration in the public mind manifested as violence against the health establishments of our country today.

In this present scenario, the original noble doctor-patient relationship seems to be losing importance and very soon it may be a thing of the past. However, there has been increasing awareness amongst the medical fraternity for improvement of doctor patient relationship. Most agree that many doctor patient conflicts can be avoided by proper communication and discussion, shared decision making, and taking a little more time in reassuring the patient and the family members in the old fashioned way. This can be easily accomplished without any financial burden. But the more difficult problem is how to bridge the huge crevice between the two classes of doctors representing the two different standards of health care in our country. Until some solution can be found out for this problem, the conflict will continue.

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