



## THE DOCTOR-PATIENT RELATIONSHIP: EXPLORING THE PERSPECTIVES AMONG RESIDENT DOCTORS AT A TERTIARY CARE HOSPITAL

<b>Farhanul Huda*</b>	Additional Professor, Department of General Surgery, All India Institute of Medical Sciences, Rishikesh. Uttarakhand. 249203. *Corresponding Author
<b>Lokavarapu Manoj Joshua</b>	Senior Resident, Department of General Surgery, All India Institute of Medical Sciences, Rishikesh. Uttarakhand. 249203.
<b>Bhargava Gajula</b>	Junior Resident, Department of General Surgery, All India Institute of Medical Sciences, Rishikesh. Uttarakhand. 249203.
<b>Navin Kumar</b>	Assistant Professor, Department of General Surgery, All India Institute of Medical Sciences, Rishikesh. Uttarakhand. 249203.

### ABSTRACT

**Background:** Doctor patient relationship is important in that it facilitates better care and improves compliance of patients to treatment. In the current medical world there is strain on the doctor patient relationship as evidenced by increased litigation rates. Patients have also grown increasingly demanding of their doctors. Studies assessing the knowledge of doctors on doctor patient relationship and patient centeredness are required thus the aim of the current study.

**Material And Methods:** Resident doctors working in clinical departments of AIIMS Rishikesh are given a validated self-administered questionnaire, structured in three sections. The First section contains a paired statement representing views on the doctor-patient relationship. The second section have questions regarding the various ways how resident doctors have learned to develop relationships with patients. The third section will explore the resident's knowledge on patient centered consultations.

**Results:** Out of the total 230 resident doctors in various clinical departments, 116 residents participated in the study. The mean age of the participants was 29.2, with 28 % being Females and mean years of practice post MBBS of 3.2 years. The participants in the study are of opinion that patient has final say in deciding between treatment options and they always take time to explore patient ideas. Majority of the participants learned to develop relationship of patients by their own experience or by observing the practice of seniors. 32% of the participants are unaware of the concept of patient centeredness and only 12 % of individuals know all aspects of patient centeredness.

**Conclusions:** Knowledge on patient centeredness and communication skills required to maintain a good doctor patient relationship is inadequate among residents. This study emphasizes the need for undergraduate training in communication skills by didactic lectures and practice exercises using standardized patients.

**KEYWORDS :** physician-patient relationship; physician-patient relations; doctor-patient relations, resident doctors, curriculum

### INTRODUCTION:

The Doctor-patient relationship is vital because it facilitates patient compliance to treatment and helps reach treatment goals. It is unique and cardinal for providing better care, enhancing the healing process, and improving health outcomes. At the same time, Doctors and Patients view Disease in different ways. Ensuring proper communication with patients in day-to-day care is challenging. The ever-evolving medical technology and practices are putting strain on the already fragile doctor-patient relationship, which is apparent by the increased rates of medical litigation. There is a paradigm shift from the classical method of listening to a patient's history and examining the patient for physical signs pointing to diagnosis to reliance on a battery of investigations. Although blood investigations and radiological scans firmly diagnose the underlying pathological processes, they decreased communication between doctors and patients. Communications should be in both intellectual and emotional planes. As Kleinman et al. put it, the modern Doctor's view of clinical reality 'assumes that biological concerns are more basic, real, clinically significant, and more interesting than psychological and socio-cultural issues. (1)(2)

Cassel uses the word 'illness' to stand for 'what the patient feels when he goes to the doctor' and 'disease' for 'what he has on the way home from the doctor's office.' He concludes: 'Disease, then, is something an organ has, and illness is something man has. (3)

With rapid social changes, the increasing burden on health

care, and advances in medical technology, studies on the changing doctor-patient relationship are indicated in developing countries. The present study aims to explore the knowledge of resident doctors in a tertiary care center on the doctor-patient relationship and patient-centeredness so that adequate changes can be made to the medical curriculum to improve communication and soft skills if required.

### MATERIALS AND METHODS:

The study was conducted at All India Institute of medical sciences, Rishikesh, Uttarakhand, a tertiary care hospital and research institute. Before the commencement of the study, ethical clearance and permission to conduct the study was obtained from the Institutional ethical committee. The participants were resident doctors working in clinical departments of All India Institute of Medical Sciences, Rishikesh, India. Informed consent was taken, and the participants were explained about the questionnaire to reduce participation bias. Out of the total 230 resident doctors in various clinical departments, 116 residents participated in the study.

