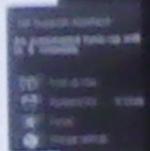
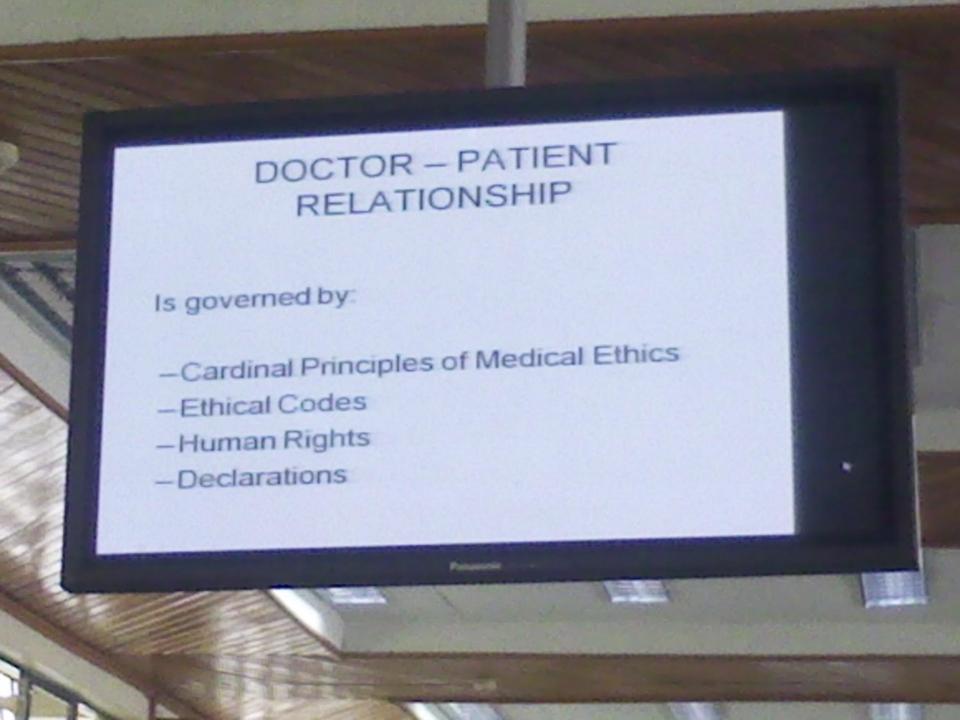
DOCTOR- PATIENT RELATIONSHIP

DOCTOR-PATIENT RELATIONSHIP

DPR is, therefore, currently regarded as a relationship of professional partnership involving the doctor and the patient in which the views and contributions of both are crucial and given consideration



