PHYSICIAN-PATIENT RELATIONSHIP

Fatemeh Bahmani

Md.PhD.

Iran University of Medical Sciences, Department of Medical Ethics

In this session:

- **Part 1: Physician-patient Relationship**
- Definition of Physician-patient Relationship
- Significance of Physician-patient Relationship
- Models Of Physician-patient Relationship

Physician-Patient Relationship, Definition:

- **A doctor–patient relationship is considered to be the core element in the ethical principles of medicine.**
- **A patient-physician relationship exists when a physician serves a patient's medical needs.**
- **Generally, the relationship is entered into by mutual consent between physician and patient (or surrogate).**

رابطه پزشک و بیمار در سوگندنامه بقراط

- The Hippocratic ethic, is paternalistic to a degree that is simply no longer acceptable.
- It views the physician as "an authoritative and competent practicioner, devoted to his patients well-being.
- He is a benevolent and sole arbiter who knows what is best for the patient and makes all decisions for him."
- He cites a Hippocratic source in which the doctor is adviced to "Perform all things calmly and adroitly, concealing most things from the patient while you are attending to him."
- A little later the doctor is told to treat the patient with solicitude, "revealing nothing of the patient's present and future condition."

Why does it matter ?

- The patient-physician relationship is fundamental for providing

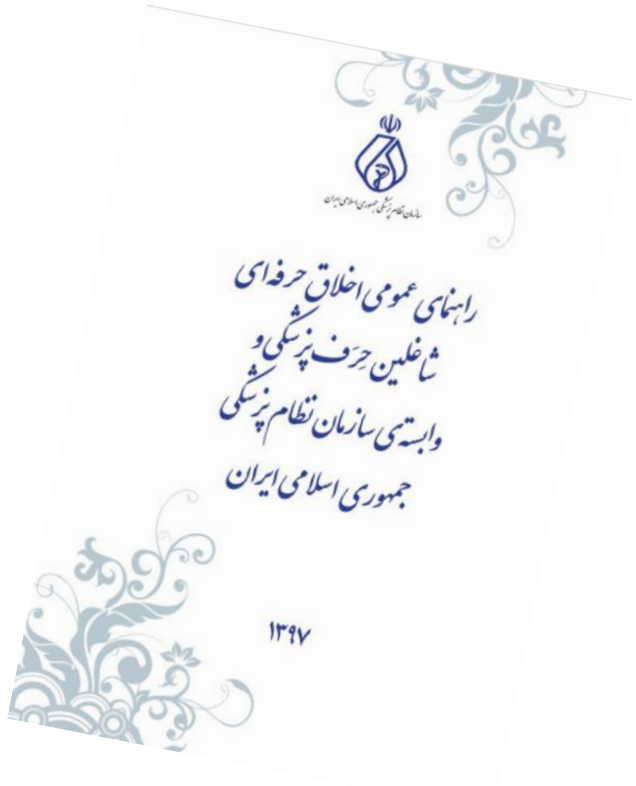
1. excellent care
2. to the healing process
3. to improved outcomes

Therefore, it is important to understand what elements comprise the relationship and identify those that make it "good."

Dr. Fatemeh Bahmani, Iran University of Medical Sciences, Department of Medical Ethics

Dr. Fatemeh Bahmani, Iran University of Medical Sciences, Department of Medical Ethics

رابطه پزشک و بیمار بر اساس استانداردهای ملی امروزی



ماده ۵۲: شـــاغلان حِرَف پزشـــکی و وابســـته، باید برای حفظ اعتماد بیماران به حرفه و حرفه‌مندان ســـلامت، تـــلاش کنند. در این زمینه لازم اســـت با صداقت کامـــل، در همـــه‌ی مراحل تشـــخیص و درمان، اطلاعات مورد نیـــاز بیماران را به آن‌ها ارائه دهند و از گفتار یا رفتار مستقیم یا غیرمستقیم که دربردارنده‌ی فریب بیماران باشد(حتی با نیت خیررسانی به بیمار)، پرهیز کنند.

