CHAPTER

1

Doctor–Patient Relationship

- Attitude
- Benevolence
- Communication, continued learning, competency, counselling, consent
- Dignity and diversity
- Evidence-based practice and ethics
- Family physician
- Get help

Referring to the work of physicians, *Dr Elmer Hess, a former President of the American Medical Association*, once wrote: "There is no greater reward in our profession than the knowledge that God has entrusted us with the physical care of His people. The Almighty has reserved for Himself the power to create life, but He has **assigned to a few of us the responsibility of keeping in good repair the bodies in which this life is sustained".** Accordingly, reverence for human life and individual dignity is both the hallmark of a good physician and the key to truly beneficial advances in medicine.

INTRODUCTION

What prompted me to select this topic to be written and published? The answer lies in the observation that litigations against doctors are becoming common. Doctors are being targeted often because of complications that happened during their treatment of patients. Expectations from the patients are high and the reasons for litigations are many. Patients expect that doctors provide a complete and even miraculous cure. They may feel that the hospital has charged exorbitant fees even though the patient did not get cured, developed complications or died. Patients are aware of consumer courts. Many lawyers are ready to support their clients and get them compensation. All these are facts. Complications are known to occur in spite of the best treatment. ***The main factor often missing in this entire scenario is the vital doctor–patient relationship***. This article highlights the importance of a good rapport between the doctor and the patient. The following points are important not only to maintain doctor–patient relationship but also to decrease friction between the patient and the doctor.

ATTITUDE

Attitude of a doctor towards the patient is the first step that builds a rapport between the two. Four important principles of ethics which every doctor should follow and will help develop good doctor–patient relationship are: ***1. Always do good (beneficence) to the patient, 2. Do no harm (non-maleficence) to the patient, 3. Respect autonomy of the patient (confidentiality), and 4. Do justice*** (Key Box 1.1). When the patient is in pain and is suffering, identify the condition properly, treat it and console him. Rather than treat them like customers at a hotel or a shop, a humanitarian approach to make them comfortable would be much more appropriate and help build a good relationship. If we do not know a procedure, it is better to admit that I do not do this procedure, and refer to a person who does it rather attempting and causing complications (harm). Not disclosing patient details with the public or unknown people is important (autonomy) although there may be some exceptions such as some communicable diseases. While triaging, in a busy emergency department, urgent resuscitation and treatment should be given to those who are likely to survive and be useful to family and society rather than those who are unlikely to survive. Here religion, caste, relatives, political influence should not decide your actions. (Kindly refer to Chapter 3: Ethics in General Surgery for more details).

Key Box 1.1

Principle of Ethics

- Beneficence
- Non-maleficence
- Autonomy
- Justice

More details in Chapter 3

BENEVOLENT

A doctor should be gentle while receiving the patient and then examining the patient. He should have empathy and understanding toward the patient. That does not mean that he should shed tears. The doctor should be kindhearted, gracious, considerate, and compassionate. While suturing the wounds and while removing sutures or while applying large dressings for leg wounds or such other procedures, extreme care and empathy should be shown. Very often, these are done by junior surgeons/residents who have to be clearly told about these aspects.

COMMUNICATION, CONTINUED LEARNING, COMPETENCY, COUNSELLING, CONSENT

The doctor–patient relationship starts from the first visit of the patient to the doctor. Develop a good rapport with the patient. The first impression is the best impression. Good communication skills impress. Do not negate patient's views even after you convince effectively. If we look back to 20–30 years ago, our family physicians did not even have MBBS degree, leave alone specialization and super specialization. They were ready to listen to the patient, do home visits, attend midnight calls and accept whatever money that was given to them. Doctors were looked upon as Gods and patients accepted both success and failure. ***Their success was largely because of good communication skills***. The world is changing at a great speed and moving ahead.

Communication alone does not heal, and good medical care is needed. Medicine is changing. We cannot sit idle without updating our knowledge. ***With continuous medical education (CME), theoretical knowledge can be updated. One can improve skills by attending conferences, attending workshops and thus attain competency***. Patients also feel happy that the doctor has attended many conferences all over the world and has improved his knowledge.

Always explain to the patient what you are doing, why you are doing and what possible complications can happen. These have to be told in a language that the patient understands and get his signature. This is called informed consent. At surgery, do what is required for the patient. Do not do an additional procedure for an incidental finding for which you have not taken consent

Key Box 1.2

5Cs for Doctor–Patient Relationship

- Communication
- Continued learning
- Competency
- Consent
- Counselling

(Key Box 1.2). Every major surgery can have complications/morbidity and mortality. The patient must be counselled before surgery (Figs 1.1. and 1.2). Counselling and consent are given in more detail in the next chapter.

