



Healing Beyond Prescription : The Art and Ethics of Doctor – Patient Relationship

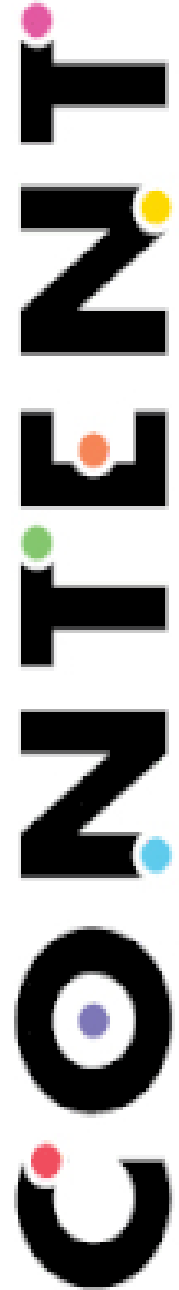
Evolving Dynamics in Healthcare Communication

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01

Definition and Importance

Understanding Key Concepts and Their Significance



Understanding the Relationship

Why It Matters

Provides excellent care
Facilitates healing process
Improves health outcomes

Definition

Unique social relationship between patients and doctors

Goal: Treat illness together and reduce sufferings

Patient: Ill and suffering individual

Doctor: Skilled medical professional

Ethical Principles

- ✓ Autonomy – Respect patient choices
- ✓ Beneficence – Act in patient's best interest
- ✓ Non-maleficence – Do no harm
- ✓ Justice – Fair and equal treatment

