

Changing paradigm of doctor patient relationship - issues of cost, communication, compassion, consumerism or more?

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Illhealth is always considered an uninvited guest and so is the pain of spending for it. For something that is unexpected and unwelcome, a negative sentiment gets tagged with it at the very start itself. If someone falls sick, there is a feeling of victimization by the force unknown. These are the pack of emotions with which a patient walks into hospital surrounded by anxious, restless attendants and most of the anxiety and disturbed look is borne out of the forced eventuality of accompanying their own kin. Another pertinent cause is the loss of the working days which are not easy to afford in the present era of cut throat competition. And not to lag behind is the constant prayer buzzing in their mind wishing a quick discharge and slim as a Barbie doll hospital bill.

It becomes easy to understand that the responsibility of a doctor when he meets the patient and the attendants spills far beyond the medical needs of the patient. He has to be very clinical in his examination, extremely selective in his language use and daft in handling the most uncomfortable questions thrown to him by a new breed of Net medicos. In a study on dynamics of doctor-patient relationship^[1] it was found that only about 61.11% had complete trust in the treating doctors. In other words about 2 in every 5 patients did not have complete trust in his treating doctors. This by itself is an eye opener and no surprise it is trouble browning in an appreciable percentage of cases. Females were found to be having much lesser faith (50%) compared to males (75%). If the treatment and the outcome goes according to plan then also it is the doctor who heaves a sigh (and a long one) of relief. But if anything goes hay wire at any step of treatment or recovery then there is only one victim-The Doctor.

It is not even of miniscule importance to dissect the most important point of whether the patient's suffering was because of natural course of disease or there was carelessness on the part of medical professional. In such situations patient's attendants feel robbed of their most important right of escorting their sick patient back home after restoring him to the proverbial pink of his health. This frustration, coupled with the anger at the sight of a hefty hospital bill, then is a ready recipe for disaster, unfolding quick. On the other side of the river is a doctor who is busy as a bumble bee for almost the entire day, every day. He has to manage his OPD ward rounds, procedures, patient phone calls, journal watch, lectures, conferences and if time permits-his family. Add to it some late night emergencies and you can picture a sleep deprived professional trying his best to win the number connection test.

Sometimes on a busy day counselling is causality and if it is the day of first contact with the attendants then the loss of rapport is colossal. Irritation on confronting repeat or moron questions also slips to the surface and the patients-doctor relationships decays further. If there is some surgery or procedure and outcome is either slow to unfold or not happening then again the doctor has to face the ire of dissatisfied clients. Pressure is immense if the patient happens to be a VIP or a self-paying (Not medically insured) individual. The conundrum can stretch to the point where there are verbal spats, abusive intimidating dialogues, property damage and manhandling of Doctors and Paramedics. In a study by IMA published in Indian Heart Journal^[2] it was highlighted that more than 75% of doctors have seen violence at work. The damage can vary from abuse, bullying, manhandling and even loss of life. The highest numbers of violent incidents

(about 50%) occur in ICU and almost 70% are caused by attendants. Due to inadequate security at most hospitals, doctors are sitting ducks to any advances from the attendants. Similar reports have been published from China, Nepal, Pakistan, Palestine and Turkey to name a few.

It is important to visit the most important reasons for this chaotic situation following are the few important reasons which stand out and are worth pondering on.

- Poor communication with the treating doctor and over dependence on juniors to explain the delicate technical points.
- Less time spent with the patients/ attendants
- More technical explanation with difficult to decipher terms while explaining the disease and outcome
- Not being straight and at times slightly crude to clearly speak out the possibility of death or poor outcomes.
- Over pampering of VIPs/ high flung officials, bending the hospital rules, allowing more attendants in critical areas and allowing external medical interference in such cases.
- Poor counselling about the expected expenditure if the things go according to plan / if they go haywire.
- Poor handling and communication by the support staff.
- Patient lacking medical insurance cover or the disease not covered by the insurance.
- Poor affordability of the family or the diseased being the sole bread winner.
- Sudden unexpected adverse event.
- Rising medical/Insurance costs.
- Increased super speciality culture.

Once the problem has arrived, the solutions have to be designed and adopted quickly. One way is to be more empathetic and understand the need to address each family differently. People, IP, situation, environment differ and so has to be the approach. Prior mentioning of worse possible outcome is important to give the attendants time to condition their psyche accordingly. The critical

area handling has to be masterly and the best practises norm followed to the dot with proper communication at shorter intervals. Minimum special privileges to a VIP without bending the hospital rules and availability of a grievance cell in every hospital to nip the conflicts at the earliest. Promoting increase in insurance cover by public lectures and better laws promulgated to protect the medical community thus helping them to take free decisions in the best interest of the patient. It's about time to stem the slide and protect the sacrosanct doctor patient relationship which shall go a long way in benefitting both communities and society at large.

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Cite this article as: Jerath AM, Singh R. Changing paradigm of doctor patient relationship-issues of cost, communication, compassion, consumerism or more? Int J Med and Dent Sci 2017;6(1):1350-1351.

**Source of Support: Nil
Conflict of Interest: No**