All Residents were given a validated, self-administered questionnaire structured in three sections. The First section contained a paired statement representing views on the doctor-patient relationship and was invited to indicate between 1 to 5. The score of 1 and 2 means 'strongly agree' and 'agree' with the left-sided statement. A score of 4 and 5 represents 'Agree' and 'Strongly agree' of the right-sided statement, while 3 indicates not agreeing for both the

statements. The second section has questions regarding the various ways how resident doctors have learned to develop relationships with patients. The third section will explore the resident's knowledge of patient-centered consultations.

**Statistical Analysis:**

The results were entered and analyzed using the Statistical Package for social sciences version 21. The analysis was carried out using descriptive statistics with a mean (SD), median IQR, and Shapiro-Wilk Test determined as appropriate. Cronbach's alpha was used to determine internal consistency. Median Response of 3 is taken insignificant opinion for either of the statement.

**RESULTS:**

The mean age of the participants was 29.2, with 28 % being Females and mean years of practice post MBBS of 3.2 years. The first part of the questionnaire (table 1) assesses doctors' views about the Doctor-patient relationship.

The mean response for question 1 is 4.02, having a median of 4, which implies training is required to enhance Doctor-patient relationships. Similarly, the median response for question 3 is 4 states doctors always explore patient ideas, concerns, and expectations, as shown in table 2.

The mean response for question 4 is 2.34 with a median of 2, which states that the patient has the final say when deciding between treatment options. The median response for question 9 is 2, stating patients are increasingly demanding of their doctors. Remaining questions response was found to have a median response of 3 and was depicted in table 2 and figure 1.

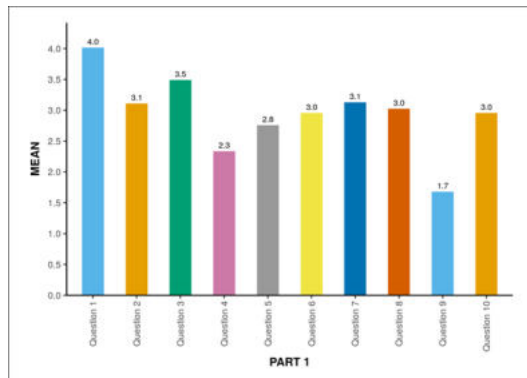
**Table 1. Part 1 Of The Questionnaire Pertaining To The Doctor-patient Relationship.**

Part 1. Questionnaire pertaining to Views on Doctor-patient relationship.							
1.	Relating to patients is an innate skill that cannot be taught	1	2	3	4	5	Training improves how doctors relate to their patients
2.	Different specialties require different types of doctor-patient relationship	1	2	3	4	5	The doctor-patient relationship should be the same regardless of specialty
3.	I don't always have time to explore the patient's ideas, concerns, and expectations	1	2	3	4	5	I always explore the patient's ideas concerns and expectations
4.	The patient should always have the final say when deciding between treatment options	1	2	3	4	5	The doctor should always have the final say when deciding between treatment options
5.	I try to establish the same kind of relationship with all my patients	1	2	3	4	5	I try to have different kinds of relationships with different patients
6.	I am paternalistic with my patients	1	2	3	4	5	I am never paternalistic with my patients
7.	It is not always possible to involve patients in medical decisions	1	2	3	4	5	I always involve patients in medical decisions
8.	I think that the basic principles of communication are the same for all levels of training	1	2	3	4	5	I think specialty training in communication should be completely different from that at medical school
9.	Patients are becoming increasingly demanding of their doctors than they were in the past	1	2	3	4	5	Patients are no more demanding of doctors than they were in the past
10.	Doctors have ultimate responsibility for their patients' health	1	2	3	4	5	Patients have to take responsibility for their own health

