



Doctor Patient Relationship

Indian Medical Association, Hqs

UP man files FIR against doctor and 'untrained' medical staff for jeopardizing patient's health

A UP couple accused a doctor and her hospital staff member of medical negligence.



ADVERTISEMENT

'Don't want children to enter medical profession'

While some doctors, who have faced violence from patients' relatives, are refusing serious cases, others are thinking of quitting the profession

Lata Mishra and Alka Dhupkar@timesgroup.com TWEETS @MumbaiMirror

'Even cops treated me like a culprit'

DR SHIVAHAR SOMAWANE

October 23, 2016

'I never want to come back to the



DR VISHNU DHADWAD
Attacked on: September 8, 2011
At: Sion Hospital

hospital, looking for me. I was shocked," Dhadwad said, "and scared, I stayed away





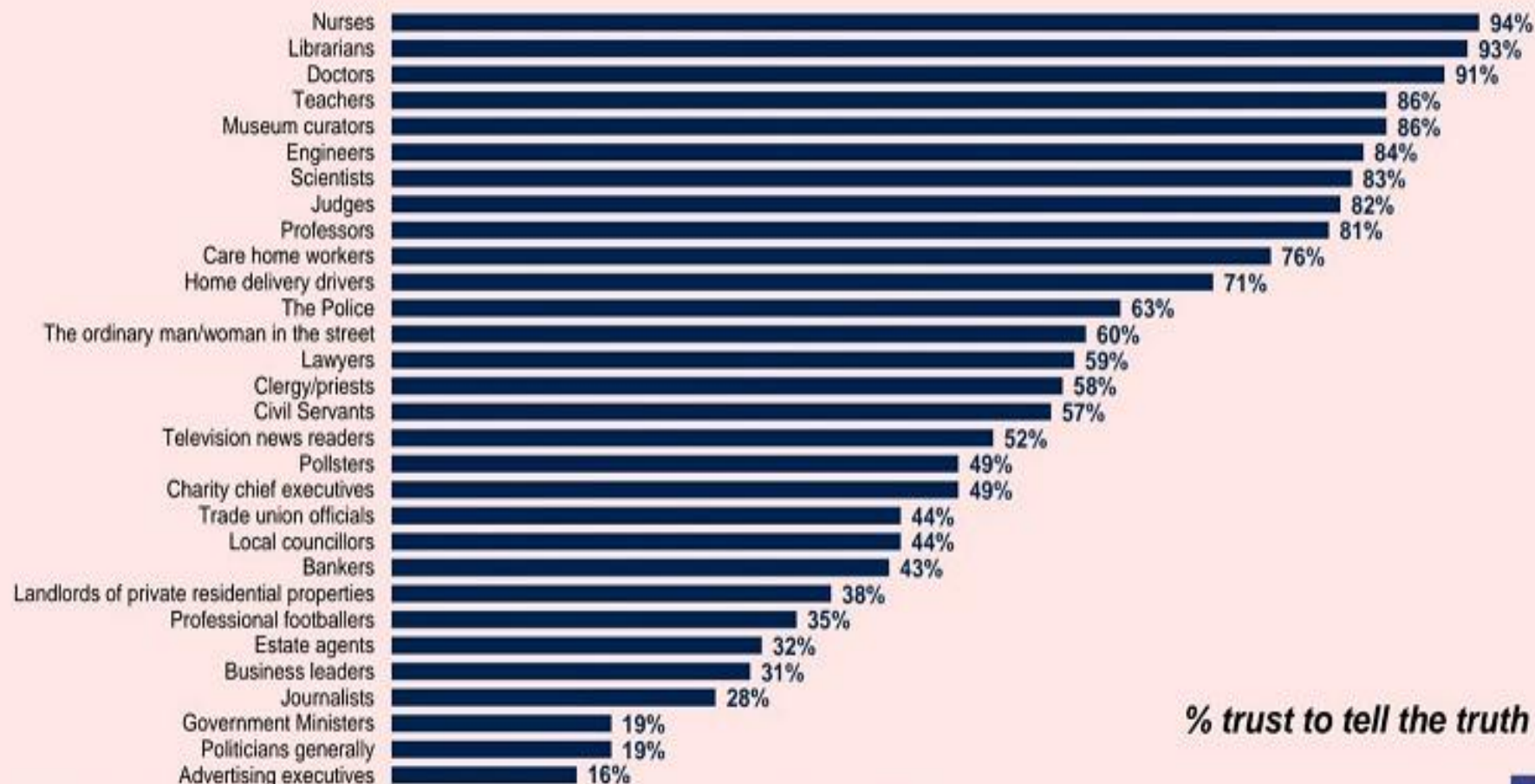
Legacy

Doctor Patient relationship has been considered sacred.

Though perspectives have changed from
The Hippocrates Oath to The Geneva Declaration
the core essence remains the same.

Veracity Index 2021 – all professions

“Now I will read you a list of different types of people. For each would you tell me if you generally trust them to tell the truth, or not?”



% trust to tell the truth

Base: 1,007 and 1,009 British adults aged 18+, interviewed by telephone 29 Oct – 4 Nov and 5 – 10 November 2021

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Doctor Patient relationship

Is a complex relationship today, defined by-