Models & Types of Doctor–Patient Relationships

02

Exploring Key Dynamics in Healthcare Interactions



Models of Doctor–Patient Relationship

Paternalistic
Doctor decides for you

Interpretative
Doctor helps find
patient preferences



Informative
Doctor gives facts

Deliberative
Doctor tells own
preferences

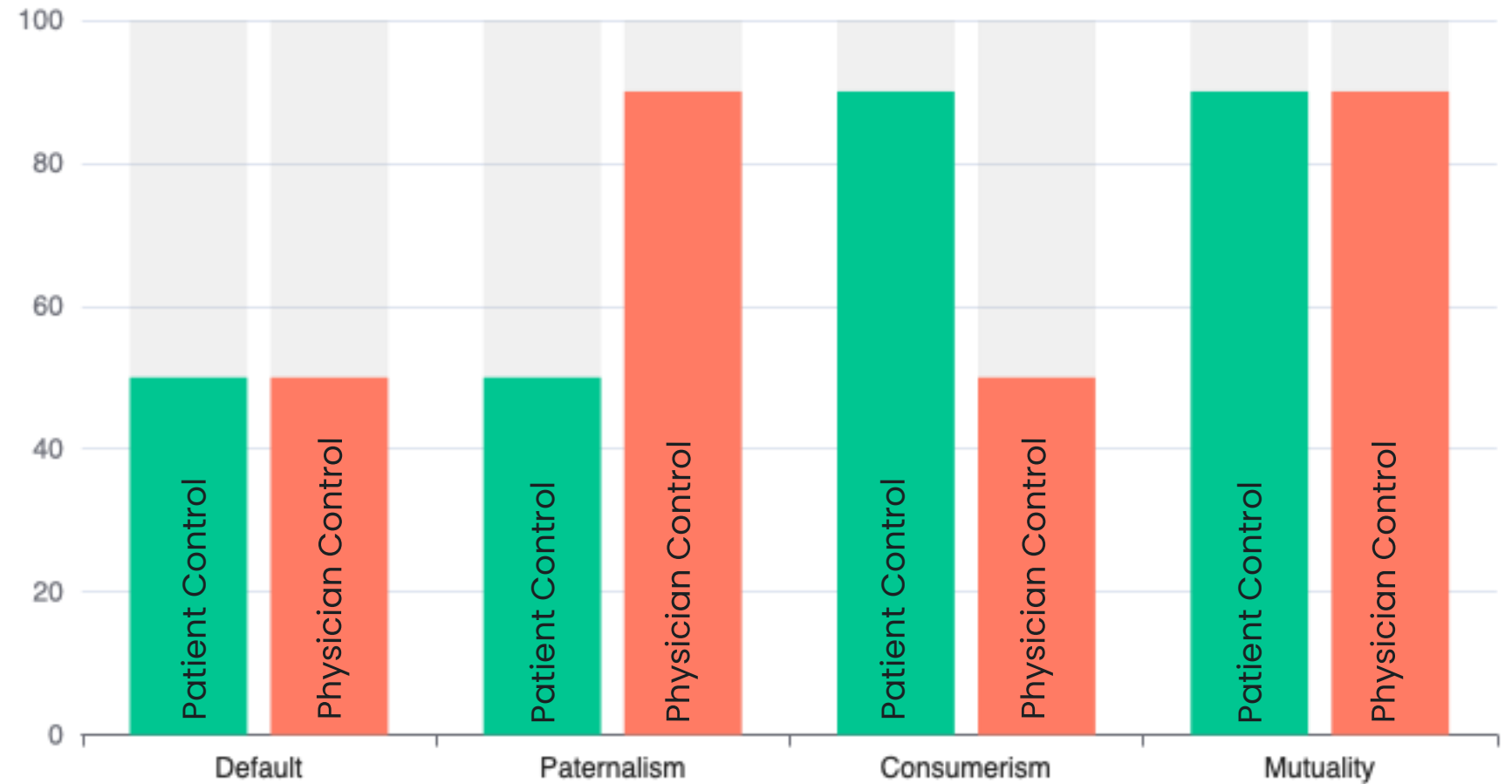
Overview of Relationship Types

Paternalism

Consumerism

Default

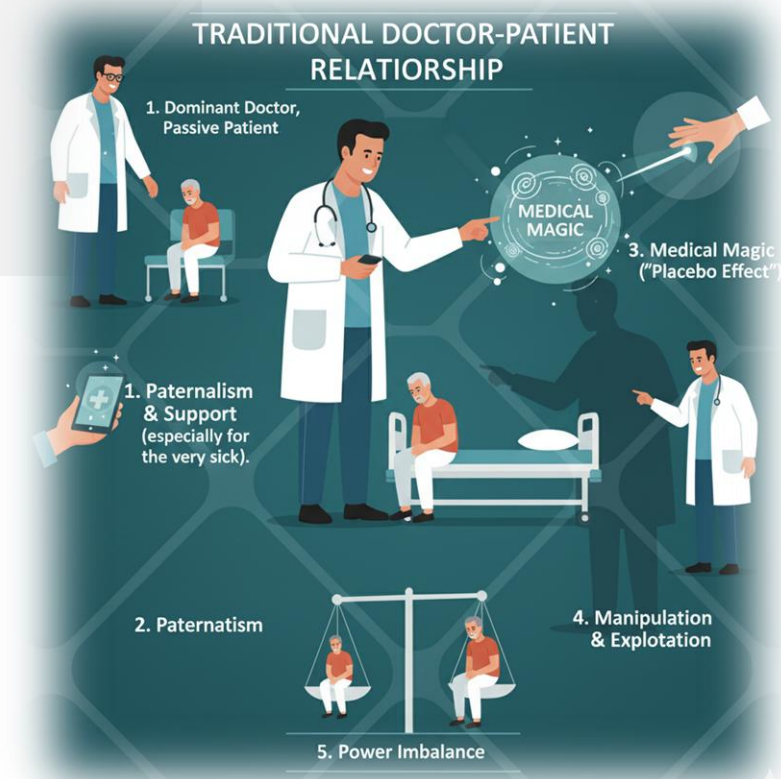
Mutuality



Overview of Relationship Types

Paternalism

1. Widely regarded as traditional form of doctor-patient relationship
2. A passive patient and a dominant doctor
3. The supportive nature of paternalism appears to be more important when the patients are very sick.
4. Allows doctor to perform medical magic- “placebo effect”
5. Manipulation and exploitation of vulnerable and ill.

