Paper Title- Doctor-Patient Relationship

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**ABSTRACT**

Patients and doctors are essential in healthcare industry. In medical profession, physicians offer treatment whereas people or sufferers who receive medical treatment from them to improve their health condition and recover from illness are referred to as patients. Doctor-patient communication is a necessary step in the medical treatment process before the patient receives it. The doctor-patient relationship is constructed through the process of interaction. This interaction helps to understand and check the doctor's confidentially, how much he is loyal and trustworthy with their patient. another point is after communication, the patient has to decide whether to continue this relationship with this doctor further or discontinue or search for another one.

**Keywords-** Medical sociology, Doctor-Patient Relationship.

1. **Introduction-**

Generally, the tertiary sector helps to provide service to the people so that’s why it is also known as the service sector. The healthcare sector is an example of the tertiary sector. In the case of the healthcare sector, it offers medical services provided by doctors, nurses, and other professionals to patients. Before to start a medical treatment, interaction/communication process is takes place between the doctor and the patient regarding these matters at first, and the patient is required to pay the doctor's consultation fee after the consultation is take place. This is the basic scenario that we observed in the healthcare sector. In sociology, when we talk about medical treatment-related issues, we usually refer to one subfield of sociology that is medical sociology. Medical sociology focuses on topics related to the healthcare industry such as health issues, behavior & relationships; health problems; health environment, and many more. This chapter focuses on the topic of relationships related to the healthcare sector. A good human Relationship is built which is based on trust, loyalty, confidence, and honesty. Both parties have faith, belief, and mutual respect. To build a good and strong relationship with anyone is not so easy. Both parties have to interact well and win their confidence in each other. Various types of relationships can be observed within the healthcare sector such as Doctor-Patient Relationships, Doctor- other staff Relationships, patient-other staff relationships, and senior-junior doctor relationships. This chapter discussed the doctor-patient relationship which is an important topic in medical sociology.

1. **History of Doctor-Patient Relationship-**

DPR has become a significant topic in the medical field since ancient times and has a long history. In ancient times, the procedure of medical treatment was performed with the help of magic spells related to God & spiritual knowledge. There are no scientific methods were used. Medical treatment as whole picture in ancient time was totally dominated by religion and magical beliefs which reflect ancient cultures and civilizations. Medical training in ancient times was conducted by priests in the temples, where patients were required to visit for medical treatment. During that era, priests were known as physicians. This was evident in ancient time in Egypt. During the peak of Egyptian civilization in the days of Imhotep 2800BC, many gods were worshipped, and Imhotep was recognized as both a physician and a god. During ancient times in Egypt, the physician played an active and authoritative role similar to that of a father figure, while the patient's role was passive and obedient, much like that of a child. This meant that the physician made all the decisions and the patient followed their orders and agreed with their decisions without question or interference, thus the relationship between doctor and patient was found an **“active-passive”** type of relationship. In short, another word we can say that medical treatment was based on **“physician-centric”** approach those times. During the Greek Enlightenment, there was a significant shift in medical thought. The Greeks gave a new picture of the medical treatment procedure. The Greeks rejected the procedure of medical treatment that was performed by religion & spiritual knowledge. They also rejected the ideas of supernatural belief & forces which were responsible for bringing disease and illness instead of it they started to view them as a natural process. They no longer believed that diseases were a punishment from the gods. As society progressed, Greek people's mindsets began to change, and they started thinking logically, scientifically, radically, and democratically. During this time, a Greek physician named Hippocrates is known as the most significant figure in the field of Greek medicine. He introduced medical ethics by given “Hippocratic Oath”. This oath has become the basis of medical ethics, introducing a greater degree of humanism and moving away from the “activity-passivity approach” of Ancient Egyptian medicine. During the French Revolution and Renaissance period, there was a shift away from strict Catholicism towards Protestantism. This resulted in a more liberal society where people were treated with greater dignity. The Renaissance period also saw strong political and societal protests that led to changes in medical attitudes and practices. As a result of this the doctor-patient relationship become more humanised and shifted towards the **“patient-centred”** approach.

1. **About Doctor-Patient Relationship-**

The doctor-patient relationship is focused on a pattern of interaction & relationships which is built between doctors and their patients. This relationship is another core element in medical sociology. This relationship is built from a psychological, emotional, and cultural from communication perspective. Both parties interact with each other in a confident way which helps to build trust, honesty, and loyalty between them and try to make their relationship strong and also maintain this for a long time. Both parties must coordinate with each other with a respectful attitude, and doctors should never discriminate against patients based on their age, disability, sexuality, status, religion, or place of birth. Doctors need to ensure fair and equal treatment for all their patients in the health sector. It's a reciprocal relationship where both parties reciprocate with each other.

