

Doctor/patient relations

by Kath Maguire

Learning objective: understanding the general characteristics of the social roles 'doctor' and 'patient' and how these social roles relate to one another

Introduction

The rules that apply in a doctor/patient relationship are different to those which govern other social relations.

These two people have just met, but within seconds one has begun to tell the other intimate personal details about his health. What is more, it is likely that, in a few minutes, he will be prepared to remove some of his clothes and submit to a physical examination.

This is a one-way process, it would be highly inappropriate if the doctor started to discuss her own bowel movements or if the patient asked her personal questions. The interaction is shaped by their differing social roles and their different needs.

The patient is seeking expert knowledge and access to treatment. The doctor is acting as the gatekeeper of the scarce social resource that is health-care and so is seeking information about the patient in order to assess his needs.

Approaches and Communication

While the patient may approach the relationship purely from the perspective of his personal discomfort and concern the doctor may also have to take the interests of other patients into account.

At its root, the consultation is an exchange of information. The more effective the exchange the more successful the consultation.

In the 1960s Skipper and Leonard showed that sharing information with surgical patients improved recovery rates and enhanced outcomes.

In the case of patients who are managing their own treatment, the impact of compliance on outcomes makes successful communication central to the therapeutic process.

Mis-communication and non-compliance may lead to repeated consultations and the waste of expensive drugs.

Patterns of doctor/patient relations

Stewart and Roter described four patterns of Dr/patient relationship: Paternalistic; consumeristic; default; and mutuality.

Take a look at the four video clips, noting whether they're doctor or patient centred. Think about which consultation is likely to be the most effective.

Doctor/patient view of illness

Tucket et al have shown that if there is a wide difference between the doctor and patient's view of illness they are likely to fail to communicate vital information effectively.

There is also some evidence that a patient centred consultation technique on the part of the doctor, based on the mutuality approach, gives them the flexibility to vary their style and communicate more effectively than the more paternalistic, doctor centred, approach.

Each consultation is unique, though it takes place in a social context and is shaped by social forces and social understandings on the part of those taking part.

How the participants negotiate these may have a significant impact on the experience and outcomes of illness.

The four different styles of Dr/patient relations

Paternalistic - The paternalistic approach is typified by a doctor centred style. It relies on closed questions designed to elicit yes or no answers. The doctor will tend to use a disease centred model and be focused on reaching a diagnosis, rather than the patients unique experience of illness.

Consumeristic - Here the patient knows exactly what they want and forces the doctor into a patient centred approach.

Default - This is where the patient centred style fails. The doctor is trying to relinquish control but the patient is unwilling to accept it. The result is an impasse.

Mutuality - The doctor uses open questions to encourage the patient to talk about his complaint. This approach relies on taking time to listen and trying to understand the patients point of view.

Activity - Videos

Review the videos and then suggest whether the doctor and/or the patient are in control of the interview.

	Patient control		Doctor control	
	HIGH	LOW	HIGH	LOW
Paternalistic				
Consumeristic				
Default				
Mutuality				

Assessment

1. What was the impact of sharing medical information with patients as demonstrated by Skipper and Leonard?
2. What are the four patterns of Doctor patient relationship described by Stewart and Roter?
3. What did Tucket et al show to be an obstacle to effective communication between doctors and patients?
4. What sort of questions are indicated by a patient centred style of consultation?
5. What sort of consultation style tends to be based on the paternalistic approach?

	Patient control		Doctor control	
	HIGH	LOW	HIGH	LOW
Paternalistic		x	x	
Consumeristic	x			x
Default		x		x
Mutuality	x		x	

1. They showed improved recovery rates and enhanced outcomes
2. Paternalistic, consumeristic, default and mutuality
3. A wide difference in their views about illness
4. Open questions
5. Doctor centred