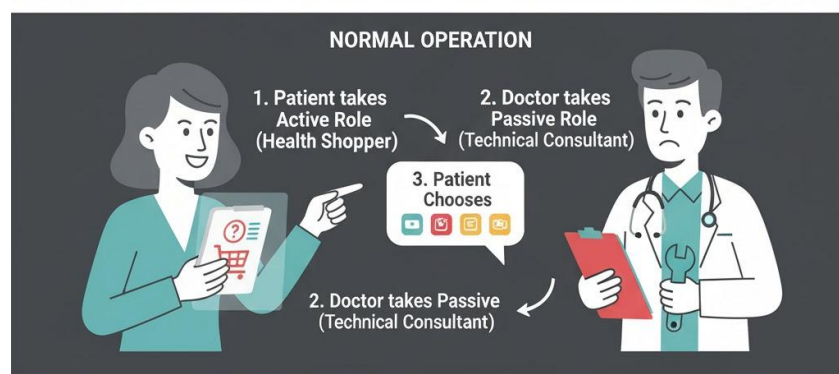


Overview of Relationship Types

Consumerism

1. Reverse of the very basic nature of power relationship
2. Patients taking the active role(Health Shoppers) and doctors adopting a passive role(Technical Consultant).
3. Patient can their own choices
4. When things seem to go wrong, when satisfaction is low, or when the patient suspect less than optimal care or outcome, patients are more likely to question physician authority.

REVERSED POWER RELATIONSHIP MODEL



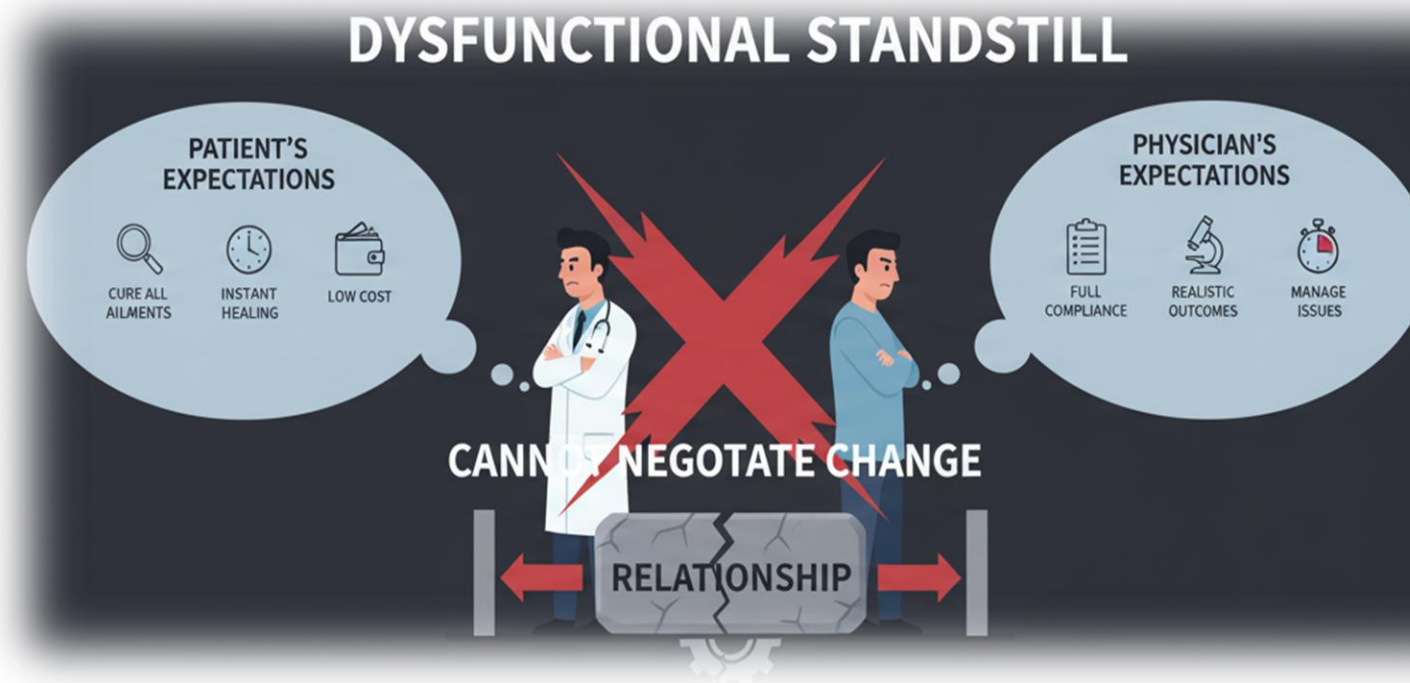
WHEN THINGS GO WRONG...