TO DE

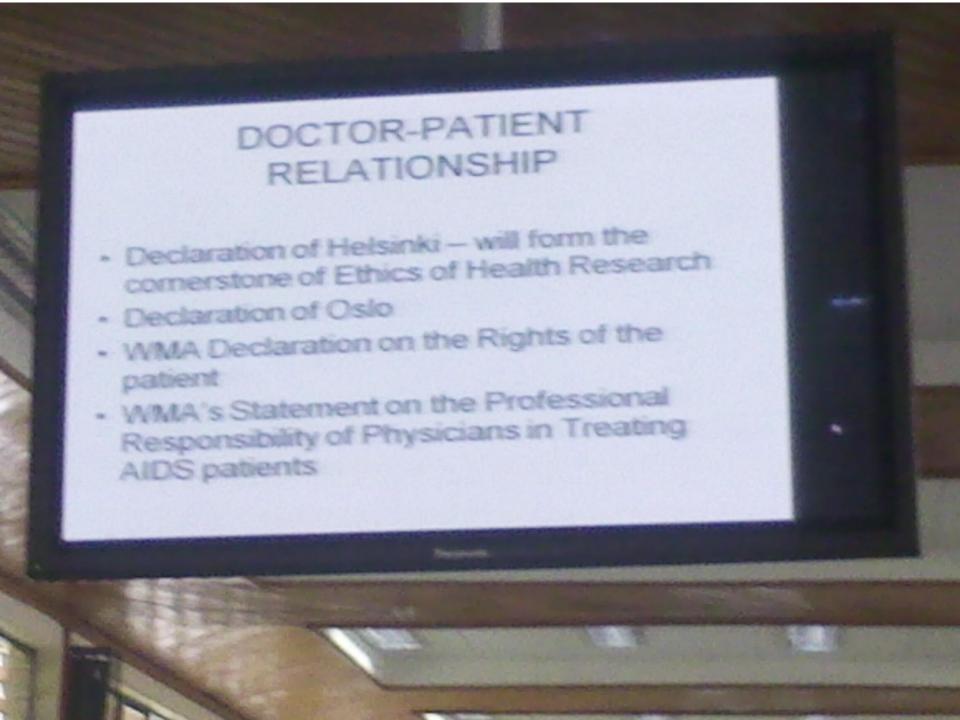




Ethical Codes

- WMA's International Code of Medical Ethics (www.wma.net)
- -MPDB Code of Medical Ethics

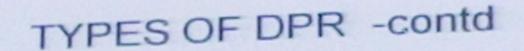
Panistric



TYPES OF DPR

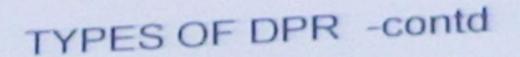
THERAPEUTIC DPR

- A person consults a doctor seeking professional help (advice and skills) on a health problem
- This means a person interacts with a doctor in a clinical setting requiring taking history, carrying out physical examination, undertaking investigations and instituting therapeutic management



