International Journal of Multidisciplinary Research and Modern Education (IJMRME)
ISSN (Online): 2454 - 6119
(www.rdmodernresearch.org) Volume II, Issue I, 2016

A THEORETICAL REVIEW ON CORRESPONDENCE OF DOCTOR PATIENT RELATIONSHIP AND TREATMENT DECISION MAKING MODELS

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Abstract:

"Medicine is an art who's magic and creative ability have long been recognized as residing in the interpersonal aspects of patient-physician relationship."Effective doctor-patient communication is a central clinical function to building interpersonal skills encompass the ability to gather information in order to facilitate. A doctor's communication and curate diagnosis provide optimal treatment recommendations, counsel appropriately, give therapeutic instructions, and establish caring relationships with patients. These are the core clinical skills in the practice of medicine, with the ultimate goal of achieving the best outcome and patient satisfaction, which are essential for the effective delivery of health care. The ultimate objective of any doctor-patient communication is to improve the patient's health and medical care. The historical model for the physician-patient relationship involved patient dependence on the physician's professional authority. Believing that the patient would benefit from the physician's actions, a paternalistic model of care developed.

During the second half of the twentieth century, the physician-patient relationship has evolved towards shared decision making. This model respects the patient as an autonomous agent with a right to hold views, to make choices, and to take actions based on personal values and beliefs. Patients are acknowledged to be entitled to weigh the benefits and risks of alternative treatments, including the alternative of no treatment, and to select the alternative that best promotes their own values, Many patients may feel more connected to a physician when they know something of the physician's life, and it may sometimes be appropriate to share information about family or personal matters. Several approaches can be used to facilitate open communication with a patient. Physicians should: sit down, attend to patient comfort, establish eye contact, listen without interrupting, show attention with nonverbal cues, such as nodding, allow silences while patients search for words acknowledge and legitimize feelings, explain and reassure during examinations and ask explicitly if there are other areas of concern. Presently clients/patients losses their trust on physicians. It is the time to reestablish faith on physicals. Get proper guidance regards welding and health so that every citizen could lead a socially, economically productive life.

Introduction:

Health can be seen as a multifaceted dimension of human life and as a 'reserve stock' (Blaxter 2003-2004) of vitality, fitness and strength whether psychological or Physical or both. Form a sociological point of health can be seen as both 'attribute' and relation, simultaneously involving biological and social factors. This suggests a dynamic view of health, illness changing across biographical and historical time. Health is influence by the circumstances in which people lives. According to world Health Organization (WHO) "Health" is a state of complete physical, mental, social and spiritual wellbeing and not merely as absence of disease or infirmity. So that each citizen can lead a socially and economically productive life. Most medically related through are remains concerned with disease and illness.

Health Transition:

People turn to medicine in times of trouble not when they are feeling well. If has been found that promotion of positive health whether by doctor or 'health promoters' competes with other valued goals for individuals and societies as a whole. The phrase 'complete well being" remains as elusive as it is positive and health and medicine are related in complex ways. At present major health problems are so called 'degenerative diseases' associated with later life conditions such as heart disease, cancer and disabling illness such as arthritis and stroke. This has been referred to as the "health transition." (Gray 2001: 127). Therefore present diseases are likely to emphasize the complex or unknown aetiology. May disease can properly recognized only by referring to set of criteria rather than identifying one underlying factor diagnosis is often probabilistic rather than definitive.

Medical sociologist studies the physical, mental and social components of health and illness. Major topics for medical sociologist include the doctor patient relationship, the structure and socioeconomics of health care, the treatment decision taken models, consultation style and cultural impacts, altitude towards disease and well. Medical sociology is an attempt to understand health and illness behavior in relation to social structure and processes.

Defining the Terms Disease, Illness Sickness, Patient and Physician:

Before showing correspondence of doctor-patient relationship and treatment decision making models, we need to understand clearly the terms Disease, Illness Sickness, Patient and Physician.

Disease:

The term disease is referring to objective condition in which the internal functioning of the body as a biological organism is impaired. Disease is a physical concept. The medical conception of a pathological abnormality diagnosed by means of signs and symptoms.

Illness:

Illness is a subjective phenomenon in which individual perceive themselves as not feeling well and therefore may tend to modify their normal behavior like experiences with weakness, dizziness nausea, anxiety. So illness is a psychological concept. In short illness is the subjective interpretation of problems that are perceived as health related. Parsons regarded illness as a form of social deviance because it impairs normal role, performance and if it occurs on a large enough scale, the smooth functioning of society will be put at risk. Parson believed that the amount of illness is controlled through the socially prescribed roles for doctors and patients which facilitate interaction and ensure both parties work together to return people to a state of health and normal role performance as quickly as possible.

Sickness:

Sometime social factors are responsible for deterioration of heath status of people like stress, depression, frustration. Sickness is sociological concept and it is the social organization and performance of illness and diseases. Parsons viewed the aim of sick people is to restoring a normal state of health and restoring normal activities.

Patient:

People who attack by disease agent and suffering from disease and or with disease complication are patient.