ماده ۵۳: شـــاغلان حِرَف پزشکی و وابسته، برای رفاه بیماران و همراهان آن‌ها،

داده شـــود. برای اجابت این درخواســـت، به مجوز هیـــچ مرجعی (از جمله مرجع قضایی و غیرقضایی) نیاز نیست.

ماده ۶۶: لازم اســـت همه‌ی گزینه‌های تشـــخیصی و درمانی که از لحاظ علمی و فنی برای بیماران درســـت و قابل قبول به شمار می‌آیند، با یادکرد نقاط ضعف، نقاط قوت، منافع و عوارض احتمالی به آن‌ها معرفی شوند. شاغلان حِرَف پزشکی و وابسته، لازم است ضمن پاسخ دادن به سؤالات بیماران، تلاش کنند با بیمار به یک تصمیم مشارکتی، دست یابند.

ماده ۶۷: شـــاغلان حِرَف پزشـــکی و وابسته، موظفند به حق بیماران در انتخاب

یک تصمیم مشارکتی، دست یابند.

ماده ۶۷: شـــاغلان حِرَف پزشـــکی و وابسته، موظفند به حق بیماران در انتخاب آزادانه و آگاهانـــه‌ی روش درمانی، احترام بگذارند. انتخاب بیماران در این زمینه، به انتخاب از بین گزینه‌هایی محدود اســـت کـــه از لحاظ علمی و فنی، منطقی و درست باشند. در هر حال، احترام به حق انتخاب بیماران به این مفهوم نیست که اعضای سازمان باید به هر خواسته‌ی بیمار، عمل کنند؛ بلکه ناظر به حق انتخاب بیمار از میان گزینه‌های درست موجود است.

ماده ۶۸: شـــاغلان حِرَف پزشکی و وابســـته، مکلفند به حق بیمار برای انتخاب

خود را به‌کار گیرند.

ماده ۶۹: شـــاغلان حِرَف پزشکی و وابسته، مکلفند به حق بیمار برای خودداری از درمان‌های پیشـــنهادی، احترام بگذارند. استفاده از روش‌هایی که نیازمند رفتار غیرصادقانه برای اقناع بیمار به پذیرش درمان باشد، ممنوع است. در مواردی که بیمار درمان‌های نگهدارنده‌ی حیات را نمی‌پذیرد و ممکن اســـت در اثر امتناع از درمان، فوت کند و یا دچار آســـیب جدی شـــود پزشـــک معالج موظف است برای قانـــع کردن بیمار، همه‌ی تلاش خود را به‌کار گیـــرد و در نهایت، در صورت قانع نشدن بیمار مسؤولان مربوط به این امر، از جمله کمیته‌ی اخلاق بیمارستان را از موضوع آگاه کند. موارد اورژانس حیاتی که به‌دلیل فوریت و در معرض خطر بودن جان بیمار، در آن امکان تبادل اطلاعات و اخذ رضایت از بیمار یا تصمیم‌گیرنده‌ی جایگزین او وجود ندارد، از شمول این ماده استثنا است.

جایگزین او وجود ندارد، از شمول این ماده استثنا است.

ماده ۷۰: شـــاغلان حِرَف پزشکی و وابســـته، مکلفند در موارد اورژانس که جان بیمار در خطر باشـــد، نجات جان او را بر دیگـــر قواعد اخلاقی، از جمله لزوم اخذ رضایـــت آگاهانه اولویت دهند و بدون فوت وقت بـــه ارائه‌ی خدمات، اقدام کنند.

در موارد اورژانســـی که بیمار علی‌رغم وجود تهدید جدیِ سلامت و جان خود، از پذیرش درمان نجات‌بخش خودداری می‌کند، شـــاغلان حِرَف پزشـــکی و وابسته، موظفنـــد نهایت تلاش خود را به‌کار گیرند تا بیمـــار امتناع‌کننده را برای پذیرش درمان، قانع کنند.

