

Deteriorating physician-patient relationship in India: Is it time to look within?

Shreyak Sharma, MBBS

Division of Renal Medicine, Brigham and Women's Hospital, Harvard Medical School, Boston, MA

Corresponding author:

Shreyak Sharma, MBBS

Post-doctoral research fellow, Harvard Medical School

Division of Renal Medicine, Brigham and Women's Hospital, USA

75 Francis St, Boston MA 02115

Phone: +1-857-505-8464

Email: ssharma38@bwh.harvard.edu

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Abstract:

Physician-patient relationship in India is at a rapid decline with fresh incidents of violence highlighting the large scale of the problem. The medical fraternity needs to reflect on certain issues plaguing the fraternity and embark on steps to address them. In this article, I highlight some major points which could help us arrest the deteriorating trust and heightened violence in hospitals.

Healthcare is the backbone of any country. India is one of the biggest producers of healthcare professionals around the world. Most young kids, and their parents, if asked would aspire that their children become doctors. This established situation is changing though. Our relationship with the people we serve is deteriorating rapidly, so much so that physical and verbal assault has become a part and parcel of practicing medicine, especially in government hospitals.

While there are a lot of external factors to blame ranging from political apathy to media circus, there are serious internal issues within the fraternity that need to be highlighted and reflected upon. We are at a watershed moment as far as practicing medicine is concerned, and the recent increase in attacks on doctors has drawn country-wide condemnation.

THE AGE OF CONSUMERISM IS HERE

It is a well-known fact that doctors were considered noble souls and revered as Gods until very recently. However, the world we live in has changed significantly from the past. The 21st century is the age of consumerism where everyone wants to protect their own interests and get the best service for the fees they pay. Greenhalgh and Wessely[1] argued that patients are independent and rational beings who make economic decisions about their health and medical needs to maximize their own interests. This has created a power shift in the traditional physician-patient relationship and patients no longer see their doctors as that authoritative know-it-all figure who cannot be questioned. In this scenario, our first objective is to accept the new order and not expect traditional ways of practicing medicine in India be sufficient for the present and the future generation. Akin to patients wanting to maximize their economic and health interests, physicians also have the right to gain economically from their profession, but not at the cost of medical ethics. While a large majority of physicians treat their patients ethically, a few examples of unethical treatment practices can be devastating for the fraternity and puts the integrity of the profession at large in question. Physicians should take cognizance of this fact and urge the whole community to continue doing the good work and refrain from anything that might diminish people's trust in us.

COMMUNICATION AND EMPATHY

Communication skills are a vital part of the physician-patient relationship. Be it the lack of focused training in this respect or the sheer number of patient encounters that Indian doctors have to undertake, Indian physicians have been often accused of being rude and indifferent to their patients. Any honest Indian physician would agree that they may have reacted in a way which could have created a negative impact on the patient's mind, even if there were good reasons or challenges behind it. Empathy and humility are important pillars of the physician-patient relationship and have scientifically proven to improve the healthcare encounter, patient compliance and outcomes.[2] It is high time that the medical curriculum lay strong emphasis on teaching communication, empathy, humility, and methods to carefully tackle highly charged hospital environments and difficult patients. This sort of training is severely lacking and an immediate change in the curriculum to integrate this would go a long way in addressing these issues. Case presentations in medical colleges are mostly limited to summarizing the patient in front of the teachers, with little emphasis on how the interview was conducted. It would be worthwhile to conduct structured patient encounters where the entire patient-student encounter is monitored and reviewed by faculty.

RESPECT AND MUTUAL CONDUCT

Out of the many issues that are plaguing our fraternity, none is as significant as mutual conduct amongst physicians. Medical colleges are the cradle of future doctors and only a few worthy applicants get an opportunity to fulfill their dreams. However, these youngsters are soon subjected to the harsh realities of medical life, one of which is the concept of seniority. It is this concept of seniority and perceived superiority due to it that disregards respect for each other and promotes verbal abuse and disdain right from the first year. Cut to residency, and the same approach is evident, albeit this time in front of patients. It is a common sight for patients to see a senior doctor being angry and treating a junior colleague with utter disrespect and sometimes, frank humiliation. This creates a negative impact on the patients as they start seeing junior doctors as inefficient and in turn treat them in a disrespectful manner.

Perhaps it has a ripple effect which might be worse than this. Residents are in the line of fire on a daily basis, are overworked, are expected to work 16 hours a day and still make time for studying, making journal clubs and thesis. A person dealing with such stress, in addition to the rebuke on rounds, will not be in a positive frame of mind. A lot of this frustration gets further projected onto patients and our conversations with them, further deteriorating that relationship. A periodic assessment and acknowledgement of challenges faced by them and an attempt at counselling if indicated may prove to be the crucial missing tool for resident health. It will also help to identify doctors suffering from mental health issues like depression and provide timely intervention.[3, 4] A change in our own attitudes towards each other can be a significant step in the right direction for the medical fraternity.

TIME TO FOCUS ON EMERGENCY MEDICINE?

It has been well established that most cases of healthcare violence occur in the emergency department.[5, 6] These adrenaline-packed environments are often left to medical officers and interns to handle. The lack of proper triage and ability to handle patients and their relatives leads to verbal and physical conflict. The Medical Council of India accepted the proposal to introduce Emergency Medicine(EM) as a specialty in 2009, but until now, only a handful of states have implemented it. Introducing dedicated and trained EM residents who are taught and sensitized to handling tough situations, charged relatives, and ‘breaking bad news’ is the need of the hour to enable better handling of emergency rooms and trauma centers.

This is an important time for the healthcare community in India and it is vital that drastic measures be taken by the Government, professional bodies, civil society, and media to preserve the trust in the system and to resolve all outstanding issues related to healthcare. While we can only hope that the Government improves health infrastructure and expenditure, and the media refrains from its TRP driven antics, such expectations are at best aspirational. It is up to us to introspect and make changes that might help in promoting a safer and more efficient work environment.

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