

## The Doctor-Patient Relationship - Overview



Although generally well respected, doctors in the United States do not have unquestioned authority. Patients expect to be treated with respect, be given appropriate information, have their questions answered, and be given the opportunity to participate in treatment decisions. Patients want clear explanations regarding the cause of their condition, their treatment plan, the risks and benefits of various treatment options, and their prognosis. These expectations should not be seen as a challenge to the physician's expertise or judgment, nor should they suggest any distrust or disrespect. Patients want to be well informed so that they may contribute to, and participate in, the decision-making process. U.S. patients appreciate physicians who provide information and answer questions in clear, concise terms using as little medical jargon as possible. Patients also have expectations relating to their personal comfort and modesty during physical examinations. Care should be given to proper draping, provision of chaperones for sensitive examinations (e.g., pelvic or breast examinations), and other accommodations to convey an environment of comfort and respect for the patient.

## The Doctor-Patient Relationship - Scenario Script

### Scene 1

*Doctor is professionally attired in white coat shirt and tie and has a clipboard in hand and stethoscope draped over his neck. He is standing facing a patient, who is sitting on an examination table in the examination room in a patient gown.*

Doctor: Your blood pressure is still too high. Are you sure you are taking your medications as directed?

Patient 1: Yes, doctor, I am... really...

Doctor: Well, make sure that you do. It's really important. And I want to add another drug. Make sure you take them both everyday.

Patient 1: Yes doctor.

### Scene 2

*Same doctor is now sitting at a desktop across from a second patient, who is sitting in a chair and wearing street clothes.*

Doctor: Your blood pressure is still too high. Are you sure you are taking your medications as directed?

Patient 2: Well, doctor, the truth is that medication makes me feel funny. I'm not sure it's the right one for me.

Doctor: It's one of the best and I use it for almost all my patients with high blood pressure. And I want to add another drug.

Patient 2: You mean you want me to take two medications every day? I don't want to do that! What about this medication? [Takes papers out of bag.] A friend of mine is taking it and she says it is really good. I checked it out on the Internet. Could you prescribe this one for me instead?

### The Doctor-Patient Relationship - Discussion Questions

1. What are the most obvious differences between the two patients in these scenarios?
2. How do you think each patient sees his/her relationship with the doctor?
3. Which of these patients is most like the patients you have encountered in your home country?
4. Should the second patient's behavior be seen as a threat or challenge to the physician's authority?
5. What exactly does the second patient want from the physician?
6. How could the physician better express his concern with both patients' apparent failure to respond to therapy?
7. How could the physician better explore the issue of compliance with each patient?
8. How could the physician better explain the need for adding another drug to the treatment regimen?
9. How could the physician better react to the second patient's request?
10. How should the physician react if the information provided by the patient is clearly wrong or not applicable to her treatment?
11. How should the physician react if the information provided by the patient refers to a drug or treatment regimen with which he is unfamiliar?
12. Should more information or the option to participate more actively in the decision-making process be offered to the first patient? If not, why not? If so, how should that be done?

## The Doctor-Patient Relationship - Scenario Analysis

These two scenarios are meant to demonstrate patients at the extreme ends of a range of possible attitudes toward compliance with physicians' management plans.

The first patient is totally compliant, not posing any questions or objections, and apparently completely willing to do whatever his doctor tells him to do. By contrast, the second patient obviously wants to take a much more active role in the decision-making process with regard to her care. She questions the efficacy and appropriateness of the medication that has been prescribed for her high blood pressure and indicates a strong resistance to adding another prescription to her daily regimen. She has been doing her "homework" and presents the physician with a proposed alternative drug she has researched based on a recommendation from a friend. She presents the physician with the material she obtained on-line and asks him to consider changing her treatment to include that drug.

While not all U.S. patients will be like the second patient, IMGs must become accustomed to being questioned or challenged with respect to their knowledge or judgment. These challenges should not be taken as personal or professional affronts. In dealing with all patients, physicians should be sensitive to the degree to which patients want to obtain more information and actively participate in the decision-making process.

Many U.S. patients are interested in receiving information about their diagnoses, potential treatments, side effects, and prognoses, and often want to take an active role in deciding which course of management to pursue. Many will be quite well informed and will come to the physician having done a good deal of research. Physicians need to recognize that this is not a challenge or threat to their authority or expertise. They should express respect for the patient's willingness to be involved in the decision-making process and commend them for their efforts in obtaining information about their medical conditions, diagnostic modalities, potential treatments, and other aspects of their care.

At the same time, it must be acknowledged that there is a great deal of information on the Internet regarding medical issues, and not all of it is accurate or up-to-date. If the patient presents bad information or proposes unacceptable alternatives, the physician must carefully acknowledge the patient's interest and initiative while pointing out why the proposal is not viable. When the patient presents information the physician is not in a position to evaluate, that should be honestly stated, and the patient should be advised that the physician will research the issue as soon as possible after this visit. Obviously, this requires that the physician follow through and be able to report back to the patient on the next visit.

### **The Doctor-Patient Relationship - Scenario Analysis (continued)**

Although this scenario was developed primarily to demonstrate the variation in patient behaviors and attitudes, viewers have been quick to note some serious deficiencies in the physician's behaviors and attitudes. His demeanor is generally quite authoritarian, and his opening question in both scenarios is unnecessarily confrontational. An alternative approach would be to start by expressing concern about the continued elevation of the patient's blood pressure and then more sensitively pursue why the patient may not have been following the prescribed regimen.

The addition of a drug is always a concern to patients, so it would have been more desirable for the physician in these scenarios to underscore the importance of adequately treating hypertension and the rationale for adding another drug. Perhaps the physician could have explained that the new drug might function differently than the first drug and the two together might be more effective. Obviously, the new drug should be identified by name in the event that the patient is familiar with it and has any considerations regarding it.

Finally, it is apparent from the doctor's nonverbal communication that, rather than being pleased by the patient's interest and initiative, he is affronted and feels challenged, and it therefore not very likely to enter into a fruitful discussion of treatment options.