

Review Article

Changing doctor patient relationship in India: a big concern

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ABSTRACT

Since time immemorial doctor's service to mankind was considered as one of the noblest profession and doctors were treated as next to God with highest respect in the society. With the struggle of development, the modern society has become intolerant and impatient leading to change in this sacred relationship. This deterioration is not only affecting the social relationship but also the treatment of patients as there is a feeling of mistrust and concealment of facts. This article elaborates about the factors for such deterioration and also the ill effects both on patients and doctors. This article further suggest the measures to be taken on timely bases by all the stakeholders i.e. the doctors, the patients and society as well as by governments for improving this mandatory relationship.

Keywords: Doctor, Patient, Violence, Mistrust

INTRODUCTION

On the surface of the earth Human beings are the noblest creation of God and, Doctors who take care of the physical pain and suffering of human beings are considered next to God.¹ The ancient Indian physician Charaka once said, "A good physician nurtures affection for his patients exactly like a mother, father or brother. The physician having such qualities gives life to the patients and cures their diseases."

The doctor-patient relationship has long been assumed to be a straight forward association between an expert in medicine and a person in need of medical care. The doctor-patient relationship has been defined as "a consensual relationship in which the patient knowingly seeks the physician's assistance and in which the physician knowingly accepts the person as a patient."² At its core, the doctor-patient relationship represents a fiduciary relationship in which, by entering into the relationship, the physician agrees to respect the patient's autonomy, maintain confidentiality, explain treatment options, obtain informed consent, provide the highest standard of care, and commit not to abandon the patient without giving him or her adequate time to find a new

doctor. Patients sometimes reveal secrets, worries, and fears to physicians that they have not yet disclosed to friends or family members.³ The building stone of any successful relationship is element of trust and it is utmost important in case of doctor patient relationship. Emanuel and Dubler have suggested that the ideal doctor-patient relationship consists of the six C's: Choice, competence, communication, compassion, continuity, and (no) conflict of interest.⁴ The relationship between doctors and their patients is the topic of warm discussion since the time of Hippocrates and received place in more than 8,000 available medical literatures. In past, there was no question about this noble service but recently countrywide dissatisfaction on the major pillar (doctors) of the medical services raises number of questions. In the last few decades, rapid changes in the health care delivery system in India have resulted in considerable strain on this relationship.

HISTORY OF DOCTOR PATIENT RELATIONSHIP

The origins of the medical profession are steeped in mysticism when doctors more often than not treated their patients free of charge and with contempt. The physician

was without reproach and the patient cowered in acceptance of every esoteric or mundane order treating it as God's own gospel.⁵

In the ancient India, doctors were enjoying the highest level of respect in the society because of the attitude and activity towards the patient. They were labelled as next to God and recognized by their healing power not by formal course or degrees. In that era medicine practice was seen from social and humanitarian point of view rather than taking it as a business point of view. In the early and middle part of twentieth century with evolution of modern medicine maximum doctors in India were general physician or family physician. Maximum of these doctors were practicing in rural area and there were hardly few specialist who were available only in large urban area. These general physicians usually practiced medicine in their own village or nearby area. So they developed a good relationship with the community because they were always available round the clock and they usually discussed with the patients regarding different matters of family rather than usual doctor- patient communication. They usually knew the health status of all family members of the patient. As a result a good interpersonal relationship was developed between doctor and patient. These family physicians explained to their patients nicely the problems, probable diagnosis, treatment protocol and patient also were able to express their views as much as possible because there was no time constrain in the consultation process. In this process patient developed a trust on the physician. Patient hardly believed that doctor could do any harm to the patient or if sometimes any unwanted condition aroused then patient accept it as God's will. Society had strong trust on the doctors. These general physicians only referred the genuine cases to the specialist and the cost for consultation was very minimal sometimes the poor patients offered some fruits, paddy or vegetables to them. Hellenberg et al, have highlighted the Indian perspective of family physician and their role in doctor patient relationship.⁶