MODELS OF DOCTOR PATIENT RELATIONSHIP

Dr. Fatemeh Bahmani, Iran University of Medical Sciences, Department of Medical Ethics

Introduction

- Paternalistic Model
- Informative Model (informed choice)
- Interpretive Model
- Deliberative Model (shared decision-making)
- ~~Instrumental Model~~

Reference: Davis Hammond, F https://prezi.com/tvrxdqgrd6yy/four-models-of-the-physician-patient-relationship/ our Models of the Physician-Patient Relationship,2014,

Paternalistic

- This model is sometimes nick named the parental model.
- The physician-patient interaction ensures that patients receive the interventions that best promote their health and well-being.
- the "hate me/don't understand me now but thank me later" model.

Reference: Davis Hammond, F https://prezi.com/tvrxdqgrd6yy/four-models-of-the-physician-patient-relationship/ our Models of the Physician-Patient Relationship,2014,

Definition

- The intentional overriding of one person's preferences or actions by another person, where the person who overrides justifies this action by appeal to the goal of benefitting or preventing harm to the person whose preferences or actions are overridden.

Reference: principles of biomedical ethics, Beauchamp and Childress, 7th ed.

Paternalism: conflict between beneficence and respect for autonomy

- Originated from Hippocratic oath:
- "As to disease, make a habit of 2 things: to help, or at least to do no harm"
- Traditionally physicians relied almost exclusively on their own judgment about their patients needs for information and treatment.

Reference: principles of biomedical ethics, Beauchamp and Childress, 7th ed.

The analogy with the father:

- 1- acts beneficently:
- In accordance with his conception of his children's welfare interests
- 2- makes decisions
- Rather than letting the children make those decisions

Reference: principles of biomedical ethics, Beauchamp and Childress, 7th ed.

Soft vs hard paternalism

- **Soft: preventing nonvoluntary conduct**
- **Poorly informed consent or refusal, severe depression, addiction…**
- **Hard: persons risky choices and actions are informed, voluntary and autonomous**.

Reference: principles of biomedical ethics, Beauchamp and Childress, 7th ed.

Hard paternalism is justified only if the following conditions are satisfied:

- 1- a patient is at risk of a significant preventable harm.
- 2- the paternalistic action will probably prevent the harm.
- 3- the prevention of harm to the pt outweighs risks to the pt.
- 4- There is no morally alternative to the limitation of autonomy
- 5- the least autonomy-restrictive alternative is adapted

Reference: principles of biomedical ethics, Beauchamp and Childress, 7th ed.

In health care:

- **Patient's best interest**

Informative (Scientific, Engineering, Consumer)

- Objective of the physician-patient interaction is for the physician to provide the patient with all relevant information,
- for the patient to select the physician to execute the selected interventions.

Reference: Davis Hammond, F https://prezi.com/tvrxdqgrd6yy/four-models-of-the-physician-patient-relationship/ our Models of the Physician-Patient Relationship,2014,

Facts vs. Values

- **Patients values are well defined and known; all they need are facts.**
- **Physician provides facts and the patients values determine treatment.**

Reference: Davis Hammond, F https://prezi.com/tvrxdqgrd6yy/four-models-of-the-physician-patient-relationship/ our Models of the Physician-Patient Relationship,2014,

Interpretive (counselor)

- Takes the informative model one step further.
- Physician's goal is to understand patients values and figure out what they want, then help them select the best medical treatment from those values.
- Patient doesn't exactly know there own values. Physician helps them understand.
- Patient makes final decision.

Reference: Davis Hammond, F https://prezi.com/tvrxdqgrd6yy/four-models-of-the-physician-patient-relationship/ our Models of the Physician-Patient Relationship,2014,

Question??