Physician:

People with specific knowledge, skill and expertise on health spectrum are physician. Doctors are obliged to act in the best interests of their patients, applying their

skill and expertise according to professional codes of conduct. When an individual health status fluctuate by disease, illness or sickness he/she consult with doctor. There is a communication occur between both, out of them one is more powerful than other and both have the same objective. Here doctor is more powerful and patient is the supplicant. The quality of the communication between a doctor and patient influences the exchange of information between them. The patient's satisfaction with the doctor and communication both will affect the doctor's clinical effectiveness.

Parsons (1951) Relationship between Doctors and Patients:

Parsons (1951) was one of the earliest sociologists to examine the relationship between doctors and patients. His interest arose from a broader theoretical concern Parsons believed that the amount of illness is controlled through the socially prescribed roles for doctors and patients. This facilitate interaction and ensure both parties work together to return people to a state of health and normal role performance as quickly as possible. Parson depicted social relationship between doctor and patient for the clinical psychosocial and behavioral outcomes of the consultation. Consultation has resulted in considerable attention being given to the various forms and determinants of this relationship. Parsons identified the general societal expectations that guide the behavior of doctors and patients, his portrayal of an asymmetrical relationship in which doctor occupies the dominant position by virtue of he/her specialist knowledge and the patient merely cooperates is viewed as only one possible form of relationship and between individual doctor and patient.

Parsns (1951) Doctor-Patient Relationship models are:
Paternalistic or Guidance cooperation
Relationship of mutuality
Consumerist relation
Relationship of default

Charles et al (1999) Treatment Decision Making Models:

Charles et al (1999) depict three treatment decision making models. According to Charles a consultation might initially be characterized by a two-way information exchange (Doctor and Patient). This information exchange describe by Parsons as communication. If problems arise in achieving a shared decision the clinician might then use the power imbalance in the relationship to persuade the patient to follow his/her advice of then with a promise of a subsequent of the solution.

Charles(1999) treatment decision making models are:
Paternalist
Shared decision model
Informed decision model

Correspondences between Parsons (1951) Doctor-Patient Relationship Models and Charles et al (1999) Treatment Decision Making Models:

So we see in practice the four models of doctor patient relationship given by Parsons and treatment decision making model given by Charles have some correspondences. It is showing beside table -

Doctor Patient relationship model	Treatment decision making model
Paternalistic	Paternalism
Relationship of mutuality	Shared decision model
Consumerist relation	Informed decision model

Relationship default	X

In both Doctor patient relationship and treatment decision making models there were involvement of doctor, patient, have some specific characteristic. This correspondence relation showing in a table below-

Doctor Patient relationship / Decision making models	Patient (Pt) Involvement	Doctor Involvement	Characteristics
Paternalistic	Low Patient control	High Physician control	Traditional consultation. At some stage feel better and rely on doctor
Paternalist	Patient cooperate with advice and treatment	Doctor act as a medical expert	Here medical related information exchange from doctor to patient Doctor deciding on treatment to implement
Relationship of mutuality	High patient control. Patient brings their own expertise in term of their experiences. Like explanations of illness knowledge of social circumstances, altitudes to risk, preference value	Doctor control is mutuality. Doctor bring his/her clinical skill, knowledge as in terms of disease cause, diagnose is treatment prognosis. Prevention strategies	Active involvement of doctor patient as "Meeting between experts. Both Parties participates as a joint venture. They engage in an exchange of ideas, sharing of belief
Shared decision making model: Extreme opposite of the Paternalist model. Partnership between doctor and patient based on division of labor	Full involvement in treatment decision	Doctor served patient preferred treatment decision	Personal and medical information exchange between doctor & patient. Both deciding on treatment implement. There were four requirement for implement mention below- 1. Both Doctor Patients are involved in decision-making process. 2. Both parties share information. 3. Both parties take steps to build a consensus about the

			preferred treatment. 4. An agreement is reached on the treatment implement
Consumerist relation	High Patient control. Patient takes active role	Low doctor control Doctor adopting a fairly passive role	Power relationship reversed. Doctor acceding to the Patient request for a 2nd opinion, referral to hospital sick note and so on
Informed decision model	Partnership with doctor. Patient take informed treatment decision.	Doctor form about all relevant options, benefits, risk and prognosis	Medical related information exchange from doctor to patient. Information transfer is the key responsibility and only legitimate contribution of the doctor. Patient deciding on the torment to implement

Conclusion:

The patient physician relationship is fundamental to providing and receiving excellent care to the healing process and to improved outcomes. Three main models of treatment decision making paternalist, shared and informed decision making correspond with the three types of doctor patient relationship. The traditional paternalist model regards the doctor as medical expert as solely responsible for treatment decisions with the patient expected merely to cooperate with advice and treatment. And consumerist regard informed decision making. Here doctor have low control & patient have high control. Doctor conformed all medical related required information and patient deciding on the treatment to implement.

Different perspective illness required different types of relation and treatment decision making models. By contrast relationship of mutuality regard shared decision making as the ideal (for acute, chronic and surgical disease). This requires that both parties are involved in decision making process share information take stapes to build a consensus about the preferred treatment and reach agreement treatment to implement.

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