SLOW CHANGE IN RELATIONSHIP WHICH WAS NOT RECOGNISED BY DOCTORS

What contributed to this slow transformation was the age of the Industrial revolution. With improved transport and communication physician starts receiving patient of all strata from far of places resulting in increase of physician's load manifold. This resulted into opening of new business opportunities and division of labor in medical care. The first of these divisions was the founding of the Pharmacological industry, with drug research and development, trial and marketing, and over the counter availability, this took away an important element of physician control over the availability, administration of medication and treatment of patients. The second development was the advent of nursing, which caught the public's imagination with Florence Nightingale and nurses were considered as another important pillar replacing the doctors as the sole face of care and empathy in health care. With technological

advances, the medical sciences accepted laboratory services for pathophysiology and radio-imaging technology. Thus, the medical profession diluted the direct role of the physician and as a result the patient-doctor interface became multifaceted with more and more inputs available to the patient and the physician through the multilayered and nuanced administration of medical care in the postmodern era.⁷ In cases of unwanted results of treatment doctors were questioned for their competencies and knowledge which was just like challenging the undisputed authority of doctors in their own fields.

WHAT IS CURRENT SCENARIO?

In last decade doctor patient relationship has shown a great dip. The forces of increasing economic aspirations, stress levels, frustration due to urbanization, and high levels of competition, distorted and disturbed religious, and cultural values are adding to the intolerance among the masses.⁸ This has also led to the sense of distrust toward the medical fraternity. A study suggested that nearly 75% of medical personnel in India have faced some sort of workplace violence. This study concluded that the 50% violent incident took place in the Intensive Care Unit of hospitals, and in 70% of cases, the relatives of the patients were actively involved.⁹ Now a day's a general feeling of mistrust against medical fraternity is prevalent, doctors are considered as traitor corrupt and money minded.¹⁰ This mistrust has resulted in increased cases of violence against doctor and hospital. Simultaneously, more and more cases of medical negligence are being filed in the court. Many doctor's practices have been ruined by fake cases with malafide intentions against doctor & hospital. Many famous doctors have hired personal security and hospital had hired bouncers for protection for their security. This has become the new normal in this noble profession. This mistrust is so haunting that many doctors have started propagating a concept that, treat every patient as potential litigant.¹¹

WHY THIS HAS HAPPENED

Poor government health care delivery system

Till recently India does not have any 'health for all' policy. And health care delivery is either through private sector which is costly and business oriented or government sector which is in pathetic state. Poor access to free or cheap medical care leads to anger and dissatisfaction. Any disease brings a major financial burden on the family especially in villages and low socioeconomic strata people. For any disease patient has to be taken away to nearby city leading to loss of business and selling of property to get treatment.

Inadequate doctor patient ratio

Because of this disproportionate doctor- population ratio doctor is not able to spend much time which is required

for rapport building during consultation process (especially in government setting). So most of the time patients are not satisfied, as a result the relationship is deteriorating day by day.¹²

Expansion of literacy and awareness

When Literacy rate was very less, whatever told and asked by the doctors was the final word for patient. Patient had “blind faith”. But as the literacy rate increased patient and their relatives are now more aware regarding their rights. Patient and their relatives now ask questions on doctor’s unrealistic behavior as a result the relationship deteriorates.

Easy accessibility to information

Most of the 20th Century, due to lack of information, patient had the thinking that “Doctor Knows the best”. However, coming to the information age patients are empowered with information. “Blind trust is being replaced by “informed trust”. More and more patients take help of internet for self-diagnosis or test the competency of doctors.¹³ Doctor patient and google is not a healthy love triangle and brings mistrust.

Patient’s desire to become a part in the decision-making process

Traditionally the ideal doctor-patient relationship was paternalistic; doctors direct care and makes decisions about treatment. During the past few decades, patients and their relatives wants shared decision making. Many of the time it has been found that correct informed consent has not taken before costly investigation or invasive procedure.