Fig. 1.1: The patient is being briefed about her illness, why and what type of surgery will be done, possible alternatives for surgery and complications related to surgery

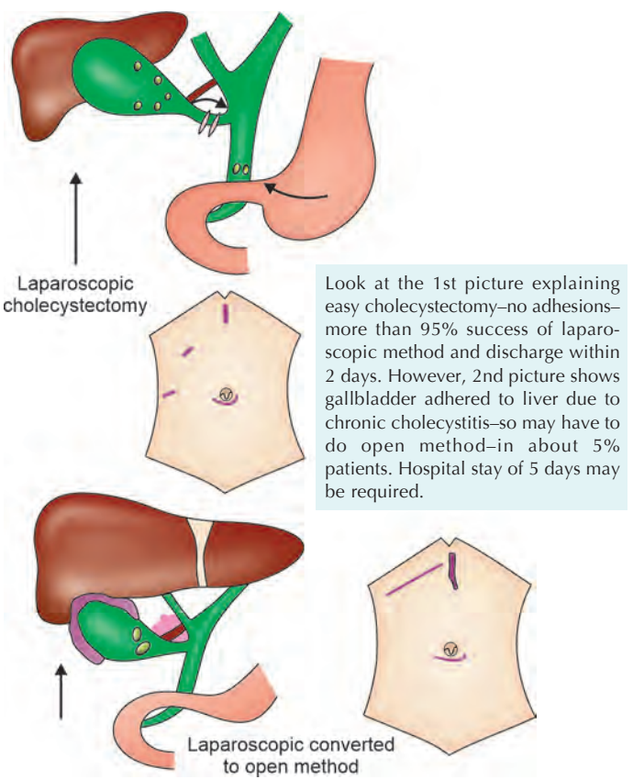

Fig. 1.2: Illustration of how simple sketches can be used to explain procedures to patients

DIGNITY AND DIVERSITY

India is a country with multiple languages and many cultures. Diversity is our strength. The doctor should be sensitive to these cultural differences while treating the patients. Appreciate and respect their culture. Do not discourage discussions. Maintain their dignity. Our deeds should not have any deleterious effect on the body or mind. Understand the patient behaviour in the background of their culture, occupation, habits and family circumstances. Often, in India, the disease may trigger problems at home or a fight between family members. Doctors should not just treat the disease but also help alleviate family issues caused by the disease. This is possible because patients still hold doctors in high regard even today.

EVIDENCE-BASED PRACTICE AND ETHICS

Every doctor should appreciate the need to update and be familiar with different therapeutic modalities, administration of "essential drugs" and their common side effects. The latest available information should be passed on to the patient with scientific data so that he is aware of what is the best solution for the present problem. ***Knowledge is strength and that gives us confidence while talking to the patient or while attending the courts.*** While making the patient comfortable, it is not just enough to tell him what disease he has and what can be done. Convey the various options available and the cost of the treatment. Most often, problem arises because of inadequate information and options. Often the patient says, "Doctor, you do it". I still do open hernia repair, but I tell my patients about laparoscopic hernia repair. Vast majority of patients agree to what you say. We must know and accept our limitations. ***When you cannot do it or do not have facilities, it is better to refer to higher centers rather than provide substandard initial treatment.***

FAMILY PHYSICIAN

In the present times, a surgeon or a physician cannot truly become a family physician because of specialization. However, we can have all the characteristics of a family physician. To name a few: Patient listening, maintaining a smile even at the late-night clinic, enquiring about the patient's professional life, family life adds a personal touch to the practice of medicine. The aim of a medical college teacher is to help the student do the MBBS degree course, i.e. to become ***competent to practice preventive, promotive, curative and rehabilitative medicine with respect to the commonly encountered health problems in a patient and in community.*** Most of the doctors achieve this and become successful in practice.

GET HELP

'Call for help' is an important step in today's practice, especially when a complicated surgical procedure is planned. It is better to inform the patient when you are taking or have taken a colleague's help. It is vital to obtain a proper informed consent after explaining all possible complications to the patient. 'Call for help' also refers to taking another opinion to arrive at a diagnosis, to order for appropriate investigations, to take decision or help at surgery and also to manage some unexpected serious complications such as bleeding, anastomotic leaks or any such events.

CONCLUSION

We strongly believe that if you follow these simple guidelines of doctor–patient relationship of ABCDEFG (Key Box 1.3), you will not only achieve higher goals in your profession and be successful, but will also be able to avoid frictions, abuses and attacks by the patient or his relatives.

Key Box 1.3

ABCDEFG of Doctor–Patient Relationship

A: Attitude

B: Benevolent

C: Communication, continued learning, competency, informed consent

D: Dignity and diversity

E: Evidence-based science

F: Family physician

G: Get help

Wish you all the best, my dear students! I wish you a bright future.