

# Doctor-Patient Relationship: A Covenant of Trust

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## ABSTRACT

**The goals of medicine as a profession dedicated to healing and caring of the sick in a dignified manner depend very much on a stable and trusting doctor-patient relationship. In the last decade, rapid changes in the healthcare delivery system and socio-political climate have resulted in considerable strain on this relationship. What is needed is a reiteration of the fiduciary obligation of the physician and the central role of the patient in the relationship. Concrete steps and changes at the institutional and individual levels need to be taken to preserve the element of trust in the patient-physician covenant. Only then can the medical profession retain the moral dimension of its role in society.**

**Keywords: doctor-patient relationship, patient-centred, trust, covenant, ethics**

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The doctor-patient relationship has long been assumed to be a straightforward association and encounter between an expert in medicine and a person in need of medical care. In the last decade, rapid changes in the health care delivery system and the social climate have resulted in considerable strain on this relationship. Ironically, these challenges have also led to increased recognition of the relationship's deeper dimension as an intimate interaction between two human beings in issues of health, illness and sometimes death<sup>(1)</sup>.

The essay by Tor in this issue of the Singapore Medical Journal offers to tackle the problem from the practical perspectives of communication and care<sup>(2)</sup>. In the relatively fragmented essay peppered with quotations, some relevant while others not obviously so, the author observed two main challenges in the new millennium for the medical profession. These are: one, a greater need for effective communication between physicians and patients; and two, a rapidly rising demand from patients for autonomy and self-determinism in

medical decision making. Unfortunately, these excellent ideas lacked elaboration and were not cogently argued, fading away as fast as they are raised. The essay would have been more convincing had it delved deeper into the reasons why communication and care have emerged as Achilles tendons for today's medical profession. The author also fails to discuss how the challenges can be faced, except to very briefly mention that doctors need to "know our ethics" and the profession needs to "look at the type of doctors we are training for the new millennium". And regrettably, the author feels that the ability to communicate well is an "aesthetic inclination", an exceptional quality not to be expected of every competent doctor. Contrary to this, studies have shown that communication skills and empathic behaviour are basic competencies required of every doctor, and can be effectively learned through courses and positive role-modelling<sup>(3,4)</sup>. Using quotations by Sir William Osler and writings of Adam Smith, Tor alluded to the importance of a physician's character in determining the performance as a medical professional<sup>(2)</sup>. Alas, this potentially inspiring idea was not further explored except for the suggestion to incorporate "a proven interest" in humanities as part of the entry or selection criteria for medical students. Though a trifle simplistic, Tor's points are certainly valid, and careful and meticulous exploration may offer some insight into the present frailty suffered by the doctor-patient relationship.

In spite of the many scientific developments in the last century, the doctor-patient relationship has been described as "an unchanging event in medicine", preserved mainly by the "unchanging goals of medicine"<sup>(5)</sup>. Medicine is fundamentally a human activity aimed at helping the sick and disabled, through healing, alleviation of suffering, and caring for people with respect and dignity. These goals have been recently given a clearer and more comprehensive emphasis by a special report from The Hastings Centre<sup>(6)</sup>. These goals also reiterate the need to go beyond a purely biomedical model of medicine that tends to limit the interpretation of an illness to mere physical signs and symptoms. Such a narrow approach predisposes to

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treatment goals confined to unilateral perspectives of doctors only. Achieving these treatment goals, though generally essential for an active and productive life, is frequently not the one and only duty or objective for the patient. Even well-proven therapeutic options based on the physician's expertise may have to give way to other priorities based on the patient's social values and obligations, known best to patients themselves. The doctor-patient relationship is therefore better served by a patient-centred framework, which strives to understand the patient's illnesses within "a combined biological, psychological and social perspective", taking into account the patient's individual experience and personal meaning of illness<sup>(7)</sup>.

A patient-centred model also involves a greater recognition of the legitimacy of patient's personal experience, and a greater respect for patient autonomy. Such a model of decision making enables patients to take greater responsibility for their own health<sup>(8)</sup> and has been shown to result in positive health outcomes<sup>(9,10)</sup>. It also accentuates physician's qualities like sensitivity, caring and empathy, and patient's perception of the physician as an ally, contributing thereby to a personal bond between doctor and patient<sup>(7)</sup>.

