Paper Title- Doctor-Patient Relationship

Authors:

Miss Rubina Yeasmin

Department of Sociology

Budge Budge College (Affiliated to Calcutta University), Kolkata 700137, India

ryeasmin466@gmail.com

**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. Doctor -patient relationships consider as the second major focus of the sociology of medicine/ medical sociology with work ranging from in depth studies of doctor-patient interactions.

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

1. **Introduction**

The economic sector is divided into three main sectors: the primary sector, the secondary sector, and the tertiary sector. The tertiary sector is commonly known as the service sector. The healthcare sector falls under the tertiary sector. In the case of the healthcare sector, it offers medical services provided by doctors, nurses, and other professionals to patients. Consultation takes place between the doctor and the patient regarding medical treatment, 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 deals with the study of health, health behavior, and medical institutions. This field was first proposed by Charles McIntire in 1984. According to Charles McIntire, it is defined as a “professional endeavor devoted to social epidemiology, the study of cultural factors and social relations in connecting with illness, and the social principles in medical organization and treatment.” In the field of medical sociology, there is another an important concept that is called Doctor-Patient Relationship (DPR).

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

DPR has been a significant aspect of medicine and medical treatment since ancient times and has a long history. In ancient times, the art of medicine was combined with magic and religion. Medicine was dominated by magical and religious beliefs which were an integral part of 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 where the first doctors were priests of the Goddess Sekhmet, who were trained in practical medicine as well as magic, according to Hickson (1971). 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, 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 direction to medical thought. The Greeks rejected the idea that diseases were caused by supernatural forces and instead 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 through his famous "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-**

Doctor-Patient Relationship refers to a pattern of social interaction & relationships which is built between the doctors and their patients. This relationship is another core element in medical sociology. The relationship between a doctor and a patient is a crucial and effective one, respect, trust, knowledge, regard, and loyalty are the four elements which helps to make Doctor-Patient Relationship. 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,** Communication skills involve listening, speaking, observing, and empathizing, So the doctor should have good communication skills. In this regard, three levels of communication have been described: - Communication on an emotional plane: the doctor must give a sympathetic ear to the complaints made by the patients and his relatives. This is necessary to establish a quick rapport and communication on a cultural plane- the doctor should be aware of the general concepts of culture and social organization of the community with which he is dealing. This helps to acquire certain flexibility in his dealings with patients. Communication on an intellectual plane- practitioners of modern medicine come from well-to-do families. Through their education and training, they tend to be sophisticated. A successful doctor reduces this distance and can communicate with his patient freely and win his confidence. The doctor who can communicate with his patient on these three planes is bound to give maximum psychological satisfaction to his patients. A successful doctor knows how well to communicate with his patient.

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, they should have excellent communication and listening skills. They should be able to establish a good rapport 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. 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 provide patients with useful information about their medical treatment and medication. This includes informing the patient about their current health status, the disease they are suffering from, the prescribed medication, and any possible diagnostic or therapeutic procedures. The doctor also explains the nature and likelihood of risks and benefits associated with the interventions and any uncertainties of knowledge. In this model, patients have access to all the relevant medical information about their disease and treatment options, which allows them to choose the interventions that best align with their values and preferences. This model was based on a patient centric.
* **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 each other's opinions and playing an active role in the decision-making process.
* In the **Guidance-Cooperation Model**, doctors offer guidance and advice to their patients. Patients have the option to 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 advice. 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-**

Another important area of Doctor-Patient Relationship is Medical Ethics. Ethics is a branch of philosophy that concerns itself with values, principles, and justifications for guidelines, rules, and laws. It is split into three major categories: normative ethics, applied ethics, and meta-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 healthcare sector. The concept of medical ethics is well-known and emphasizes the importance of "helping and doing no harm" to patients. The Hippocratic Oath, which was introduced by the famous ancient Greek physician Hippocrates, is a classic example of this principle. Philosophers, notably Tom Beauchamp and James Franklin Childress consider the study of medical ethics as a branch of Bioethics. they worked on principles of medical ethics. Tom Beauchamp and Childress (1979) identified four main principles of medical ethics they are Beneficence, non-maleficence, Respect for autonomy, and Justice which are outlined in their book Principles of Biomedical Ethics. According to Oxford University Press (2010) explained also about the four principles approaches to health care ethics, they are Beneficence: a group of principles requiring that we prevent harm, provide benefits, and balance benefits against risks and costs; non-maleficence: is the principle that “above all, do no harm,” as stated in the Hippocratic oath, means a principle requiring not causing harm to others; Respect for autonomy: a principle requiring respect for the decision-making capacities of autonomous person and Justice: a group of principles requiring appropriate distribution of benefits, risks and costs equally and fairly.