1. **KEY FACTORS OF DPR-**

When two people meet for the first time, they tend to observe each other's communication, physical appearance, behavior, and gestures. This initial interaction creates an image of the person in the other's mind. People are inclined to make quick evaluations and judgments about those they meet for the first time. This process is called impression formation, which is a type of social cognition. To make a positive impression on a patient, doctors need to interact and consult with them respectfully and tactfully. Doctors play a crucial role in building a positive reputation among patients and within the medical community. Providing effective medical treatment is essential for creating a good image for the doctor and ensuring that patients refer them to others. **Impression formation** is the first key factor of the DPR. The second key factor is **Role expectation** also plays a vital role in DPR. Generally, role expectation refers to the actions or qualities expected from someone who holds a particular position. In other words, it can be seen as a set of guidelines that define the responsibilities and duties of a job. Role expectation is often codified in a job description. In the context of healthcare, role expectations are crucial because patients have certain expectations from their doctors. Patients expect to receive good-quality medical care, and services from healthcare professionals who assume the role of their care providers. The doctor duty is to provides good medical treatment to the patients to satisfy the patient's expectations. When doctors give good medical treatment, patients are more likely to recommend them to other patients, which in turn can help them build their reputation and grow their practice. The third key factor is **Communication skill,** the doctor should have good communication skills. Physicians must listen carefully to their patients’ health issues thoroughly, and communication should be done politely and decently which touches on his patient's emotions which means to give maximum psychological satisfaction to his patients. While interacting with the sufferers, the doctors behave freely and friendly manner so that the sufferers can able to freely communicate with the doctor. The doctor must be confident in themselves also when they provide this service to their patients in real situations. Physicians must explain the nature, symptoms, and characteristics of the diseases, the medicine, and medicine timing and the medical procedure to the sufferers. Provide good guidance for medical treatment and also give the prescription to the sufferers. A successful doctor has to know very well how to deal, interact, and tackle with his patient in real situations.

1. **Basic requirement of medical treatment in health care sector-**

* Dependent Variable – the patient is a dependent variable because they depend on doctor for medical treatment and its related proper guidance.
* Independent variable- the doctor is an independent variable because his responsibility to provide medical treatment & guidance in a caring manner to the patient.
* Intervening variable – there is a need for reciprocal interaction between the dependent and the independent variable to achieve the goal of medical treatment (curative, palliative & preventative treatment). The intervening variables play this role. Medical procedures, medicines, doctor prescriptions, and instruments used by the doctors such as in the case of general medical instruments stethoscopes, blood pressure machines, syringes, etc., are the intervening variables.

1. **Good qualities of a doctor-**

A doctor should possess several good qualities. Firstly, doctor should have good communication and listening skills. They should be able to establish a good human relationship with their patients and maintain good coordination with them. Secondly, they should provide effective medical treatment and offer helpful guidance. Thirdly, they should have a friendly and neutral attitude towards their patients. Fourthly doctor should punctual on time, Fifthly, doctor should have good academic qualification, next is doctor behavior must be good, the doctor should communicate in such a way that the patient feels confident and trusts the doctor. Finally, both the doctor and patient should show respect towards each other.

1. **Models of Doctor Patient Relationship-**

* **The Activity-Passivity Model** is a term used to describe situations involving medical emergencies such as heart attacks, chest pains, strokes, and other critical conditions. In such cases, the patient may be unconscious, and their family members may not be able to make informed decisions regarding the patient's treatment. As a result of this, they may leave all decisions up to the doctor and say "Let the doctor decide". In this model, the doctor plays an active role, while the patient and their family members are passive. All medical treatment decisions are made by the doctor, who acts as a father figure in this situation.
* **In the Informative Model**, the doctor's primary responsibility is to inform the patients proper information about their medical treatment. This includes informing the patient about their current health status, the disease they are suffering from, the prescribed medication, and medical procedures before the patients receive the medical treatment. The doctor also explains the nature, risks, advantages and disadvantages of the medical treatment. After listening all the information from the doctors then the patient gets an option to choose related to treatment matter. This model was based on a patient centric. Here doctor acts as a “informer” to the patient.
* **The mutual participation model** involves both the doctor and patient collaborating equally in making decisions regarding medical treatment. This model emphasizes mutual decision-making, mutual understanding, and mutual responsibility. Both the doctor and patient share their ideas and knowledge to reach a decision that is best for the patient's health. Both parties present their viewpoints before making a decision, valuing & respecting each other's opinions and equally participating in the decision-making process. In this model, there is an agreement between both parties who are equally involved in the decision-making process. Sometimes this agreement can break in the future also when both parties are not able to make decisions mutually, not equally agree & not equally supported. Here both parties’ acts as an “active” character in this model.
* In the **Guidance-Cooperation Model**, doctors offer guidance and advice to their patients. Patients have the option to choose cooperate or not with the doctor's recommendations, but if they trust and have confidence in the doctor, they are more likely to follow the guidance. This collaboration enables doctors and patients to work together towards achieving the best possible health outcome for the patient. The doctor holds the power in this relationship due to their medical knowledge and expertise, but both parties are responsible for collaborating towards the patient's well-being.