A patient-centred doctor-patient relationship will naturally lead to a patient-centred mode of communication. This emphasises a holistic understanding of the illness experience from the patient's vantage through ample opportunity for exchange of opinions and feelings between the patient and the empathising physician. Ultimately, the interaction helps the patient to incorporate his or her life values into the management plan and empowers the patient in the process of healing. This goes beyond the commonly quoted reasons for good communication like avoiding complaints and reducing risks of litigation<sup>(11)</sup>. It is instead an expression of the doctor's duty to respect and benefit the patient as an individual, and to achieve informed consent and better compliance to treatment<sup>(12)</sup>. Here is where the ability to communicate ethically and effectively with patients becomes a fundamental clinical competence expected of any physician, and not just an "aesthetic inclination" found in the gifted few<sup>(2)</sup>.

Tor rightly points out that the empirical method of "orthodox medicine" and language, and perhaps more importantly cultural and religious, barriers in multi-ethnic Singapore pose significant obstacles to effective doctor-patient communication<sup>(2)</sup>. A patient-centred style may also be foreign to many Singaporean patients who are used to a more passive role in the therapeutic process. However, it has been shown that patients can be effectively trained to participate in the medical decision making process, resulting in increased compliance and overall improvement in health status<sup>(13)</sup>.

It is therefore crucial that physicians take the initiative to invite patients into the collaborative partnership, and actively elicit, evaluate and understand their patients' wide-ranging expectations. As Kravitz perspicaciously observes, whether the future patient will be one empowered with the appropriate knowledge to participate with doctors in a constructive and partnership that leads to good quality healthcare at a reasonable cost, or one "goaded by advertising and armed with sheaths of (sometimes dubious) healthcare information fresh off the laser printer", demanding for inappropriate care, is very much in the hands of the 21<sup>st</sup> century doctors<sup>(14)</sup>.

One of the most vital forces sustaining any successful relationship is the element of trust. Trust is fundamental to the physician-patient relationship. The vulnerability of patients and their need for care force them to trust physicians<sup>(15)</sup>. Patients generally view trust as an interactive process, requiring care, concern and compassion, with listening as a central focus<sup>(16)</sup>. Trust can manifest at the interpersonal level, between an individual patient and a physician, built through repeated interactions and met expectations. This is intimately intertwined with trust at the societal level towards the medical profession, influenced broadly by the media and by general social confidence in particular institutions<sup>(17)</sup>. The level of trust in their physicians has been shown to correlate closely and independently with satisfaction with physician and adherence to treatment<sup>(18)</sup>.

The doctor-patient relationship has been compared to a marriage, where initial high hopes often obscure the possibility of disappointment<sup>(19)</sup>, where subsequent unmet expectations can lead to a terrible loss of faith. This breakdown in trust has also prompted the suggestion of viewing the relationship purely as a contract<sup>(20)</sup>, sustained by pre-set terms and agreements in order to ensure minimal standards of practice. Such an approach is rather unfortunate and poses practical difficulties for the profession to truly benefit patients. Much of the concerns regarding the weakening of the physician-patient relationship stems from the threat posed by rapid changes in the health care system to patients' trust in their physicians. Trust in any relationship takes time and repeated interactions to develop. For doctor-patient relationship, the brief and perfunctory consultations delivered by many profit- and quantity-driven medical practices fail to provide sufficient time for the development of a familiarity that strengthens a relationship. The difficulty faced by some patients with chronic recurrent illness in obtaining care from a regular physician poses further obstacles. Doctors in private and institutional practice in Singapore may therefore

need to review their practices with a view of addressing these issues. Should we decide that a system that cultivates trust, and facilitates regular, healthy doctor-patient relationships is critical to good and effective medical care, then bold and committed steps need to be taken in our health care delivery system.

Adopting a patient-centred philosophy in the doctor-patient relationship imposes the duty on doctors to do the utmost in caring for patients, and allows the sick to claim their right to humane and dignified care from doctors. As suggested in an editorial in *Lancet* a year ago, the term "patient", and not "customer" or "client" as some would advocate, best portrays this fiduciary nature of the relationship<sup>(21)</sup>. Only by restoring the element of trust in this ageless patient-physician covenant<sup>(22)</sup>, can the soul of the medical profession be restored and preserved regardless of technological and social changes in society<sup>(23)</sup>.

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