- **Information gap**
- **Social Status**
- **Availability**
- **Consumerist Culture**

- **Dilution of Ethics**
- **Patient Expectations**
- **Expected Professional Conduct**
- **Identity Crisis**

Found in a doctor's clinic...



Information gap



- Doctor Patient relationship is asymmetric.
- The huge gulf in information and knowledge defines it.
- The fear and uncertainty in the mind of the patient sets the background.
- Google is the source of awareness as well as aggression. This new phenomenon of information sans knowledge has to be factored in.

Social Status



The gap in social status has closed rapidly. The awe factor has disappeared.

An expanding educated middle class is redefining relationships across the spectrum in the society whereby the transition is from an illiterate uninformed patient to informed patient to empowered patient now.

Availability



With India's 593 medical colleges churning out nearly one lakh doctors per year the profession is on litmus.

This has resulted in the “Sadha MBBS” syndrome.



Consumerist culture

- With burgeoning economy has come the irreverence of “Have money: Will buy Services” attitude.
- Unfortunately Health is not available for sale.
- Expectations without understanding the limitations of medical science leads to avoidable misunderstandings.

practo

ONLINE HEALTH AGGREGATORS



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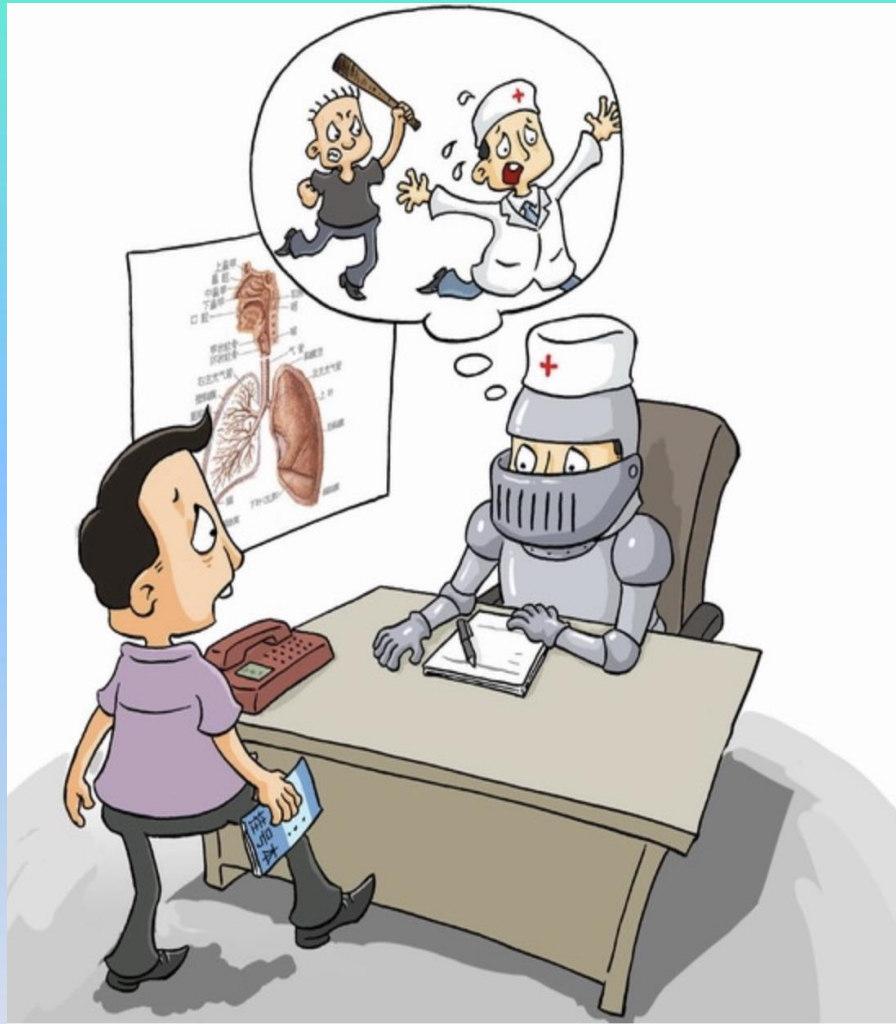
Dilution of ethics

