**Changing paradigms in patient-doctor communication**

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**Abstract**

In the last couple of decades, India has witnessed dramatic changes both socioeconomically as well as educationally. The rising aspirations of this upwardly mobile public are mirrored in their expectations from the medical fraternity. The Indian doctor’s relationship with his/her patient is evolving rapidly. There is an urgent need for the doctor to be aware of this evolution and initiate appropriate modifications in his pattern of communication to avoid friction as well as improve outcomes. A greater empathy along with better communication would be useful adjuncts to the quality medical care and aid in alleviating anxiety as well as incorporate the patient and his/her caregiver as a participant in the cure and well being of the patient.

**The paternalistic doctor**

‘Sir, you can save him, you are God’ is a statement that is heard by medical practitioners around the country and perhaps around the world. This feeling of omnipotence of the medical professional is mirrored in Indian mythology where the doctors were the direct descendents of the Gods. Dhanvantri and the Asvini twins are believed to be avatars of Lord Vishnu while Lord Shiva is worshipped as Vaidyanatha. Asclepius in Greece, Sekhmet in Egypt and Apollo in Roman mythology are all Gods of Medicine / healing in various mythologies around the world. Thus all doctors probably can trace the origin of their profession to divine beginnings. The doctor in India is often considered a father figure or a ‘doctor uncle’. This avuncular depiction also necessitated a paternalistic expectation from the doctor by both the patient and the care giver. The doctor often took on the role of ‘care prescriber’ as well as ‘care decider’. This has probably led to the doctor assuming a ‘God syndrome’ or omniscient behavior.

**The autonomous patient**

Szasz and Hollender[1] propounded three basic models of doctor-patient interaction. In India, the patient and doctor both continue to bank on the paternalistic model. However the medical profession or more specifically the modern Western system of medicine has gravitated towards the ‘mutual participation’ model. The dichotomy between the autonomy of the patient in deciding his/her own treatment and the medical professional in deciding the best line of management for the patient has often been a matter of much cogitation and agitation in both the medical fraternity as well as among the public. In addition, the health system in India is quite a forbidding edifice which produces a sense of shock and awe rather than a calming belief in the system to take care of the patient. The commercial private sector and the altruistic public sector both invest in a system of medical care where the patient is a consumer who has to pay in cash or in time and energy for getting the care he or she expects. The patient enters the portals of the hospital believing in the infallibility of the medical establishment. The experiences in the hospital or clinic actually shape the patients’ perspective regarding doctors. The same patient who believes in the divine powers of the medical practitioner is also the first to cast a stone on his professional competence. This is shaped by the feeling of impotence generated by the composite of personal experiences of the patient with the management/administration of the hospital, with the medical teams as well as the pecuniary and other effects including interactions with other patients. The doctor as the most visible representative is also the lodestone for both plaudits and brickbats. The advent of the internet and the increasing influence of the electronic media have led to a democratization of knowledge and the development of an image of the medical professional as a fallible individual. The media also presents a cacophony of voices all clamoring for the attention of the poor patient. The portrayal of the medical profession on Western television has evolved to show the medical professional as a human full of foibles, often eccentric and hard working [2], however the portrayal of doctors on Indian television still wavers between the divine and the devil.

**The Indian patient**

The words “Doctor, please do as you think best for the patient” after a long and trying session of counseling is not alien to most medical practitioners. Today the Indian patient is moving away and demanding answers as well as expecting the ideal doctor to heal (all) patients. Good (ideal) doctors are those who spend adequate time with their patients and answer them without getting impatient [3]. However most patients are still not ready for the mutual participation model where she is an equal participant in the care of her patient. The more informed patients no longer believe in the infallibility of the doctor. This has led to a need for patients to sieve through the plethora of information available on various platforms. The algorithms driving the search engines as well as the portrayal by the mass media are often the determinants of the information accessed by the public and shape their expectations and behavior. This leads to a dichotomy with some patients /care givers preferring a paternalistic doctor while the other wishes for greater involvement in the decision process. This is probably the sign of a society in evolution trying to move away from the paternalistic view of the medical professional to a system with greater involvement of the patients’ environment and care givers. However this leads to a certain amount of friction between the care giver and the care providers.

**The Indian doctor**

The doctor/medical professional is a human being first and foremost and is a part of the same society. He also has a family to look after, old parents often staying on their own, children in school and college, loans, ambitions to achieve, dreams to strive for, life to live. However the work profile of most specialists increasingly includes counseling, advice on physiotherapy, advice on infectious diseases, cardiac care as well as all the aches and cares associated with geriatric medicine and extends far beyond the “normal working hours” [4] . This is necessitated by the sheer number of patients especially in the Government setup as well as by the relentless race to stay up-to-date with the rapid changes in medicine. He often has very little or no time for family or any social life beyond the hospital and other doctors. The medical training in India sadly lacks any component on doctor-patient communication or even medical ethics .Language barriers also often pay a role especially in the breakdown of communication especially during treatment of patients from different socioeconomic milieu and the migrant population. Commercial realities, lack of time and the insular nature of most doctors’ lives make most of them unwilling to acknowledge the problem. Poor interpersonal skills make them respond poorly to the demands placed by this evolutionary phase of societal expectations from doctors.

**The doctor-patient relationship**

The evolution of the doctor in the eyes of the Indian patient and the Indian public has been largely influenced by the publicity afforded to the few yet more notorious activities of the medical colleagues. Commercial incentives sometimes overlie the recommendations of the medical professional [5] and lead to a trust deficit between the medical professional and the patient. The nexus between the medical professional, pharmaceutical companies and diagnostic services have been the subject of much soul searching within the medical community and outside. The absence of an overarching in-house medical watchdog seen to be proactive in taking action against wrongdoers is also a contributory factor. The Consumer Protection Act, the Right to Information Act have all contributed to the loosening of the belief and trust reposed in the doctors as skeletons have spilled out of closets. The cloistered life of the doctors makes them easy targets for all that is wrong with the health system in the country.

**Conclusion**

There is no easy and specific solution for these complex problems. The relationship between doctors and patients are in an evolutionary state in keeping with the rapid development and rising aspirations of the Indian public. The need of the hour is for the regeneration of public trust in the medical profession. There is an urgent need to generate a belief that the public and the medical profession are not mutually antagonistic nor are doctors God. They are both partners in the search for health for all and need to work together to achieve this goal.

The public needs to be convinced that casting stones on the medical profession for the inequities in the system is not fair. Both life and death are absolutes and the medical professional can only intervene in the quest for health. The medical professional is also a human being with emotions, ambitions, wishes, dreams and responsibilities and the right in a free and fair society to try and achieve these in his/her own life while trying to help his/her patients live their lives healthily. We need to convince the public that we still abide by Hippocratic Oath, ”I will use treatment to help the sick according to my ability and judgment, but never with a view to injury and wrong-doing”.

But first there is a crying need that we, as a fraternity, should convince ourselves that change is required. This change has to be organic and systemic. The medical profession has to change and engage more as well as be open to the needs and requirements of the public. Changes to the medical entrance system to bring in people with better interpersonal skills and empathy, changes in medical education curriculum to incorporate communication skills and ethics as well as changes in the way we communicate with patients and their care givers have to be incorporated. Failure to do so would only increase the angst. We need to understand that the change has to come from within since we are affected parties. Changes introduced from outside will be piecemeal and have considerations other than doctors and patients.

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