- **If our medical doctors are going to "counsel" patients,**
- **do we need to include in their medical training proper ways of counseling individuals?**

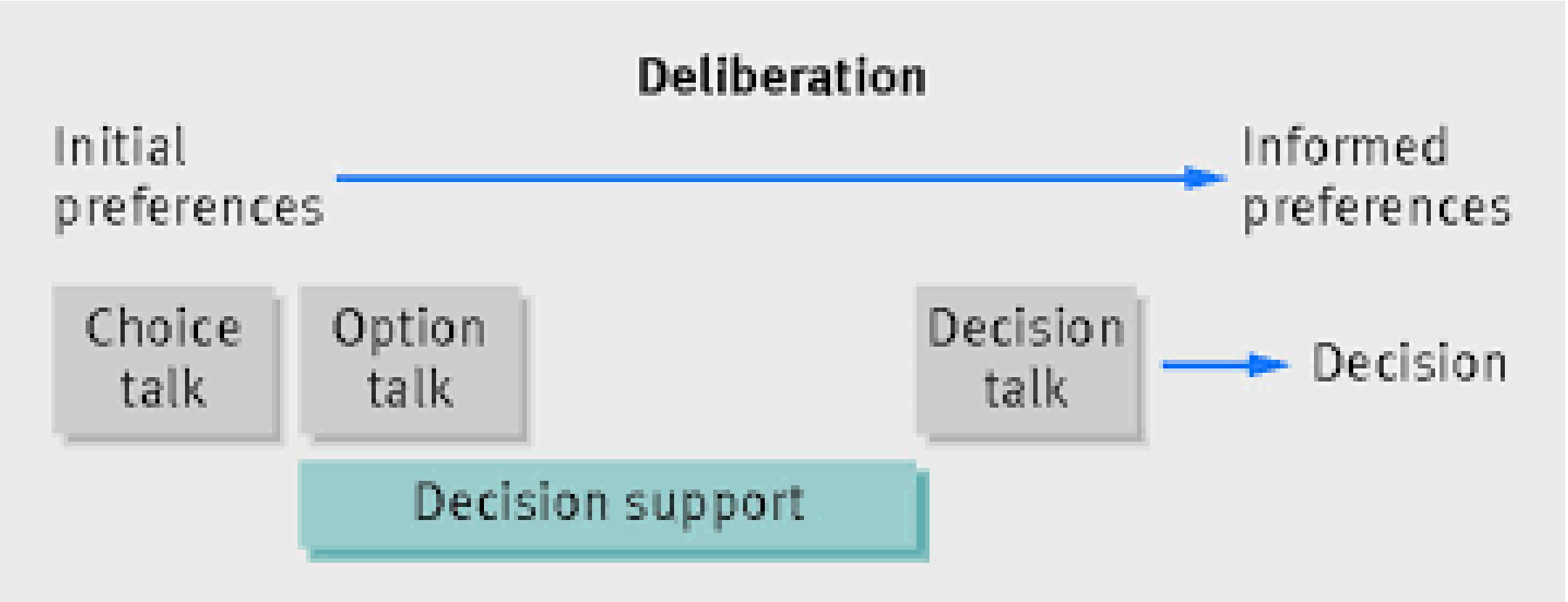
Reference: Davis Hammond, F https://prezi.com/tvrxdqgrd6yy/four-models-of-the-physician-patient-relationship/ our Models of the Physician-Patient Relationship,2014,