By “human rights”, we mean those conditions of life and freedoms that should be available to all persons irrespective of their religion, race, caste, sex, nationality, or any one of them. They promote social progress and a better standard of life in larger freedom. For example, the rights to life and security, property, education, speech, and expression cover all the basic criteria of human rights. The fundamental human rights are in the dignity and worth of the human person. Therefore, by human rights, we mean four things. One, rights that are inherent in, and integral to, every human being by the fact of his birth, two, rights that are basic for human life and its development, three, rights that presume the existence of those social conditions in which they can be exercised, and four, rights which every civilized state ought to incorporate in its constitution and the laws as the basic human rights and demands. According to the United Nation defines “Human Rights includes the rights to life and liberty, freedom from slavery and torture, freedom of opinions and expression, the right to work and education”. 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. In the medical profession, medical ethics play a vital role in providing knowledge about codes, laws, and principles that ensure the protection of human rights. Medical ethics is all about preserving life and providing special protection for human rights. Medical professionals who study medical ethics are equipped to identify complex or challenging situations and handle them with rationality and ethical principles. Every doctor has a responsibility to safeguard the human rights and dignity of their patients, as it is a fundamental principle of the codes and laws of medical ethics. Medical ethics is a branch of ethics that addresses moral issues arising in medical practice, and the doctor-patient relationship is based on fundamental ethical principles such as respect for individuals, informed consent, and confidentiality.

According to World Medical Association International Codes of Medical Ethics, (2006) mention about the codes of medical ethics, they are:

Duties of physicians to patients-

* A physician shall always bear in mind the obligation to respect human life.
* A physician shall act in the patient’s best interest when providing medical care.
* A physician shall owe his/her patient’s complete loyalty and all the scientific resource available to him/her. Whenever an examination or treatment is beyond the physician’s capacity, he/she should consult with or refer to another physician who has the necessary ability.
* A physician shall respect a patient’s right to confidentiality. It is ethical to disclose confidential information when the patient consents to it or when there is a real and imminent threat of harm to the patient or to others and this threat can be only removed by breach of confidentiality.
* A physician shall give emergency care as a humanitarian duty unless he/she is assured that others are willing and able to give such care.
* A physician shall, in situations when he/she is acting for a third party, ensure that the patient has full knowledge of that situation.
* A physician shall not enter into a sexual relationship with his/her current patient or into any other abusive or exploitative relationship.

1. **Conclusion**-

To establish a good relationship between the doctor and the patient and try to maintain & keep this relationship for a long time, the doctor needs to have the ability to communicate freely and confidentially with their patients. If the doctor is more concerned with making money, shows differential treatment between patients based on their financial status, or lacks a sympathetic and friendly attitude, it can harm their reputation as a doctor. In such cases, patients may question the doctor’s professional competence if they do not know how to effectively communicate with them. Not only the doctor needs to provide good medical treatment to the patients to meet their expectations but also, they have to build trust with the patient. 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.

**REFERENCE**

1. Beauchamp, T. L., Childress, J. F. (2013). Principles of Biomedical ethics (7th edition). New York: Oxford University Press.
2. Park, J. E. (2013). Park’s Text Book of Preventive and Social Medicine (22nd  edition). Madhya Pradesh: Banarsidas Bhanot Publishers.
3. Gupta, P. (2010). Textbook of Preventive and Social Medicine (3rd edition). New Delhi: CBS Publishers & Distributors Pvt Ltd.
4. Jonsen, A. R. (2008). A Short History of Medical Ethics. New York: Oxford University Press, Inc.
5. <https://www.upstate.edu/psych/pdf/szasz/doctor-patient-relation.pdf>
6. <https://www.wma.net/wp-content/uploads/2006/09/International-Code-of-Medical-Ethics-2006.pdf>
7. <https://www.alliance.edu.in/ijls/ijls-2016/assets/documents/Doctor-Patient-Relationship-and-Medical-System.pdf>
8. <https://www.wma.net/wp-content/uploads/2016/11/Ethics_manual_3rd_Nov2015_en.pdf>
9. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4732308/>