

## DOCTOR-PATIENT RELATIONSHIP

### 5 Lectures

- I. The Wounded Healer
  1. Pellegrino quote
  2. Hillfiker
    - a. Perceived shortcomings of modern physician
    - b. What physicians suffer
    - c. Problems physicians face
      1. constant availability
      2. Impossibly broad range of knowledge
      3. possibility of making mistakes
      4. insoluble ethical dilemmas
      5. acting as society's agent
    - d. Additional problems
      1. clinical detachment
      2. efficiency, prestige, authority, wealth
  3. Life must be structured around other values
- II. Behavioral Self-Evaluation
  1. Responsibility
  2. Communication with patient
  3. Ethics and honesty
- III. Coping with Stress as a Physician
  1. The limits of help
  2. The boundaries of knowledge
  3. Uncertainty/making mistakes
  4. Taking sides
  5. Clinical detachment
  5. Efficiency, authority, money
- IV. Developing a Therapeutic Relationship
  1. Commitment
  2. Dialogue vs. interview
  3. The art of being rather than doing
  4. Mutuality in healing
  5. Stein p. 38: Therapeutic goals
- V. The Difficult Patient
  1. The role of countertransference
  2. Family of origin issues
  3. Taxonomy for the difficult patient
  4. Dealing with anxiety generated in dr/pt encounter