**Table 2. Shows The Responses Of Part 1 Of The Questionnaire**

Part 1	Mean ± SD	Median (IQR)	Min - Max
Question 1	4.02 ± 1.30	4.00 (1.00)	1.0 - 5.0
Question 2	3.11 ± 1.65	3.00 (4.00)	1.0 - 5.0
Question 3	3.49 ± 1.28	4.00 (2.00)	1.0 - 5.0
Question 4	2.34 ± 1.34	2.00 (2.00)	1.0 - 5.0
Question 5	2.76 ± 1.54	3.00 (3.00)	1.0 - 5.0
Question 6	2.96 ± 1.32	3.00 (2.00)	1.0 - 5.0
Question 7	3.13 ± 1.46	3.00 (2.50)	1.0 - 5.0

Question 8	3.03 ± 1.57	3.00 (3.00)	1.0 - 5.0
Question 9	1.68 ± 1.05	1.00 (1.00)	1.0 - 5.0
Question 10	2.96 ± 1.21	3.00 (2.00)	1.0 - 5.0



**Fig.1 Shows The Mean Response Of Individuals For Each Of The Questions In Part 1.**

Part 2A of the questionnaire lists ways doctors have learned to develop relationships with patients, and its responses were depicted in table 3. Interestingly the majority stated that they had learned a great deal with their own experience with patients (63%), observing the practice of senior colleagues (58%).

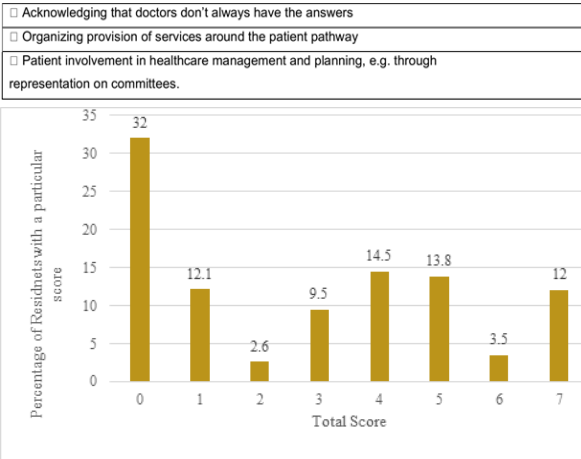
**Table 3. Part 2A Of The Questionnaire And Relative Response Rate Of Residents For Each Question.**

	Ways in which you may have learned to develop relationships with patients	I learnt a great deal	I learnt a moderate amount	I learnt very little	It didn't cover relationships with patients	I've not had this training
1	Communication skills training at medical school	22%	49%	14%	5.2%	9.5%
2	Communication skills training as an Intern	30%	40%	18%	3.4%	8.6%
3	Communication skills training during residency	47%	32%	8.6%	0.9%	7.8%
4	Discussion with my consultant	47%	35%	14%	1.7%	1.7%
5	Reading textbooks	19%	28%	26%	17%	9.5%
6	My own experience with patients	63%	28%	1.7%	3.4%	0%
7	Observing the practice of senior colleagues	58%	31%	8.6%	0.9%	2.6%

The questionnaire on patient-centeredness is given in table 3. 32% of the participants had not come across the term patient-centeredness with a score of 0, as shown in Fig.2. Only 12% of individuals have good knowledge about all aspects of patient-centered consultations, with a total score of 7.

**Table 3 Shows Part 2B Of The Questionnaire On Patient-centeredness.**

Patient-centeredness: (Part 2B)	
2B.	Have you come across the term 'patient-centeredness'? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, which of the following do you think a patient-centered consultation involves? (please tick all that apply(□)).	
<input type="checkbox"/>	Exploring patients' ideas, concerns, and expectations
<input type="checkbox"/>	A holistic approach, taking the broader context of the patient's life into account
<input type="checkbox"/>	Giving more information to patients and their families
<input type="checkbox"/>	Discussing treatment options with patients



**Fig.2.** Percentage of students with a particular score. Min-max score:0-7.

**DISCUSSION:**

The Doctor-patient relationship is an essential determinant of quality health care. The breakdown of the conducive doctor-patient relationship due to any reason results in resentment and dissatisfaction of patients leading to an increased incidence of medical litigation.