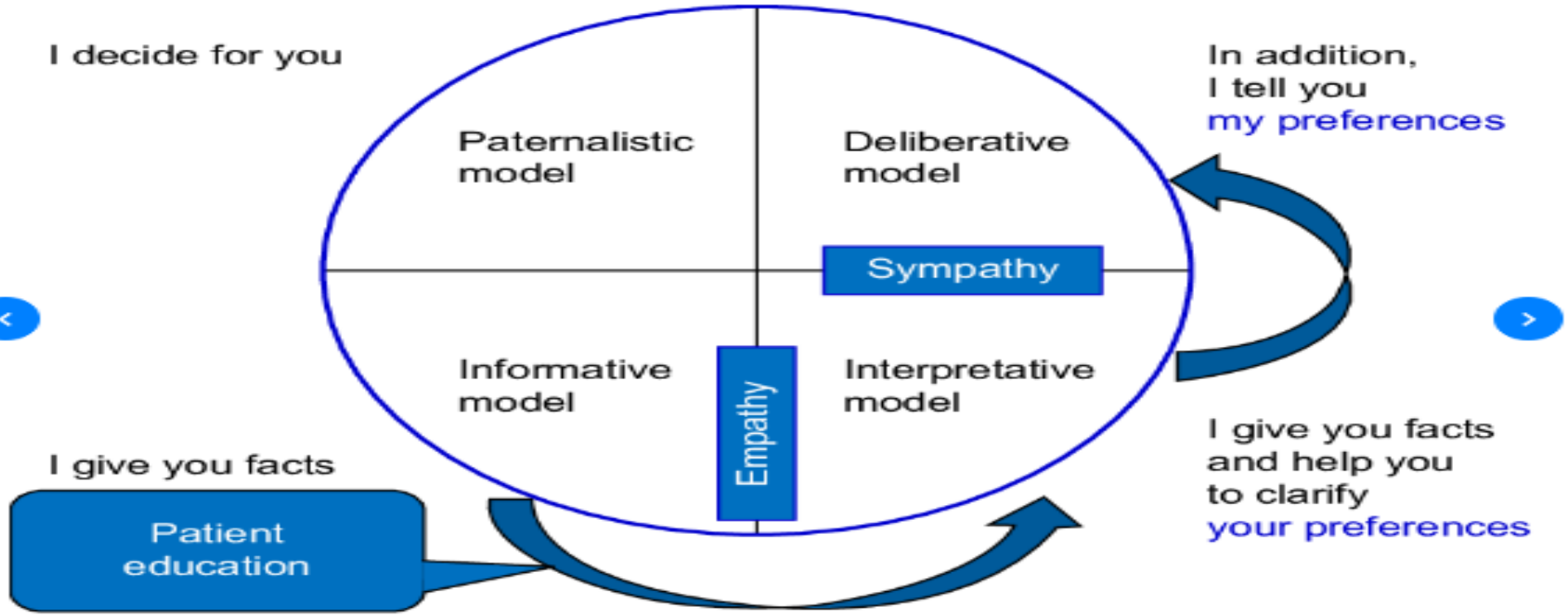
Deliberative (teacher or friend)

- Very similar to Interpretive Model (takes it one step further)
- The aim of the physician-patient interaction is to help the patient determine and choose the best health-related values that can be realized in the clinical situation.
- Objectives include suggesting why certain heath related values are more worthy and should be aspired to.
- Moral deliberation and persuasion (not coercion)

Reference: Davis Hammond, F https://prezi.com/tvrxdqgrd6yy/four-models-of-the-physician-patient-relationship/ our Models of the Physician-Patient Relationship,2014,

Deliberative (teacher or friend)





Patient education as an ethical pathway. Notes: How patient education paves the way between the three models (informative, interpretative, and deliberative) of the physician–patient relationship 26 and eschews the paternalistic model. The HCP uses empathy in his or her attempt to clarify the patient's preferences. He or she uses sympathy when telling the patient about his or her own preferences. reproduced from reach G. Patient autonomy in chronic care: solving a paradox. Patient Prefer Adherence. 2014;8:15–24. 27

Reach, Gérard. "Patient education, nudge, and manipulation: defining the ethical conditions of the person-centered model of care. " Patient preference and adherence 10 (2016): 459

What Decision-Making Style Do Patients Prefer?

- **No valid study in iran …**
- **In one study, in USA, 62% of respondents preferred shared decision-making, 28% referred consumerism, and 9% preferred paternalism.**
- **Seventy percent usually experienced their preferred style of clinical decision-making**
- **96% of respondents preferred to be offered choices and to be asked their opinions,**
- **whereas 52% preferred to leave final decisions to their physicians and 44% preferred to rely on physicians for medical information rather than seeking out information themselves**

Lo, Bernard. Resolving ethical dilemmas: a guide for clinicians. Lippincott Williams & Wilkins, 2012

What Decision-Making Style Do Patients Prefer?