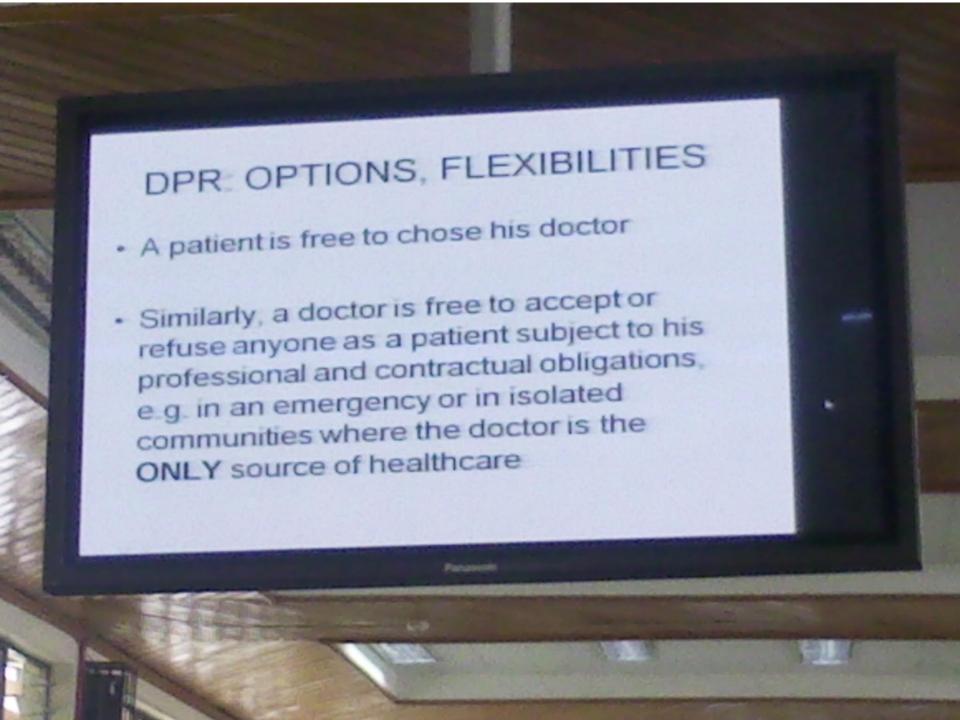
THIRD-PARTY-ORIGINATED DPR

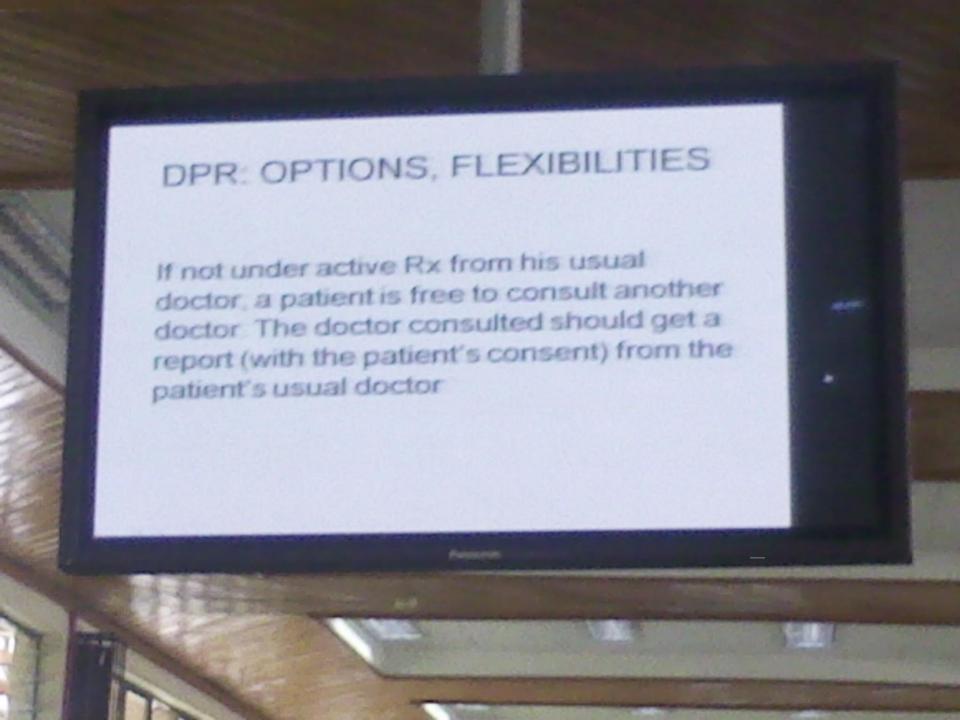
- This takes place in a clinical setting with limited history taking and specific third-party-directed physical examination and investigations. A feed back is usually required by the third party in nature of narrative report or a form duly completed
- The doctor acts as an impartial medical examiner and reports to a third party (employment, insurance, travel, educational, court cases)