It was observed that multiple factors like socio-cultural, economic constraints, lack of health education among the public, commercialization of healthcare, and lack of time due to overburdened patient load add to the impairment of the Doctor-patient relationship. (4)(5)(6)(7)(8)

A cross-sectional study done at a teaching hospital in India among outpatients on doctor-patient relationship showed that socio-cultural factors did not significantly associate with the doctor-patient relationship. Only gender was significantly associated with the female gender showing a lower trust in the physician. A similar study done in Tamilnadu, India, showed no significant association between socio-cultural factors and the doctor-patient relationship. (9)(10)

A study done in England, UK on factors affecting patient trust and confidence in their GP showed that socio-demographic factors influence the doctor-patient relationship compared to the above studies. (11)

Patient-centered care focuses on taking individual opinion and giving due value to stakeholders' opinions, like parents and family members, in making treatment decisions. Patient requests are to be evaluated in light of evidence-based medicine as inappropriate prescribing to satisfy the patients' needs cannot be considered patient-centered care. Exploring the patient's ideas and addressing the concerns, and discussing the treatment options with patients and their families taking the broader concept of the patient's life into account. Picker's principles of person-centered care better describe Patient-centered care. (12)

In our study, most residents think that doctors always give time to explore patient ideas, concerns, and expectations and agree that patients should always have the final say in deciding between treatment options.

Although residents' opinions do give some space to patients' autonomy, they still assume the paternalistic role in some conditions, as evidenced by lack of insight over patient-centeredness and dominance of the paternalistic approach in India. In a study done in the UK, most doctors opined that they involve the patient in their treatment decisions, and most doctors neither agree nor disagree with paternalism toward the patient. (13)

The participants in our study are also of the opinion that patients are increasingly demanding of their doctors. A survey of doctors' attitudes, values, and practices in Singapore showed that most doctors agree that patients are more knowledgeable about medicine than they are ten years earlier and have become more demanding. Also, only 37.8 % of general practitioners and 45.6 % only want to go along with the patient's choice when a patient refuses treatment. (14)

It is surprising to know that almost 32% of the doctors that participated in this study were unaware of patient-centeredness, and only 12 % of them know all aspects of patient-centeredness. This is typical traditional paternalistic role orientation of doctors described by Parsons "as an asymmetrical relationship in which doctor occupies the dominant position by virtue of his or her specialist knowledge and the patient merely cooperated."

9.5% of the participants did not get communication skills training at medical school. And the remaining participants who got training opined that they did not learn a great deal from the training received. The majority of residents stated that they had learned a great deal from their own experience with patients (63%), observing the practice of senior colleagues (58%). This indicates the need for undergraduate training in communication skills. Teaching using simulated patients with real-life scenarios and didactic lectures will help enhance learning and better imbibition of these skills. The majority of participants in our study also emphasized that training is required to improve the Doctor-patient relationship. The limitation of our study is the small sample size and includes participants from a single institute.

**CONCLUSION:**

We feel that knowledge of the Doctor-patient relationship is inadequate among Residents coming from different parts of India. The current medical curriculum is not apt to produce the Doctor the society demands. Since the admission to the medical course, the student is rushed through the paraclinical and clinical subjects, and emphasis is placed on becoming technically sound rather than soft skills. Change in the curriculum is needed to suit the present needs of patients. WHO also recommends a foundation course of two months before the start of medical training to help them to become a better doctor. Our study will emphasize the need for strengthening the medical curriculum with the addition of courses on communication and ethics with didactic lectures and practice exercises. the curriculum should include assessing students' patient-centered behaviors by standardized patients in the curriculum of medical students. (15)(16) Further studies assessing patient satisfaction rates must know about the patient perspective on the existing doctor-patient relationship.

**Limitations:**

The study is restricted to a single institution with small sample size. The Study does not assess the patient perspective on Doctor Patient relationship.

Part 2A.					
Ways in which you may have learnt to develop relationships with patients	I learnt a great deal	I learnt a moderate amount	I learnt very little	It didn't cover relationships with patients	I've not had this training
1 Communication skills training at medical school					
2 Communication skills training as an Intern					
3 Communication skills training during residency					

4	Discussion with my consultant				
5	Reading textbooks				
6	My own experience with patients				
7	Observing the practice of senior colleagues				
8	Preparing for overseas examinations				

**Patient-centeredness: (Part 2B)**

2B. Have you come across the term 'patient-centeredness'?  Yes  No

If so, which of the following do you think a patient-centered consultation involves? (please tick all that apply ).