Ethics and Etiquette define and delineate the medical profession.

Unethical behaviour and uncouth conduct are a source of challenge to the
Doctor Patient Relationship.

Medical practice should always be guided by-

- Non-maleficence-"first,do no harm" (primum non nocere).
- Beneficence.
- Autonomy of the Patient
- Respect and confidentiality





Patient Expectations

A patient is a person in distress. The patient likes to place himself /herself in the competent hands of the doctor with trust. So he/she approaches a doctor with expectations that:

1. The doctor will be friendly & patient enough to hear what the patient has to tell
2. The doctor will truthfully guide him /her in his ailments & give him /her clear, precise and professional directions
3. Shall tell him /her truthfully whether doctor is professionally capable to take up his /her case or not
4. The patient also rightfully expects that if the doctor takes up the case of the patient, he will give it necessary time, attention, care and cure.



Expected Professional conduct

A good professional conduct of the doctor is the core of an ethical practice. For a good doctor-patient relationship to exist the doctor is the main person who has to uphold and set very high standards of professional conduct

- The profession demands high standard of conduct
- Health and welfare of the patient is the primary consideration
- Respect and dignity for the patient
- Honesty, empathy and compassion
- Confidentiality
- Support to the patient
- Not to derive undue milage
- Non discrimination



Identity Crisis

- Modern medicine practice has largely turned into hospital based services.
- Now Large Hospitals employ Doctors.
- Care seekers go to Hospitals which are the face of Health Care Services.
- Doctors are no longer the face of Health Care.
- That way the healthcare industry has over shadowed the Face of the Doctor with that of Hospital Brands.



Is there a problem?



Yes. Doctor Patient Relationship is on the boil.

Forces internal and external to Health care are **inpringing** this relationship.



IMA Survey

Random survey of 12,200 IMA members from across the country showed that

- **Only 34.8% members are happy with the profession;**
- 57% suffer from lack of sleep,
- 82.8% are stressed out,
- 32.7% are on treatment for high blood pressure,
- 18.6% are on treatment for diabetes
- 78.6% suffer from frequent anxiety.

The main stressors are

- ❖ fear of violence 48.6%,
- ❖ fear of being sued 23.9%
- ❖ fear of being criminally prosecuted 13.7%.

Violence against Doctors



Nothing portrays the deterioration in Doctor Patient relationship than the widespread violence against doctors and hospitals.

Violence occurs irrespective of the sector.

Government Sector -> deficiencies in infrastructure and inadequacy human resources

Private Sector -> high cost of services and resultant high expectations



Violence has ranged in all grades against doctors in India from

- Outright murder
- Physical assaults.
- Damage to personnel and property
- High decible verbal abuse
- Lately even trolling on social media.

The intensity and frequency has multiplied in the covid times.

Criminal prosecution of doctors



Criminal prosecution of doctors is Unjust.

In the absence of 'mensrea' the medical profession has a strong case to be exempted from criminal prosecution.



