

DOCTOR- PATIENT RELATIONSHIP

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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

10:00 AM
10:00 AM - 10:00 AM

- 10:00 AM
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DOCTOR – PATIENT RELATIONSHIP

Is governed by:

- Cardinal Principles of Medical Ethics
- Ethical Codes
- Human Rights
- Declarations

DOCTORPATIENT RELATIONSHIP

Ethical Codes

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

DOCTOR-PATIENT RELATIONSHIP

- Declaration of Helsinki – will form the cornerstone of Ethics of Health Research
- Declaration of Oslo
- WMA Declaration on the Rights of the patient
- WMA's Statement on the Professional Responsibility of Physicians in Treating AIDS patients

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

TYPES OF DPR -contd

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)

TYPES OF DPR -contd

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"

DPR: OPTIONS, FLEXIBILITIES

- A patient is free to choose his doctor
- Similarly, a doctor is free to accept or refuse anyone as a patient subject to his professional and contractual obligations, e.g. in an emergency or in isolated communities where the doctor is the **ONLY** source of healthcare

DPR: OPTIONS, FLEXIBILITIES

If not under active Rx from his usual doctor, a patient is free to consult another doctor. The doctor consulted should get a report (with the patient's consent) from the patient's usual doctor

DPR: OPTIONS, FLEXIBILITIES

- A patient may seek a second opinion
- Once a doctor has agreed to be consulted, he must accept responsibility to ensure continuity of healthcare or effect transfer that is mutually agreed upon and properly organized

DPR: IMPORTANCE OF COMMUNICATION

- 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

DPR: HOW IS GOOD COMMUNICATION ACHIEVED?

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

DPR: HOW IS GOOD COMMUNICATION ACHIEVED?

- 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....

DPR: HOW IS GOOD COMMUNICATION ACHIEVED?

- 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"

SOME FACTORS INFLUENCING PATIENTS' BEHAVIOUR

- 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

SECOND OPINION AND REFERRALS

- 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

DPR: SECOND OPINION AND REFERRAL

- 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)

DPR: SECOND OPINION AND REFERRAL

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

DPR: MANAGING PATIENTS BY
DOCTORS WHO ARE HUSBAND AND
WIFE – CAUTION!

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