

Working in partnership with patients — what does it mean in clinical practice?

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Abstract

Working in partnership with patients is not a new idea but neither is it a simple one. It holds benefits for both the patient and the doctor. Benefits for the treating doctor include better self-care and a reduced risk of burnout. The UK General Medical Council has provided guidelines for practitioners and patients that provide a useful template for personal reflection. There are also formal programmes dedicated to this end.

Keywords Communication skills; patient-centred care; patients as partners; physician burnout; therapeutic alliance

Introduction

Thank you so very much for taking care of me and being so skilled at what you do. Every day of my life will be better because of you. Thank you is not nearly enough.

BH, from a thank-you note to a specialist

With many years of general medical practice behind me, I have received a great deal of feedback from patients about the specialists they have seen. I suspect that doctors do not fully appreciate their importance in the life of patients with a chronic illness, or even for patients who may only see them a few times. From the patient's point of view, a consultation with a specialist is usually very significant — the anticipation of seeing you (with the possibility of a serious diagnosis), the experience of the consultation with you (with anxiety about how well you will listen and understand) and the impact of your clinical opinion on their future health and well-being.

I have consulted a specialist only a handful of times myself. Most of the consultations have been positive, but one sticks in my mind, years after the event. When the receptionist ushered me into the consulting room, the consultant was dictating a letter to another doctor who had referred the patient before me. Without looking up, he waved me to a chair. When he had finished dictating, he read my referral letter in silence. Only then did he look up and start asking questions, without any attempt at rapport. A short time later, he realized that I was a doctor myself. He became friendly, even chatty. I imagine that he treated every

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Key points

- Working in partnership with patients is protective for both parties — both emotionally and medico-legally
- Working in partnership is a skill that can be learned
- Although clinicians vary with respect to their innate skills in setting up a working alliance, everyone can benefit from training — to protect overly empathic doctors and guide those who are empathy deprived

patient as dismissively as he had treated me in the first few minutes of the consultation and only changed when he moved me into his 'tribe'. I was not impressed.

What is a partnership?

Talcott Parsons says that the sick role includes the patient's obligation to get well and their duty to comply with medical management. I am sure that this consultant would have agreed. Doctors are the experts in diagnosis and treatment, and the patient is the recipient of this expertise. I doubt whether any, except perhaps the most educated, of my patients think of a specialist consultation as a 'partnership'. Should we? To test how well the idea sits with you, try listing your personal goals during a day of ordinary clinical practice. I am only guessing, but [Table 1](#) shows what I might say if I were in your place.

Even though, right at this minute, I am in the middle of writing a paper on working in partnership with patients, and even though the concept of partnership has been around for many years, I am embarrassed to admit that it did not pop into the front of my mind as I wrote the list in [Table 1](#). After all, I do not really see myself as a partner with my electrician, my motor mechanic or even my dentist. They have the expertise, and I am the grateful recipient, provided that their charges are reasonable. If I am not alone in this attitude, and if partnership is not really a natural idea in day-to-day medical practice, what is its value?

Some of the goals of clinical practice

In my day-to-day practice I want:

- To be of service to my patients; to help them to improve their health and well-being
- To make accurate diagnoses and recommend suitable treatment plans
- To see some interesting and varied cases
- To avoid error, or missing something important
- To have enough time to keep up to date
- To enjoy what I do and feel pride in my work
- To get along with my colleagues
- To be reasonably well organized; to finish on time, or as close as possible
- To get through the day without being too tired or stressed, so that I can maintain a good work–life balance

Table 1

Promoting partnerships with patients

To promote a partnership with each of my patients I will consistently:

- Introduce myself and explain my role
- Explain everything as clearly as I can, and encourage patients to ask for further clarification, especially with regard to any tests or treatments that I recommend
- Check patients' understanding of any technical terms that I need to use
- Mention the fact that they might want to obtain a second opinion in situations where I know that evidence-based clinical opinions may differ
- Explain possible adverse effects of tests and treatment
- Never impose my personal beliefs
- And because something, at some time, *will* go wrong (it's called being human), I will be honest in my explanation of what has happened and why

Source: Derived from General Medical Council (2013). See Further reading.

Table 2

I know that I do not want to feel the way I felt in that specialist's office years ago. At first, I felt patronized, and then I felt uncomfortable. After leaving, I felt angry. I would have experienced the whole consultation quite differently if he had incorporated the goals outlined by Burum: to educate, engage, activate, coach and partner.¹

Tentative evidence supporting the benefits for diagnosis, treatment and outcomes adds further weight to the idea that each consultation should be a partnership and 'a meeting between experts'. But is it realistic, and what might it actually look like in practice? The UK General Medical Council (GMC) provides advice for patients that could easily be formatted as a partnership plan, and is simple, concrete and entirely reasonable (Table 2).²

The role of partnership in self-care

I would have felt happier and more satisfied if the specialist whom I consulted had taken the approach recommended by the GMC, and I am not the only one who might have benefitted. Positive relationships are likely to benefit doctors as well as their patients. In 2017 a systematic literature review of doctors' health and well-being found significant psychiatric morbidity in 21% or more of respondents across 18 out of 22 studies.³

Doctors who are in danger of burnout are likely to be naturally anxious (i.e. high on the 'neuroticism' scale (stress-prone, anxious, depressed and/or insecure). If you recognize these traits in yourself, extra attention to self-care is especially important. Working in partnership with patients generates positive relationships that protect both you and your patients, especially when something goes wrong.

Most complaints from patients (apart from access to services) are concerned less with the technical quality of care than with poor communication and the perception of uncaring behaviour. Complaints can have a devastating personal impact,⁴ and your greatest protection against being the focus of a complaint is a good relationship with your patient. This is easier to achieve if you feel in control, reasonably stress-free, calm

and secure, rather than exhausted, cynical and ineffective. With decades of practice ahead of you, you have some vitally important choices to make with regard to the attitudes and values you bring to your practice and the way you manage your work–life balance.