- Women, more educated people, and healthier people were more likely to prefer an active role in decision-making
- African American, Hispanic, and elderly respondents were more likely to prefer that physicians make the decisions
- Patient preferences for decision-making might vary across clinical scenarios: for example, Fracture or appendicitis vs a chronic disease

Lo, Bernard. Resolving ethical dilemmas: a guide for clinicians. Lippincott Williams & Wilkins, 2012

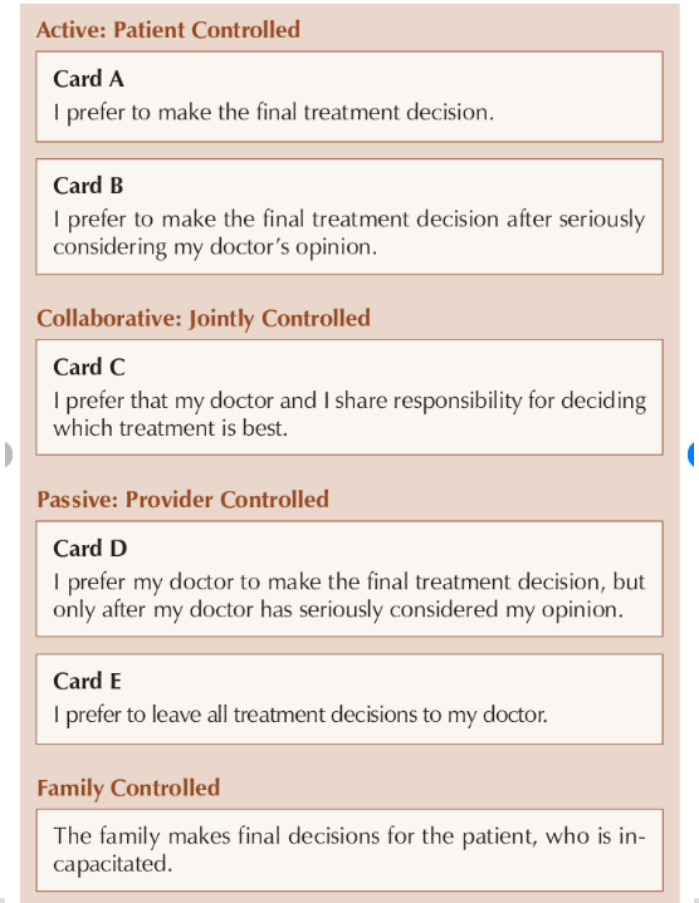
What Decision-Making Style do Physicians Adopt?

- physicians commonly used a more directive, or paternalistic, style with older, less educated, and sicker patients
- and a more patient-centered style with younger, better educated, and more socioeconomically advantaged patients

Lo, Bernard. Resolving ethical dilemmas: a guide for clinicians. Lippincott Williams & Wilkins, 2012

What Decision-Making Style Should Physicians Adopt?

- Congruence



Active: Patient Controlled

Card A
I prefer to make the final treatment decision.

Card B
I prefer to make the final treatment decision after seriously considering my doctor's opinion.

Collaborative: Jointly Controlled

Card C
I prefer that my doctor and I share responsibility for deciding which treatment is best.

Passive: Provider Controlled

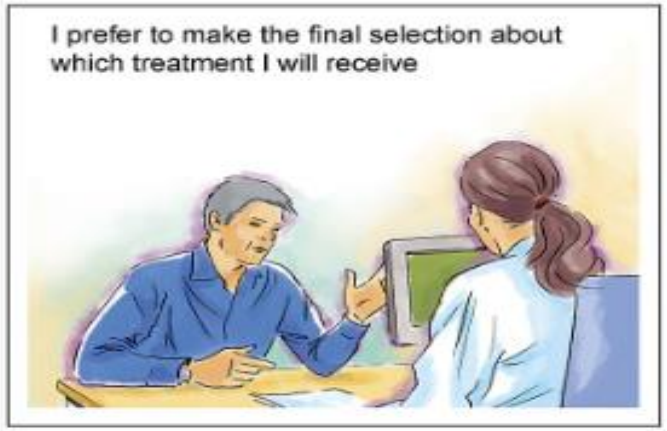
Card D
I prefer my doctor to make the final treatment decision, but only after my doctor has seriously considered my opinion.