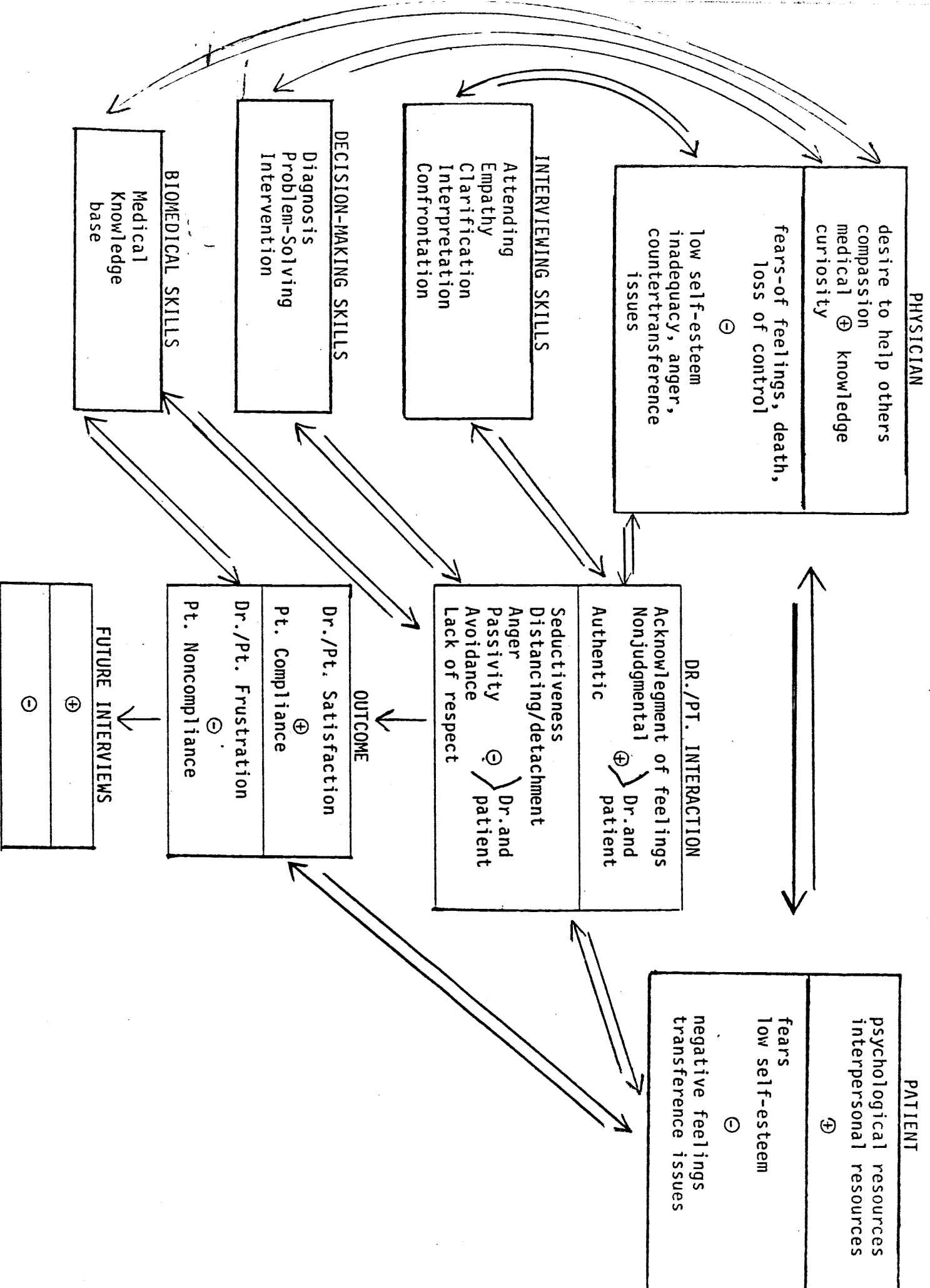


TABLE 2

HOW WELL DO YOU RELATE TO YOUR PATIENTS: SOME KEY QUESTIONS

- A. Patient rarely or never discusses aspects of his/her personal life with you...  
1 2 3 4 5 6 7... Patient appears able to share relevant personal information openly and honestly with you.
- B. Patient only talks about physical symptoms...1 2 3 4 5 6 7...Patient appears able to talk about feelings as well as symptoms.
- C. Patient often appears ill-at-ease, with little eye contact...1 2 3 4 5 6 7...Patient usually seems comfortable with you and maintains good eye contact.
- D. Patient is consistently noncompliant with medication and other therapeutic instructions...1 2 3 4 5 6 7...Patient is usually cooperative with therapeutic regimen.
- E. Patient generally appears dissatisfied with medical care...1 2 3 4 5 6 7...  
Patient generally appears satisfied with medical care.
- F. You feel uncomfortable when you see this patient's name on your schedule...1 2 3 4 5 6 7...You are comfortable at the thought of a return visit with this patient.
- G. You know very little about this patient's personal and family situation...1 2 3 4 5 6 7...You have an adequate data base about this patient's family, including information about family strengths and weaknesses, risk factors, and chronic or acute stressors.
- H. You have feelings of irritation and annoyance when you think of this patient...  
1 2 3 4 5 6 7...You feel genuine interest and concern for this patient's wellbeing.
- I. There is frequent miscommunication with this patient...1 2 3 4 5 6 7...  
Communication with this patient is generally open, clear, and honest.
- J. You feel you are usually pretending with this patient...1 2 3 4 5 6 7...  
You feel you can be genuine and authentic with this patient.
- K. You feel this patient is very dissimilar from yourself and hard to understand...  
1 2 3 4 5 6 7...There are many levels on which you understand and empathize with this patient.
- L. Your view and the patient's view of the patient's illness are very different...  
1 2 3 4 5 6 7...You and this patient have a mutually agreed upon understanding of this patient's illness.

NOTE: Higher scores usually indicate a better functioning relationship. However, checklist is not a formal assessment device, and should be used simply to indicate to the physician some possible areas of strength and weakness regarding relationships with patients.

## DOCTOR-PATIENT RELATIONSHIP

### PROFESSION vs. VOCATION

1. profession is fact-based, problem-oriented, and solution-focused
  2. vocation suggests the quality of a calling; and relies strongly on relational as well as impersonal connections
  3. advantages and disadvantages to each model  
advantages of profession: emphasis on knowledge, skill;  
preserves boundaries between dr/pt.; disadvantage: poorer dr/pt relationship  
disadvantages of vocation: paternalism, omnipotence
- \*\* DISCUSSION QUESTION: To what extent is medicine a profession for you? A vocation?

### DEVELOPING A THERAPEUTIC RELATIONSHIP

- \*\* DISCUSSION QUESTION: What are qualities of positive relationship?

1. Respect for pt. and pt. autonomy
2. Trust - result of caring, and truth-telling
3. Confidentiality
4. Educating pt. so able to participate in informed consent
5. Time - pt. must not feel you are hurried
6. Partnership and mutuality
7. Humility
8. Commitment - willingness to hang in with pt.
9. Dialoguing - willingness to hear pt.'s story
10. Pt.-centered approach - integration of their fears, expectations, concerns

### MODELS OF RELATIONSHIP

1. Paternalistic - physician as guardian; gives little information; protects pt.; pt. ultimately will be grateful to physician; based on beneficence
2. Informational - provides information; patient decides; technological expert; assumes one ultimate truth
3. Interpretive - provides counseling as well as information; concerned with values of pt.; pt. still decides
4. Deliberative - deals with information and values; pt. and physician negotiate and deliberate; decisions are mutual

- \*\* DISCUSSION QUESTION: Ideally, which model makes most sense to you? In terms of your daily practice, which models do you see yourself utilizing?

### A TRANSACTIONAL ANALYSIS MODEL

1. Physician Parent/ Patient Child - paternalistic

2. Physician Adult/ Patient Adult - egalitarianism

3. Physician Child/ Patient Parent - consumer model

#### CONNECTEDNESS

Connectedness is at the core of healing - reduces the feeling of isolation that illness creates by recognizing patients' feelings

Physicians as well as pts. have fundamental need to be brought into relation with the patient - this is where fulfillment for physician comes from

Relational model requires abandoning control of the encounter  
Risks confusing professional connectedness with personal relationships

Individualizing in medical theory isolates pts. and disease from their social context

#### PT/DR NARRATIVES

Importance of listening to the pt. story, not just the part we want to hear

Devalue pt's story once essentials have been extracted

What is the meaning of the pt.'s experience

\*\* DISCUSSION QUESTION: Do you really want connectedness with your patients? Does this really help you to be a better doctor? If so, how? If connectedness has value, what kind of connectedness is therapeutic? What are its limits?

#### DIFFICULT DR/PT RELATIONSHIPS

1. Pt. demands things I cannot give

2. Pt. ignores my advice

3. Pt. causes me to feel frustrated

\*\* DISCUSSION QUESTION: What are your difficult dr/pt. relationships like? Where do you run into problems and how do you solve them?