Reflection on a Transformation: Maturation of the Physician-Patient Relationship

Abstract: With the changing field of medicine during the COVID-19 pandemic, physicians have moved to telehealth platforms. This is the next stage in the transformation of the physician-patient interaction and one that has transformed over many years. With the renewed respect that physicians have obtained working in the frontlines of this pandemic, this article focuses on what we must recognize as the key to physician-patient success. Even with transforming platforms and goals, the endpoint must be the patient’s wellbeing and finding new ways to generate the trust in a relationship that is increasingly virtual.

The doctor-patient relationship has been espoused as a sacred institution that has been protected throughout generations of medicine. The entire premise of the relationship hinges on a mutual understanding and unwritten contract between patients and their physicians that is built upon trust, communication, respect, empathy, knowledge, and experience. One of the most precious properties of the healthcare profession is the diligence in protecting vulnerable patients and safeguarding the rights and privileges of all patients. With the recent coronavirus-19 (COVID-19) pandemic, this reality has been placed in stark contrast to the principles of consequentialism and maintaining the health of the population at large. But in light of the social distancing, societal changes, and shifting perception of medicine, healthcare workers have a privilege and moral responsibility to uphold the principles that underly this critical bond.

Since the time of Osler, the physical examination has been the crux of a physician’s differential diagnosis and understanding of pathology. Even in surgical subspecialties, the physical exam dictated the necessity for intervention and the potential for impacting a patient’s quality of life. With the ever-growing concern about healthcare expenditures in the United States, the physical exam has become commoditized and metrics looking at time spent with patients and time spent on electronic health records are monitored to allow for the highest productivity and maintain clinic volume to ensure that sufficient billing is done for each physician, particularly in practices that are group owned or private equity owned. With diminishing and timed interactions with patients, the focus has been less on connecting and developing rapport as working to find and solve a problem. Medical school curricula have attempted to redirect the focus on young physicians with more interactive methods to teach empathy and compassion, but even these are often lost many medical training facilities. Education modules alone cannot teach humanity, it is often learned with time and care while talking and listening to patients.

In recent years, this trend has been exaggerated more than ever as laboratory tests and imaging studies have become a surrogate for a thorough physical examination. But what does this trend signify for the physician-patient relationship as COVID-19 propels us into a new era with limited visitations, fear, and increased reliance on telehealth services?

Without question, telemedicine and telehealth have their benefits in offering improved access to care. Many physicians and patients alike have praised the efficiency of a system that respects the time of both equally and limits unnecessary contact while offering the same quality of care, particularly to chronically ill patients. Distributive justice suggests that allowing increased access to maintain healthcare to patients and keeping the core principle of doing no harm go hand in hand with telemedicine.1,2 Allowing timing that matches schedules of both patient and physician allows for increased autonomy and improved follow-up with patients as well as increased compliance with easier visits as physicians are not considered a hassle. The overall effect of telemedicine has gained a large supporting from both sides and will likely remain at the core of the future physician-patient relationship.

But even with convenient technologies, there are often challenges in communication and a high potential for something to be lost in translation. Society is seeing a larger presence on social media and online services. This has translated to medicine as well and will continue to do so as the convenience offered for longer term follow-up and consultations with multiple physicians becomes increasingly possible.3,4 The largest challenge facing physicians remains how to maintain the humanity and human connection in these types of interactions.

For the majority of interactions with patients, particularly those that have already established a long-standing relationship, this may seem innocuous. But communication is impaired by the loss of verbal and nonverbal cues that physicians miss when not physically seeing the patient. In fact, the interaction between the patient and their family who may be in the room often signals key issues that require further questioning that may not be clear through telemedicine. Even in medical school, many have instructed that even sitting down in a patient’s room during morning rounds to talk can generate a different perception from the patient and create a bond that allows for a lasting partnership. Can we do the same with telemedicine and is it not the prerogative of physicians to find a manner in which to effectively create this bond with patient’s before relying on non-essential patient interactions to be conducted via telemedicine?

Although the ethical aspects of the relationship remain that the physician is the strongest advocate for the patient and the patient’s interests are paramount, COVID-19 has shed light on how constrained resources can make this challenging and how efficiency and productivity can run in the face of this bond with patients. This is highlighted when it comes to consent, particularly surgical consent. Consent, particularly for procedures, requires trust and respect. This is typically developed in a surgeon-patient relationship over several consultations and visits. Consent does not happen simply by the explanation of science alone, but with effort to incorporate a patient’s autonomy and decision-making, along with their family, and confirm understanding before asking for the right to operate.5,6 With the current pandemic, this becomes an increasing challenge. Although surgeons remain advocates for their patients and want to proceed safely with surgery, the consequentialism and allocation of resources has become so important that it is a challenge of how to proceed. A higher percentage of cases have been deemed emergencies than before the pandemic, largely because of methods to circumvent challenges with booking surgeries.7 The discussion of risks associated with COVID-related complications is vital to gaining trust from patients as well as getting informed consent. In addition, part of the discussion must be focused more than ever on alternatives and the implications of waiting on surgery.

While the respect and empathy by the public and press being shown to frontline healthcare workers has shaped the current societal perception of physicians, this should not translate into acceptance of coercion either by societal or physician needs into one where medical error or lack of discussion is permitted. Patients remain upstanding citizens recognizing that there are other patients who are in more need of the medical resources available, and are willing to postpone their surgeries, but a timetable needs to be set to manage their expectations and to help them understand how their health and their surgery is still the central focus of their surgeon. Multiple guidelines from different medical societies attempt to help guide the process of patient and surgery selection, but each with their own core principles in mind. There remains no consensus on how to categorize the urgency of surgery and this remains critical to the conversation between surgeon and patient. What does this transformation of care portend for the future of surgery? Compounding this challenge are CMS payment cuts that have instigated a further tide of consternation about surgical case booking, compensation, and means to keep hospitals and practice afloat.

Although many physicians and surgeons are recognizing these challenges that stand head to head with the code of ethics that physicians take, it continues to be challenging to manage both the business and relationship side without cross contamination.8 Although there may not be a perfect solution at this time, every interaction must be brought back to the core principles of each profession and that is what COVID-19 requires of physicians at this time.

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