

Research Article

Good Doctor-Patient Relationship: Its Status In Clinical Practice

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Abstract: Introduction- Good doctor-patient relationship has benefits for both patients and practitioners. Proper history taking improves health outcomes and enhances the relationship between doctor and patient. **Aims-** To assess the status of doctor-patient relationship in clinical practice and increase awareness among clinicians in this regard. **Materials and methods-** The present study was conducted in Mahabubnagar with due permission from the Dean, SVS Medical College, Mahabubnagar, Andhra Pradesh between June 2010 to September 2010. 106 registered medical (graduate and post graduate) practitioner of different discipline working in different organization were selected randomly and were requested to express their views regarding impact of doctor-patient relationship and detail history taking of patient in therapeutic outcome. **Results-** 92.45% doctors told that good doctor-patient relationship was helpful for better therapeutic outcome. 73.58% doctors agreed that explaining the disease and related remedy to patient assist to establish a good doctor-patient relationship but nearly half of the participating doctors(49.06%) were not able to practice it. 96.23% doctors gave stress on taking detailed history of patient but 3.77% participants expressed their views against the detailed history taking. **Conclusion-** Doctor-patient relationship is a multifactor dependant entity. Proper history taking promotes good doctor-patient relationship which increases patients' satisfaction and thereby increases patients' compliance with medication. There is need to increase awareness among clinicians in this regards.

Keywords: Patient care, Doctor-patient relationship, Compliance, Clinical Practice

INTRODUCTION

The doctor-patient interaction itself can be therapeutic[1]. This is an effect that is likely to be enhanced by feelings of trust and understanding [2]. Good doctor-patient relationship has benefits for both patients and practitioners. For patients, their enablement, compliance with medication and satisfaction increases [3-5] and for doctors, both the clinical decision-making process and disclosure of psychosocial problems are facilitated [6,7]. Percentage of patients satisfied with the care they received is one of the complementary drug use indicators. Patient satisfaction is a very important component of quality of care, but difficult to measure [8].

'Taking a history' is a part of communication between doctor and patient. Effective communication skills improve patients' satisfaction, improve doctors' satisfaction, improve health by positive support and empathy and there by improve health outcomes and enhances the relationship between doctor and patient [9]. The proposal of the study was to assess the status of doctor-patient relationship in clinical practice and increase awareness among clinicians in this regard.

MATERIALS AND METHODS

The present study was conducted in Mahabubnagar with due permission from the Dean, SVS Medical College, Mahabubnagar, Andhra Pradesh between June 2010 to September 2010.

106 registered medical (graduate and post graduate) practitioner of different discipline working in different organization were selected randomly and requested to participate in this work. All the participating doctors on the basis of one-to-one conversation with investigator were requested to express their views regarding impact of doctor-patient relationship and detail history taking of patient in therapeutic outcome. Their views regarding good doctor-patient relationship, eight factors as given in table-1 which are supposed to establish as well as maintain the good doctor-patient relationship and usefulness of detailed history taking in clinical practice were noted on the basis of Yes-No response in a predesigned format. Their special comments in this regards were also taken into account. While dealing with patients their adherence to these factors were also noted.

Doctors who were not interested for this work were excluded from the study.

All the collected data were arranged, analyzed, expressed in percentage and presented in tabular form.

RESULTS

In the present study, 98 out of 106 (92.45%) doctors told that good doctor-patient relationship was helpful for better therapeutic outcome but 7.55% told

doctor-patient relationship is not related to treatment and therapeutic outcome.

104 out of 106 (98.11%) doctors agreed that addressing the patient by their name was of help in establishing a good doctor-patient relationship but only 2 out of 106 (1.89%) did not support it. Only 71.70% doctors told they were able to adhere to this but 28.30% were not able for this.

94 out of 106(88.68%) told receiving the patient with smile had a contribution to strengthen doctor-patient relationship and little less 90 out of 106 (84.91%) were also able to practice it.

92.45% doctors told listening the patients' problem carefully was an important factor for a good doctor-patient relationship but only 88.68% could follow it.

73.58% doctors agreed that explaining the disease and related remedy to patient assisted to establish a good doctor-patient relationship but nearly half of the participating doctors(49.06%) were not able to practice it.

Regarding empathy towards patient 71.70% doctors suggested that it had a contribution to strengthen doctor-patient relationship and 67.92% doctors told they tried to express it.

Majority participants (90.57%) told having patience with patient while dealing with them had a

significant role to play in establishing a good doctor-patient relationship and a fair number(81.13%) were following it in their clinical practice.