Exploring patients' ideas, concerns, and expectations

A holistic approach, taking the broader context of the patient's life into account

Giving more information to patients and their families

Discussing treatment options with patients

Acknowledging that doctors don't always have the answers

Organizing provision of services around the patient pathway

Patient involvement in healthcare management and planning, e.g. through representation on committees.

**REFERENCES:**

1. Helman C. Culture, health, and illness: an introduction for health professionals / Cecil G. Helman. 3rd ed. Culture, health, and illness: an introduction for health professionals. Oxford; Butterworth-Heinemann; 1994.
2. Kleinman A, Eisenberg L, Good B. Culture, illness, and care. Clinical lessons from anthropologic and cross-cultural research. *Ann Intern Med* [Internet]. 1978 [cited 2021 May 11];88(2):251-8. Available from: <https://pubmed.ncbi.nlm.nih.gov/626456/>
3. Medical News. *JAMA* [Am Med Assoc]. 1976 Sep 6;236(10):1091.
4. Mubashir Ali S. Gender and Health Care Utilisation in Pakistan. Vol. 39, The Pakistan Development Review. 2000.
5. Well-being and Caste in Uttar Pradesh: | Economic and Political Weekly [Internet]. [cited 2021 May 11]. Available from: <https://www.epw.in/journal/2006/40/special-articles/well-being-and-caste-uttar-pradesh.html>
6. Bharat S, Mahendra VS. Meeting the Sexual and Reproductive Health Needs of People Living with HIV: Challenges for Health Care Providers. *Reprod Health Matters* [Internet]. 2007 May [cited 2021 May 11];15(29 SUPPL.): 93-112. Available from: <https://pubmed.ncbi.nlm.nih.gov/17531750/>
7. Chakkalakal RJ, Higgins SM, Bernstein LB, Lundberg KL, Wu V, Green J, et al. Does patient gender impact resident physicians' approach to the cardiac exam? *J Gen Intern Med* [Internet]. 2013 Apr [cited 2021 May 11];28(4):561-6. Available from: <https://pubmed.ncbi.nlm.nih.gov/23138759/>
8. Kumar RK. Technology and healthcare costs. *Ann Pediatr Cardiol* [Internet]. 2011 Jan [cited 2021 May 11];4(1):84-6. Available from: <https://www.annalspc.com/article.asp?issn=0974-2069;year=2011;volume=4;issue=1;spage=84;epage=86;aulast=Kumar>
9. Banerjee A, Sanyal D. Dynamics of doctor-patient relationship: A cross-sectional study on concordance, trust, and patient enablement. *J Fam Community Med* [Internet]. 2012 [cited 2021 May 11];19(1):12. Available from: <https://pubmed.ncbi.nlm.nih.gov/22518353/>
10. T P A Study on Doctor Patient Relationship - A Cross Sectional Study on Satisfaction and Communication Aspects in Urban Chidambaram. *J Med Sci Clin Res*. 2017 Feb 17;05(02):17732-8.
11. Croker JE, Swancutt DR, Roberts MJ, Abel GA, Roland M, Campbell JL. Factors affecting patients' trust and confidence in GPs: Evidence from the English national GP patient survey. *BMJ Open* [Internet]. 2013 [cited 2021 May 12];3(5). Available from: <https://pubmed.ncbi.nlm.nih.gov/23793686/>
12. Picker Institute's Eight Principles of Person-Centered Care | National Center for Interprofessional Practice and Education [Internet]. [cited 2021 May 2]. Available from: <https://nexusipe.org/informing/resource-center/picker-institute's-eight-principles-person-centered-care>
13. Burke SE. The doctor-patient relationship: an exploration of trainee doctors' views. 2008;
14. Chan D, Goh LG. The doctor-patient relationship: A survey of attitudes and practices of doctors in Singapore. *Bioethics* [Internet]. 2000 Jan 1 [cited 2021 May 11];14(1):58-76. Available from: <https://onlinelibrary.wiley.com/doi/full/10.1111/1467-8519.00180>
15. Medical education in India: time to make some changes - PubMed [Internet]. [cited 2021 May 11]. Available from: <https://pubmed.ncbi.nlm.nih.gov/22963298/>
16. Module for Teaching Medical Ethics to Undergraduates SEA-HSD-321 Distribution: General.