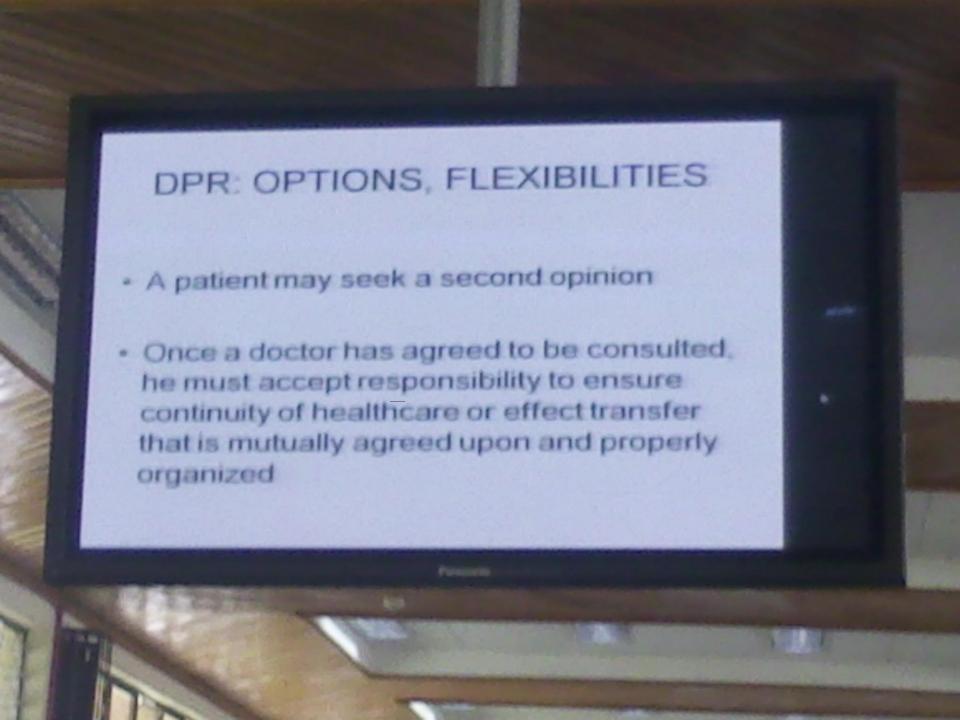


RESEARCH-BASED DPR

- -May be clinical or non-clinical research
- -Therefore, it is a DPR that may take place in the laboratory, clinic, wards or in the "field"
- -The sole purpose of this type of DPR is "to advance medical science"

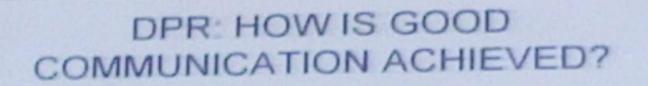




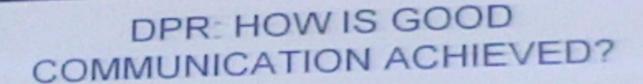




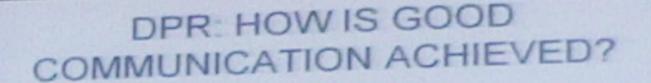
- Good communication between the doctor and patient is the foundation of good DPR
- Good communication will ensure utilization of the doctor's professional expertise
- Good communication will ensure the patient's understanding and co-operation



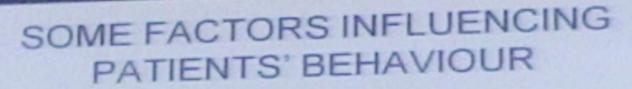
- By being patient with the patient, professionally sympathetic and reassuring
- By informing and counselling the patient and not frightening him/her or causing despondency



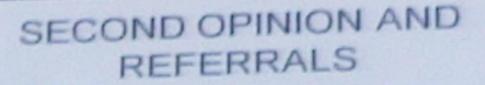
- By increasing the patient's confidence through thoughtfulness, personal dignity, thoroughness and professional modesty (not arrogance)
- By saying the truth, nothing but the truth, although it may not be the whole truth.



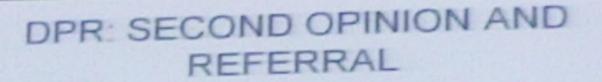
- By using principles of science and art of medicine to assess the intellectual, emotional and social status of the patient
- Generally, by "changing the communication gear according to the communication road"



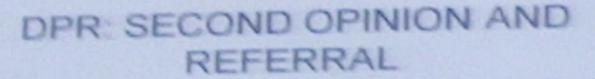
- Personality traits
- Previous experiences with doctors and other healthcare workers
- Fears and misconceptions concerning illnesses and their management modalities
- Social, cultural, educational, economic and religious background



- A doctor should refer a patient because of a medical reason, not to get rid of the patient
- A doctor should know when, to whom and how to refer
- A referral letter is important; this is sometimes preceded by a telephone call or other contacts

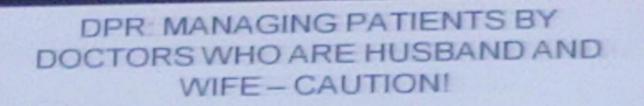


- Referral letter should be complete, formal and informative
- Referral may be from doctor-to-doctor or doctor-to-other healthcare professional (occupational therapist, physiotherapist, medical nutritionist etc)



Must not be influenced by possible financial gains to the referring doctor:

- Dichotomy of fees by doctors
- A doctor referring to a health institution where he has financial interest
- A doctor referring a patient to a laboratory or pharmacy owned by him, his wife, relative or friend because he expects financial gain from that referral



EXAMPLES:

- A surgeon and anaesthetist
- A surgeon and a histopathologist
- A paediatrician and a paediatric surgeon
- A cardiologist and a cardiac surgeon

INFORM THE PATIENT AND ONLY PROCEED IF THE PATIENT HAS NO OBJECTION