Inspite of the Supreme Court judgment on the Jacob Mathews case the unfettered imposition of criminal charges on doctors has resulted in widespread demoralising effect on the medical profession.

In addition to the section 304 A every sundry law has provisions for criminal prosecution of doctors now compounding the injustice.



Litigations

CPA :

The Honourable Supreme Court of India holds the exclusive distinction to have converted the 'patient' into a 'consumer' and 'Doctor' into a 'Service provider' and thereby has struck the heaviest blow to the Doctor Patient Relationship.

Since then Hundreds and thousands of litigations have debased this sacrosanct relationship irretrievably.

It has also resulted in over cautious care and cure on part of the Doctors resulting in escalation of the cost and resultant affordability.

Apart from the CPA, all sorts of quasi judicial bodies have been abused to harass the doctors.

Is there a solution ?



Inside the profession

Doctor Patient Relationship is the axis on which the entire gamut of Health and related services revolve.

For too long we have allowed external forces shape the ambience of the profession.

Time has come to redeem the initiative in our own hands.



It requires considerable effort to stop and reverse the downslide. Yet it is doable. The image of the profession has taken a beating because of certain blatantly unethical behaviours by a section of doctors. The foremost amongst them are the 'scan commission' and the 'referral commission' respectively. This needs to be done away with as it is a huge slur on the fair name and credit of the pure and pious profession.

Including Ethics in Medical Curriculum



- Ethics, Etiquette and communication skills are the faculty of art of medicine.
- Traditionally these have been handed over from one generation to another by non formal methods.
- Role models in medical teaching should be the torchbearers.
- Incorporation of 'AETCOM Module' in the Undergraduate Medical Education Curriculum is an important orienting modality.
- The same needs to be inbuilt in the Postgraduate and Super Speciality Medical Education as well.



Raising Awareness

In a democracy there is no alternative to dialogue.

- ✓ Dialogue with all sections of the society starting from the political class to common people is the only option.
- ✓ Liasoning with the Governments and the representatives of people is a part of this dialogue.



Core issues for dialogue

1. Achievements of Modern Medicine
2. Expectations and Limitations
3. Violence against Doctors and Hospitals
4. New Deal for Doctors



Plan of Action

Individual Doctors

1. Ethical conduct
2. Etiquette
3. Professionalism
4. Communication skills



What Can IMA do ?

IMA Local Branches



- ✓ Implementation of IMA initiative against scan and forwarding commission
- ✓ Dissemination of the information from the Hq or the state branch
- ✓ Training programme for members in communication skills and documentation
- ✓ Regulated open house with opinion makers and social workers.

IMA State Branches



- ✓ Leadership training camps
- ✓ Dedicated Lobbying teams
- ✓ Awareness classes at district level
- ✓ Upgraded feedback with IMA Hq

IMA Headquarters



- ✓ Co ordination of state branch activities
- ✓ Compilation of data emanating from the state and local branches.
- ✓ Refining and defining the New Deal for Doctors.
- ✓ Unleashing media Blitz Greg to refurbish the image of Doctors.
- ✓ Proactive liaison movement with the Central Government and National leaders.
- ✓ Structuring continuing professional update in a modular manner in regard to ethical conduct and also dealing with ethical dilemma as a part of standing programme.

Conclusion



Leadership in Health is slowly and steadily drifting to the industry.

Services related to the patient should be based on medical ethics.

That way the leadership of the medical profession is inevitable.

Art of medicine is a legacy and inheritance of the fraternity.

As evidence based medicine grows doctors should learn to blend it with
art of medicine.

A new era in Doctor Patient Relationship is not only possible it is
inevitable.



Profession OR Trade/commerce/industry?

“By any standards that one may adopt, medicine is and ought to be a profession and not a mere career or just an income earning activity. This can be no different even when the professional activity becomes more and more organized and assumes larger dimensions. The dividing line between professions and mere careers is getting blurred increasingly, we do hence find laws and regulations increasingly entering into zones which were left to the sound discretion of the professionals in yesteryears. Ethical professional standards and not the mere stipulations of law must provide the beacon light for any conscientious professional”.

Justice R Basant