86.80% doctors told that criticism of other doctors was neither good for practice nor good for doctor-patient relationship but 13.20% doctors told it was not related to doctor-patient relationship. 20.75% doctors realized that criticizing of other doctors was neither good for practice nor good for doctor-patient relationship but in some situation they had to criticize the other doctors.(Table-1)

83.02% participants told discussion of serious disease in front of patient is not good for doctor-patient relationship but16.98% participants told it was not related to doctor-patient relationship. 24.53% participants expressed their view that in certain situations they had to discussed serious disease even in front of patient.

Regarding detailed history taking most of the participating doctors (96.23%) gave stress on taking detailed history of patient. Only few (3.77%) participants expressed their views against detailed history taking. Regarding their adherence to history taking, 79.25% doctors told they usually prefer to take relevant history in detail and other history in brief, 11.32% told they usually take short history, 5.66% told history is important but usually not able take history, 3.77% told they ask the patient only complaints.

Table-1 Factors influencing doctor-patient relationship, doctors' viewpoints in this regards and doctors' adherence to these factors. (n=106)

S.No.	Factor	Doctors' views (%)		Doctors' adherence (%)	
		Yes	No	Yes	No
1	Addressing the patient by name	98.11%	1.89%	71.70%	28.30%
2	Receiving the patient with smile	88.68%	11.32%	84.91%	15.09%
3	Listening the patients' problem carefully	92.45%	7.55%	88.68%	11.32%
4	Explaining the disease properly	73.58%	26.42%	50.94%	49.06%
5	Developing empathy towards patient	71.70%	28.30%	67.92%	32.08%
6	Having patience with patient	90.57%	9.43%	81.13%	18.87%
7	No criticism of other doctors	86.80%	13.20%	79.25%	20.75%
8	No discussion of serious disease in front of patient.	83.02%	16.98%	75.47%	24.53%

DISCUSSION

People visit doctors because something unexpected has happened to them. The first and major part of the consultation is talking with the patient. Good communication supports the building of trust between doctor and patient [9]. Addressing the patient by name, receiving the patient with smile, listening the patients' problem carefully, explaining the disease properly, developing empathy towards patient, having patience with patient, no criticism of other doctors, no discussion of serious disease in front of patient all these factors directly or indirectly influence the doctor-patient relationship and thus also influence the therapeutic outcomes. The present study showed that doctors' adherence is less as compared to doctors' positive opinion regarding factors like addressing the patient by name, receiving the patient with smile, listening the patients' problem carefully, explaining the disease properly, developing empathy towards patient, having patience with patient. (Table-1) Most of the doctors told heavy clinical work load was the reason. It may be one of the reasons, not the only reason. K E Kearley *et al* [2]. in their study have mentioned that one practice with a very large list achieved a very high patient reported rate of personal care, reminding that practice size need not inhibit the quality of care.

98.11% doctors agreed that addressing the patient by their name was of help in establishing a good doctor-patient relationship but only 71.70% doctors told they were able to adhere to this. But addressing a patient depends upon their age, background and cultural environment. In general, older patients prefer not to be called by their first name, and it is best to ask adult patients how they would prefer to be addressed [10].

28.30% doctors told empathy towards patient did not have much influence on the doctor-patient relationship. But being empathic helps doctors' relationship with patients and improves their health outcomes [9].

18.87% doctors told they were not able to have patience due to clinical work load and long list of complaints a patient had. But illness can cause anger and frustration. If doctors feel angry with patients, it is likely that patients feel angry themselves [9]. This creates dissatisfaction in patients which in turn reduces the patients' compliance with medication. Regarding no criticism of other doctors, 20.75% participants told in some situations they criticize other doctors arguing that it reduces the irrational prescribing behavior. Irrational prescribing is a global problem and may also be regarded as "pathological" prescribing [11,12]. Regarding no discussion of serious disease in front of patient, 24.53% doctors told they often practice it to avoid unnecessary legal complications that may arise due to not explaining the disease to patient.

Limitation of the study – The present study mainly focused on doctor-patient interaction, rather than actual, rational prescribing behaviour of doctor. In this study number of participants is less. Involvement of more participants may strengthen the present outcomes and further study in this topic may reveal many more other dimensions in this regards.

CONCLUSION

Doctor-patient relationship is a multifactor dependant entity. Proper history taking promotes good doctor-patient relationship which increases patients' satisfaction and thereby increases patients' compliance with medication. There is need to increase awareness among clinicians in this regards.

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