1. **Medical Ethics-**

Generally, ethics is the body of principles used to decide what behaviors are right, good, and proper. It is the branch of philosophy. It is split into three major categories: normative ethics, applied ethics, and meta-ethics. Another important area of Doctor-Patient Relationship is Medical Ethics. Medical ethics is a part of Bioethics, which is a branch of applied ethics. In modern times, medical ethics is often linked with business ethics and professional ethics in the field of the healthcare sector. Medical ethics is a very important concept for the medical professional. Nowadays, upcoming learners who come from this medical field must study this chapter which is included in the syllabus of the medical course. This chapter deals with the study of medical guidelines, values, codes of ethics, laws, and principles. All physicians must follow medical ethics & apply this knowledge in their practical life to build a good reputation when they professionally practice this in real situations. It helps to provide the knowledge that every physician has a responsibility to safeguard the human rights and dignity of their patients and provide fair and equal treatment to all human beings, doctor should not follow the rule of inequality always follow the rule of equality, in 1948, the United Nations General Assembly adopted the “Universal Declaration of Human Rights.” The declaration consists of 30 Articles recognizing that “all human beings are born free and equal dignity and rights.” The right to better living conditions and the Right to Health and Medical Service are vital articles. The duty of the doctor to give respect to the patient’s decision, the doctor must consult with the seniors’ doctors before taking any decision or giving any information to the patients. Doctors must know how to handle complex situations by applying intellectual skills. The doctor has the responsibility to maintain a formal and neutral relationship with his/her current patient always, instead of entering into a sexual or abusive relationship. Doctor should act in a confidence way with interest when they provide this service to the patient. During an emergency situation, doctors always helped the sufferers by providing them primary medical treatment.

1. **Main Scholars name-**

So many scholars worked on this topic which is the Doctor-Patient Relationship. One of the first scholars is Talcott Parson his remarkable famous work that is “Sick Role”. he worked on the roles governed by social expectations. He made the list of four major roles which were outlined in his book The Social System (1951). The second scholar is Philosophers, notably Tom Beauchamp and James Franklin Childress consider the study of medical ethics as a branch of Bioethics for the very first time. They identified four main principles of medical ethics which were mentioned in their book Principles of Biomedical Ethics (1979). The third scholar is Erving Goffman, who worked on the medical model and found out its special characteristics and special medical service relationship. Other scholars Ruth Laub Coser & Uta Gerhardt, also worked on this topic.

1. **Conclusion**-

Doctor-patient relationship is a personal relationship built between both parties. In this kind of relationship, the persons who are involved are the doctor, patient, and family members of the patient. To keep and maintain this relationship for a long time, first of all, both parties always maintain good coordination, always support each other decisions, and give positive responses to each other. Both parties try to build a good and strong bond between them. If the doctor is more concerned with making money, providing unfair treatment, and following the rules of inequality and applying them to the patients indirectly way, a lack of communication skills and unfriendly attitudes toward the patients can harm the reputation as a doctor. In such cases, the relationship will not grow further with the patients. The patients may ask questions about the doctor’s academic qualifications. Sometimes this relationship breaks for other reasons such as if both the parties do not mutually agree so this relationship will be discontinued. If doctors find out any patients who are abusive or sexual mentality in nature means the patients try to have with sexual relationship with the doctor then the doctor has power to discontinue this relationship because, in this situation, he follows the medical ethics rules and regulations. Another reason is that if a doctor finds out any patient who is not listening and not ready to follow the informed guidance after lots of times try to make him/her understand in a good way if finally fail then the doctor can discontinue this relationship. These are some of the examples to break down the Doctor-patient relationship. Both have equal power to discontinue these relationships, in some situations sometime the patients are not always right. Before ending this relationship at first, we have to find out who is right and who is wrong to try to solve the problems mutually involving both parties. If the situation is very complex and serious then a legal step should be taken. Establishing this kind of relationship is based upon both parties whether it will be good or weak or conflict type of relationship. Doctors’ duty is not only the doctor needs to provide good medical treatment but also, they have to build trust with the patient. The doctor also follows the guidelines of medical ethics. When the doctor provides overall a good service to the patients then the patient is more likely to recommend them to others, which in turn can help the doctor build their reputation and grow their practice in this medical field.

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