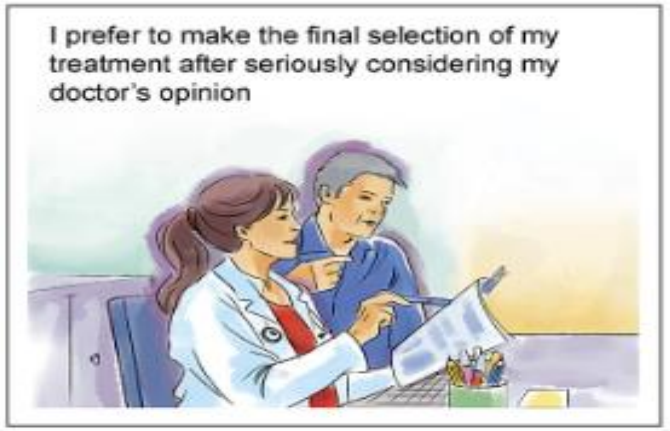
Card E
I prefer to leave all treatment decisions to my doctor.

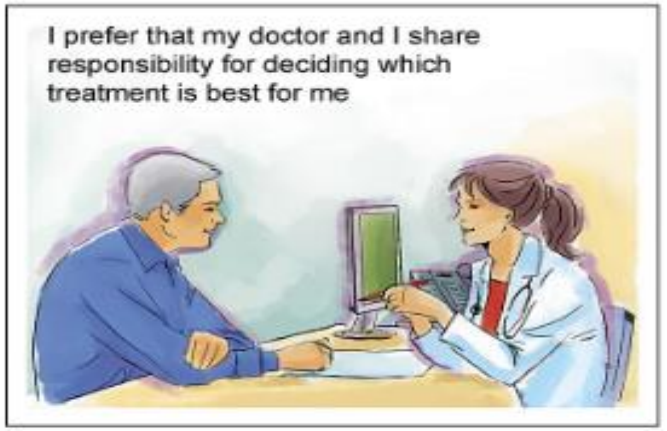
Family Controlled

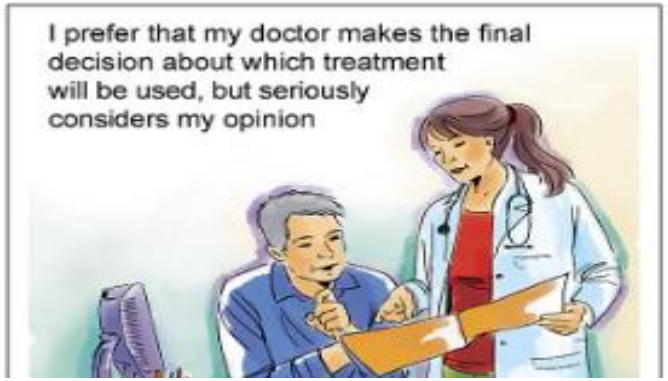
The family makes final decisions for the patient, who is incapacitated.

Lo, Bernard. Resolving ethical dilemmas: a guide for clinicians. Lippincott Williams & Wilkins, 2012


I prefer to make the final selection about which treatment I will receive


I prefer to make the final selection of my treatment after seriously considering my doctor's opinion


I prefer that my doctor and I share responsibility for deciding which treatment is best for me


I prefer that my doctor makes the final decision about which treatment will be used, but seriously considers my opinion


I prefer to leave all decisions regarding my treatment to my doctor

Any question?