Partnership skills

When Erich Fromm published *The Art of Listening* in 1994, he was thinking about his approach to psychotherapy; but whatever your clinical specialty, the medical side of a successful doctor–patient partnership aligns with Fromm's recommendations:

- paying careful attention to each patient
- feeling focused and calm, and avoiding distractions
- imagining the other person's situation, and being able to express it in simple words
- cultivating empathy, so it is possible to feel as if the other person's experience might be your own
- understanding empathy as an aspect of love, because love in this context can be read as *agape* or unselfish concern for the welfare of the other. To understand another person means to love them, in the sense of reaching out to them without the fear of being overwhelmed by their suffering.

These attributes and behaviours are not usually emphasized in medical school, and when they are, the timing is not yet right. It is only when you have been in practice for a few years, and the 'shine' has worn off, that you come to understand just how difficult it is to keep up to date with the evidence in your specialty, manage a heavy workload, cope with system defects, and accept the inevitability of a certain number of 'heart-sink' patients – not to mention heart-sink colleagues. (It is always important to remember that, given the prevalence figures on personality disorders, everyone encounters difficult people in the workplace at some time.)

Partnership benefits

Potential benefits for patients are also clear. There is extensive literature on the concept of 'patient-centred care'⁵ and 'the therapeutic alliance' in psychotherapy, and the 'doctor–patient working alliance' in medicine generally. Each involves the implementation of empathy, trust and shared decision-making. Each encompasses the idea of working in partnership with patients. Fuertes et al. found a close association between the partnership model of care and a range of outcomes, including patient 'buy in', self-efficacy, adherence to treatment and satisfaction. After reviewing the literature, they concluded that:

The application of the working alliance to the medical context could serve as a boon to health care objectives and to society, if medical professionals acknowledge and become actively aware of [their] influence on patient behaviour and treatment outcome. ... we believe that medical doctors can ... use brief verbal and non-verbal 'interventions' to promote trust, and to activate patients into more of a collaborative alliance focused on one or more treatment goals. (pp. 613–14)²

Many of the arguments for patient-centred care focus on improving patient outcomes. Not surprisingly, a close look at the evidence reveals how difficult it is to gather robust support for

this claim. Nevertheless, the *prima facie* case is strong and the evidence, such as it is, all points in the same direction. To this we can add the argument derived from self-interest and, most importantly, the ethical case, which is compelling.

Partnership training

Regardless of whether or not a physician has a natural gift for establishing a sense of partnership with patients, everyone can improve their consultation skills and there are training programmes to help you to do just that. The naturally empathic doctor can avoid the Scylla of exhaustion and burnout, and the less empathic physician can avoid the Charybdis of misunderstanding and frustration.

One of the many benefits of partnership is the avoidance of over-investigation and over-treatment. General practitioners (GPs) sometimes refer patients with health anxiety for a specialist opinion, hoping to reassure them. Do not just assume that the referring doctor thinks the patient must have an organic illness. If you suspect health anxiety, you can ask these patients to document their symptoms over time, offering the reassurance that they seek, and simply waiting to see what happens. Over-investigation and over-treatment are lazy responses and can worsen a patient's health anxiety, erode their trust in the referring GP and generate unjustified costs for the health system.

Other ways of consolidating the working relationship include the active solicitation of feedback, which demonstrates your willingness to do better. Some specialists also routinely offer patients the opportunity to record consultations so that they can listen again and share the information with others close to them.

When I reflect on my own consultation with the specialist, I would have liked him to invite me in when he was ready to give me his full attention, establish eye contact, address me by name and demonstrate respect, regardless of whether I was a doctor, a baker or a candlestick maker. Those simple things would have engaged me in a sense of partnership – a proper meeting between experts, with my expertise, on this occasion, being my expertise as a patient, and the only person in the world who knows exactly what it feels like to be me. Every patient whom

you meet has the same expertise and the same need for understanding, respect, and partnership. ♦

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FURTHER READING

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TEST YOURSELF

To test your knowledge based on the article you have just read, please complete the questions below. The answers can be found at the end of the issue or online [here](#).

Question 1

A 78-year-old woman presented for a six-month review. She was obese with multiple cardiovascular symptoms. She lived alone.

What sentence would best begin the consultation?

- A. Do you know what your weight is at the moment?
- B. Have you noticed any change in your exercise tolerance?
- C. How have things been for you since we spoke last?
- D. Have you needed access to any specific services?
- E. How well do you think you are coping with your symptoms?

Question 2

A doctor had started to dread work at the hospital. The workload was excessive, and the ward rounds and clinics were always rushed. They were beginning to categorize patients as members of a demographic that has little motivation to follow health advice, which makes their efforts to provide medical care seem pointless.

What would be the best option to change this situation?

- A. Find a better place to work
- B. File a complaint about the excessive workload to hospital management
- C. Provide feedback to hospital management, with practical suggestions for change
- D. Ask how their own practice could become more patient-centred
- E. Take time out to 'recharge the battery'

Question 3

A colleague expresses the view that patients are better off when they simply trust their doctor to act competently and benevolently

on their behalf, without necessarily wasting precious time in explaining everything to them.

In attempting to counter this argument, which of the following statements in support of a partnership approach is incorrect?

Working in partnership with patients is desirable because:

- A. It promotes patients' sense of self-efficacy
- B. It improves adherence to treatment
- C. It makes the doctor's work more fulfilling
- D. It promotes patient satisfaction
- E. It is an ethical imperative, despite the associated risk of burnout