Overview of Relationship Types

Default

When the patients and physician's expectations are at odd and when the need for change in the relationship can not be negotiated, the relationship may come to a dysfunction standstill.



Overview of Relationship Types

Mutuality

1. Optimal Doctor-patient relationship model
2. This model views neither the patients nor the physicians as standing aside
3. Based on communication between doctors and patients
4. Decisions can be easily made from a mutual and collaborative relationship
5. If communication is fake, making decisions can be burden to both patients and doctors.





03

Changing Scenario of Doctor–Patient Relationship

Evolving Dynamics and Communication Trends

How has it changed in the recent past

Past

Over the past centuries doctors have held the utmost respected, revered and trusted position not only in our society but around the world.

VS

Present

This has changed in the recent past, the patients have become suspicious of the motives of health care professionals

Factors Contributing to Changes



✓ **Patient Factors**

✓ **Doctor Factors**

■ **System Factors**



Factors Contributing to Changes

☑ Patient Factors

- ❖ Having unrealistic expectations
- ❖ Patients feeling their voice is not heard and their views are being brushed off
- ❖ They feel doctors have no time for them



Factors Contributing to Changes

✉ Patient Factors

- ❖ They want access to early diagnosis, treatment and interventions.
- ❖ Patients have access to so much information at the touch of a button, feel empowered, knowledgeable and awareness of diseases, treatment options has increased(Dr.Google-cyberchondriasis)



Factors Contributing to Changes

📌 Doctor Factors

- ❖ Time constraints
- ❖ Not keeping up to date knowledge
- ❖ Feeling they know it all
- ❖ Paternalistic/Doctor centered consultations,
Do as I say attitude
- ❖ Doing defensive practice- fear of litigation,
complaints, verbal and or physical abuse



Factors Contributing to Changes

✔ Doctor Factors

- ❖ Premature reassurances
- ❖ Not involving the patient / care givers /family members in decision making process
- ❖ No empathy
- ❖ Using unnecessary medical jargon
- ❖ Unfavorable body language: dress up, hand movement, eye contact



