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**Abstract:**

Indian doctors are as good as anybody in the world if not more. But, they do show many positive qualities and a few negative ones as well. In this short write up, the authors have tried to draw the attention of the readers, to one such unique weakness seen in few of the doctors practicing in India.

**Key words: Indian doctor, possessiveness, family doctor**

**Patient possessiveness among doctors: A unique Indian phenomenon**

Indian doctors are well known for their astute clinical ability; their excellent bed side manners and hard work have been well appreciated all over the world. 1,2,3 The doctors in India not only take care of the ailment of their patients but also play an active role in matters of their patient’s family. Indians consider their family doctor as a close family friend and do invite them for all their important family functions. This leads to development of an unparalleled emotional bond between the doctors, patients and their family members as well. Hence, in the matters of health, the doctor is the one who will be deciding what’s to be done and what’s not. This unique relation, which is not seen in many parts of the world, has an equally uglier side to it, as well. It is this special bond which leads to development of a strange feeling of possessiveness amongst at least a few such primary care doctors, if not all. The doctors with this kind of mind set, will be most willing to treat all the medical problems of their patients themself, irrespective of the type and speciality to which the health problems belong to and even if they find the health problems of their patients are beyond their technical competence. This could lead to undue delay in the definitive medical care of the patients and sometimes could cost the patient his life.

Sometimes, they do refer their patients to speciality care due to family pressure or other compulsions but still would like to play a deciding role in the patient management. The patients of these doctors are also to be blamed equally, as they are very reluctant, non-cooperative and non-compliant to the sincere medical instructions given at the new health care set ups. They openly express their desire to consult their primary care doctor before following any medical advice and sometimes this could be utterly insulting to the treating doctors. This is how the primary physician tries play a dominant role though not in person but by remote control. This pathologic patient possessiveness will not only affect the relationship of the patient with the new doctor but also adversely affect the outcome of the treatment at a new set up.

This problem of this unique phenomenon of patient possessiveness is seen not only amongst the general practitioners, but also seen in many of the specialists and super specialist doctors as well. Here are few examples of such possessiveness them. An obstetrician would be like to take charge of treating any kind of medical problem in a lady patient even after several years after conducting delivery. A thoracic surgeon would be in charge of bronchial asthma patients even though a chest physician is available next door and a neurologist giving advice regarding the management of varicose veins [ patient perceives varicose veins as nerves], physicians trying to manage patients with sinusitis, osteoarthritis, prostate related symptoms etc. A more perplexing scenario would be paediatricians treating patients of theirs who have well past their twenties.

The good part of this problem is that this patient possessiveness has nothing to do with the monitory gain or profit. Many of these doctors happily wave off their professional fees citing the fact that they are regular patients. The patient and their relatives regularly feed on the ego of these doctors by their usual orchestrated dialogues like, “Only you know and understand this problem and the patient responds only to your treatment, we have tried many doctors but nothing works like yours”. These words of flattering are heard as music to the ears of their doctor. These doctors simply thrive on the respect, importance, gratefulness and unparalleled faithfulness offered by their patients and their relatives. Some of these doctors could show next level of possessiveness by keeping the medical reports with themselves and prescribing medicines in code language. This will make the patients more and more dependent on the primary care doctor. Though some degree of possessiveness is all essential for the survival of a relationship but a pathological one is a human weakness.

In traditional Indian family life, the father of a girl child is ever prepared to part with his beloved daughter after marriage. It is advisable to have this kind of mind set for the doctors to avoid the so called possessiveness. . The family doctor should act as a bridge between the patient and the new specialists and play a crucial role as a facilitator in the treatment plans. We doctors should shun all the emotional attachments with the patients and plan the treatment with the best interest of the patients and also not to be carried away by the appreciation and praise.

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