Consumer protection act 1986

One of the major landmark decision which has done more harm than good for medical profession is putting healthcare services under consumer protection act. This is a two-edged sword which was misused by patients for their benefits and threatening the doctors and hospital owners. This has made doctors more defensive and forced them to take approach of evidence-based medicine thus tremendously increasing the cost of treatment. Today number of negligence cases against doctors in Consumer protection court are on increase majority of them are fake with malafide intentions as a result the relationship of understanding is deteriorating. India is witnessing “Yi Nao” phenomenon which is common in China.¹¹ The literal meaning of “Yi Nao” is healthcare disturbance. More precisely related to violence against doctors. It is a type of violence in hospitals to get repayment for real or apparent medical negligence from the hospital authority. This phenomenon includes assault to the hospital personnel, damage health facilities, and equipment ultimately resulted in cessation of normal hospital functioning. According to a study in China in 2006, of

270 tertiary hospitals, 73% reported the Yi Nao phenomenon.¹⁴

High cost and long duration education

There have been a tremendous involvement of the private sector in medical education system (establishment of medical college, nursing, and pharmacy colleges). Students have to pay huge “donations” to get into the rapidly increasing number of private medical colleges and to get on to sought after postgraduate training schemes. This will produce a great impact on the attitude of the doctor when he starts practicing medicine. In want of early money, doctors start working for multiple hospitals or gets into the game of commission with pharmaceutical companies, to regain their investment. This greed for extra money among the doctors at times results in to malpractices which brings disrespect to the profession.

High level of corruption in the health care industry

Corruption is one of the important causes of deterioration doctor patient relationship in India.¹⁵ Doctors are prescribing costly and unnecessary medicines and laboratory tests for financial commission, foreign tour and costly gifts. Private hospitals are keeping patients unnecessarily in the I.C.U for extra charge. Good number of scams in NRHM is destroying the reputation of doctors.

Inequity in health care delivery

Those who can pay are able to enjoy highest level of health care while majority of the poor and middle class have to depend on poorly developed government health care system. Because of this inequity in health care delivery system all the anger and frustration of the poor patient and their relatives go against the doctors (soft targets) and they become hostile and violent. Currently the entry of corporates results into commercialization of health care by merging medical care with hospitality (hospital with hotel facilities) which has made the thing worse. People pay more and expect more. During illness the feeling of suffering has gone and replaced with feeling of value for money and comfort.

Technological development in medical science

India has seen rapid development in medical care scenario. Excellent development has occurred in the laboratory technology, diagnostic and therapeutic services. Specialist and super specialist have started dominating India’s health care market. All this leads to very high and unrealistic expectations in patients and relatives mind. Early and accurate detection doesn’t always mean 100% surety of saving patient’s life. So when there is a difference between the expectation of the patient’s relative and ground reality, it outbursts in the form of mistrust anger and violence.

Expanding middle class population and growth of health insurance

Hospitals had taken advantage of more paying power of patients and insurance as easy money. Somehow the trends are of show up and unnecessary use of facilities rather than need of facilities. With these trends people are ready to pay even higher amount for treatment and saving lives of their beloved. In return they are expecting best possible services. Poor services or any type of negligence flare-ups the emotion of patients and relatives

Workplace factors

Workplace factors such as communication barriers, physical barriers, political pressure, the influence of relatives, and heavy workload adversely affect the relationship.

A LOST BATTLE SITUATION FOR BOTH SIDES

Directly or indirectly both parties are at loss and neither doctors nor patients are happy with present situation. Grievances are from both side and increasing day by day. Doctors become more and more defensive in their approach and treat on the basis of clinical test with clinical acumen taking a back seat. This leads to increase in cost of treatment which cause more frustration among the patients. Not many doctors are ready to take challenging cases in which there is risk of bad result. The mismatch of doctors and patient expectations or society at large is very much prevalent and is major road block for this situation. Doctors have to understand that they are not supreme who cannot be questioned and Society have to come to an understanding that doctors are not God and they are just using their learned skills for the betterment of patient. The fee of doctor is not only the value of time but also the value of their expertise which they have learnt after a hard work of long tenure of study. The health care system still recognize doctor as the top most person governing the type of care given to patient. But they have to learn the new normal. They have to accommodate themselves in this litigant world with careful practices, take adequate measures to build up trust of patient and involving patients in planning their treatment decisions (cafeteria approach) wherever possible.¹⁶

WAY FORWARD

The doctor patient relationship has changed immensely in the last few decades in our country. To improve this scenario both doctors and patients should introspect their behaviour. Professional bodies, patients and social activist all should debate and find out the solutions. Most of the doctor- patient conflicts can be resolved with a fair discussion and proper communication. Doctors besides a treating physician; has to remember the sociology, psychology of the patient and his relatives. If physicians take a little more time in talking, in reassuring patients in

the old-fashioned way, communicating the risk benefits of disease and treatments, involving patient in decision making, this will restore the deteriorating patient physician relationship.