Factors Contributing to Changes

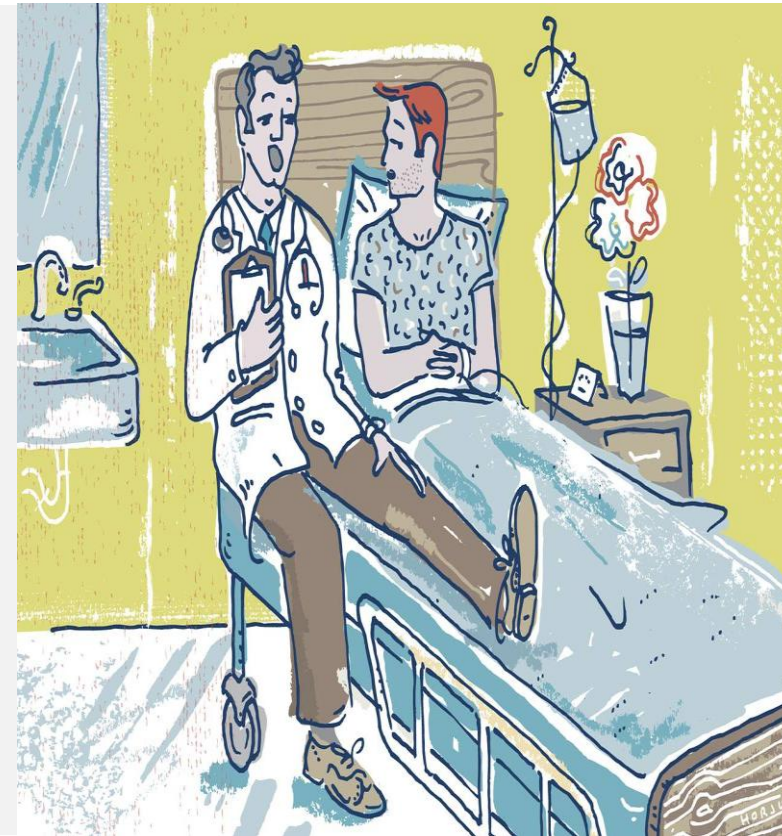
📌 Doctor Factors

- ❖ Feeling unsupported
- ❖ Undermining own professional code of conduct
- ❖ Long working hours causing burn out
- ❖ Not recognizing own limitations
- ❖ Breaching professional boundaries



Professional Boundaries

- ✓ Over-involvement with patients
- ✓ Conflicts of interest with patients
- ✓ Not maintaining confidentiality
- ✓ Not using social media responsibly



Factors Contributing to Changes

📌 System Factors

- ❖ Breakdown in primary/family doctor care system
- ❖ Introduction of piecemeal care systems for political gains
- ❖ No clear guidance
- ❖ No clinical governance
- ❖ Inequality in care and access to care
- ❖ Half hearted changes in provision of care systems



Factors Contributing to Changes

📌 System Factors

- ❖ No proper patient held records, resulting in repeated investigations and intervention leading to either over or under treatment leaving patients frustrated, confused and mistrusting.
- ❖ No single doctor considering the patient as a whole taking their psychological, physical, economical, cultural and familial differences to provide holistic care and vice versa.
- ❖ Cultural Barriers





04

Road to Recovering Patient Trust

Rebuilding Confidence Through Transparent
Healthcare Practices

Road to Recovering Patient Trust

01 Restoring Trust and Confidence

- ❖ Bringing back the primary care system, like family doctors and more general physicians
- ❖ Introducing communication skills into the medical curriculum
- ❖ Holding communication workshops for practicing and established clinicians
- ❖ Treating patient as their own kith and kin
- ❖ Being respectful towards patients and patients' autonomy.

Road to Recovering Patient Trust

Restoring Trust and Confidence

- ❖ Spending time effectively, by making patients equal partners in decision making.
- ❖ Listening to patients' ideas, concerns and expectations and then making shared care plans depending on the needs of the patient.
- ❖ Being open, ethical and honest, owning up mistakes.

Road to Recovering Patient Trust

Restoring Trust and Confidence

- ❖ Moving away from doctor centered approach and putting the patient first and foremost when providing the care
- ❖ Be cautious about breaking bad news
- ❖ Change attitudes and being approachable maintaining professional boundaries

02

Aim

- ❖ To bring back trust, Integrity & Confidence in the Profession.

Closing Thought



"A doctor can do a lot more with his/her **WORDS** than **MEDICINE**."

Have a relationship like "**FISH AND WATER**," not "**FISH AND FISHERMAN**."





Thank
you!