Patient and society have to understand that doctors although professional do have responsibilities towards their family. They chose this profession not just for social service but, for making their carrier and earn money for their bad time and fulfilling family obligations. Nothing comes free in this material world and to give free and cheap treatment in this time is not doctor's responsibility but the responsibility of government and doctors cannot be held responsible for high cost of medicine and clinical tests. Patients and society have to show greatest regard and honor for doctors so that they can work in threat-free environment which is only for society's benefits. Every field has black sheeps and law should deal with those law-avoiding people. Government should make policy for easy access of good health care facility even for downtrodden and weaker section of society and it should never be available only for rich. Government should make effective law to prevent violence against doctors which should be strictly implemented. The syllabus of medicine should be made more relevant and duration should be reduced as much as possible with inclusion of some new subjects like medico legal aspects, ethics in medicine, communications skill, management etc.

These measures should be taken early before it's too late. It is for the betterment of all stakeholder to understand the need of hour. Till then doctors have to be patient and work on phrase 'Physician heal thyself'.

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REFERENCES

1. Jaiswal A, Bahatnagar AS. Doctor-patient relationship: A Socio-legal Analysis. Shodh Sanchayan. 2013;4 (1):1-8.
2. QT, Inc v. Mayo Clinic Jacksonville, 2006 US Dist. LEXIS 33668, at *10; ND Ill, 2006.
3. Chipidza FE, Wallwork RS, Stern TA. Impact of the Doctor-Patient Relationship. Prim Care Companion CNS Disord. 2015;17(5):10.
4. Emanuel EJ, Dubler NN. Preserving the physician – patient relationship in the era of managed care. JAMA. 1995;273:323–9.
5. Ganesh K. Patient-doctor relationship: Changing perspectives and medical litigation. Indian J Urol. 2009;25(3):356-60.
6. Hellenberg D, Williams FR, Kubendra M, Kaimal RS. Strengths and limitations of a family physician. J Family Med Prim Care. 2018;7(2):284-87.
7. Akerkar SM, Bichile LS. Doctor patient relationship: Changing dynamics in the information age. J Postgrad Med. 2004;50:120-2.

8. Paul S, Bhatia V. Doctor patient relationship: Changing scenario in India. *Asian J Med Sci.* 2016;7(4):1-5.
9. Ambesh P. Violence against doctors in the Indian subcontinent: A rising bane. *Indian Heart J.* 2016;68:749-50.
10. Kumar M, Verma M, Das T, Pardeshi G, Kishore J, Padmanandan A, et al. A study of workplace violence experienced by doctors and associated risk factors in a tertiary care hospital of South Delhi, India. *J Clin Diagn Res.* 2016;10:LC06-10.
11. Mello MM, Studdert DM, DesRoches CM, Peugh J, Zapert K, Brennan TA, et al. Caring for patients in a malpractice crisis: physician satisfaction and quality of care. *Health Affairs.* 2004;23(4):42-53.
12. Bhattacharya S, Kaushal K, Singh A. Medical violence (Yi Nao Phenomenon): Its past, present, and future. *CHRISMED J Health Res.* 2018;5:259-63.
13. Armstrong S. Social networking for patients. *BMJ* 2016;354:i4201.
14. Pan Y, Hong Yang X, He JP, Gu YH, Zhan XL, Gu HF, et al. To be or not to be a doctor, that is the question: A review of serious incidents of violence against doctors in China from 2003-2013. *J Public Health* 2015;23:111-6.
15. Berger D. Corruption ruins the doctor-patient relationship in India. *BMJ.* 2014;348:1-2.
16. Levinson W. Physician-patient communication. A key to malpractice prevention. *JAMA.* 1994;272(20):1619–20.

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