

# Doctor-Patient Relationships: It's All About the Patient

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The cornerstone of the practice of medicine is the doctor-patient relationship. It transcends all, including technology, pharmacology and the newest diagnostic studies. Its value will never be diminished and, in fact, in this increasingly fragmented world it may take on greater significance. Man is a social animal and the magic of words and touch behind a closed door is what starts the process of connecting.

Connecting is what medicine is all about. Accurate diagnoses are made and successful treatment initiated by taking that first personal step, the patient telling his or her story, and the doctor establishing himself or herself as the one in whom the patient will place absolute trust and confidence. How this process comes about relates to what it truly means to be a doctor and to be patient-centered.

Connecting is about attitude and providing a comfortable environment that draws the patient in. It is more than (but includes) the doctor's demeanor and dress and the atmosphere of the clinic. What follows is a journey through many concepts that, when tied together, result in "connecting" and, thereby, the best practice medicine can offer.

1. Gratitude - Daily, physicians should remember that they have been given gifts and opportunities that are extraordinary. This doesn't make them better or more important human beings but only special, in that they have the power and the ability to heal and comfort. This responsibility should be a humbling thought for which they should be eternally grateful.
2. Treasures - Patients are treasures, not distractions, irritants or nuisances. Without them, doctors are unnecessary. Embrace their dignity. Trust in the purity of their desire and motivation for good health. Expect the best of them and don't anticipate that they will try to take advantage of you. For the few times you are wrong, you will be rewarded many fold for the times you are right. Respect for the patient builds trust for the doctor. "To care for the patients you have to care for the patient".—Eugene Stead.

3. Equality - Patients are very perceptive. On a human scale doctors and patients are equal. Degrees, knowledge, etc. don't change that fundamental equation. Patients can sense hubris, indifference and condescending attitudes. This understanding can't be faked. Without it the magic of connecting can't occur—it's only robotic medicine.

4. Knowledge - You have to know the patient first, then the disease. Patients are people, not diagnoses. "The physician should not treat the ailment, but the patient who is suffering from it".—Maimonides.

5. Listening - Be patient. Listen to patients and let them finish sentences. Their descriptions and questions may be unsophisticated, but not deliberately misleading. Believe them. The answers are all there if you just listen without premature judgments. Actually, it's even more efficient. All facts and ramifications of a problem can be discovered. Questioning and listening are essential to diagnosis. The physician's thoughts should not be expressed until the patient's are considered.

6. Extended World - A diagnosis alone and scripted cure are only part of patient management. What has been the impact on the patient, his or her family etc.? Ask them. Don't shy away from talking to the patient's family, friends etc. when permitted and appropriate. Patients are not islands. Their extended world is part of the treatment plan as well. Be inclusive. It takes only time. Remember good medicine is more than doing the right thing from the textbook. Rather, it's doing the right thing in the context of the patient's comfort zone, desires and frame of mind.

7. Dignity - Patients have as much dignity as you do—no more, no less. First names are reserved for those relationships where doctor and patient, for whatever reason, mutual respect, friendship etc. both agree on first names for both or one or the other. Until then, all patients deserve to be formally addressed. This keeps the interchange on a level plane. A preemptive first name by the doctor upsets the balance, gives unfair advantage and stifles meaningful dialogue.

8. Calls - Patients should not be placed on terminal hold and patients deserve prompt return of phone calls. Without a conversation, the importance of the call can't be determined. Calls can be triaged by a talented nurse or another healthcare provider and questions/problems resolved but sometimes only the doctor can fulfill the need. Often, doctors should initiate the call. This is particularly true and powerful when following up with new patients. Sometimes, give your home number. Patients rarely violate that degree of trust. Remember, too, that in this electronic age sometimes email works better for provider and/ or patient. In any case, all forms of communication are very reassuring and can build an incredible alliance.

9. Details - Good medicine is about details and hard work. There are efficiencies, but no true shortcuts. Conscientiousness pays off and does not adhere to the clock. Only when the job is done right, is it done. Convenience and preoccupation are counterproductive to good medicine. Follow-up and follow through. Patients notice these things.

10. Mistakes - The only way to never make a mistake is to never see patients. Mistakes are inevitable, should be minimized, can be powerful learning experiences and hopefully not repeated. They should not be feared, but rather accepted and not denied. Candor with patients is obligatory and can be tremendously empowering. It's easy when all goes well. You grow when you humble yourself.

11. Funerals - Often, attending a patient's funeral is vitally important and can be an overwhelming experience. Death is a natural event, not a failure. Closure for the doctor, the family and other healthcare workers can renew broken spirits. Acknowledgment of hurt and sorrow gives healing a chance. It wasn't just some nobody who died. It was your patient and never underestimate what your presence means to the grieving family and friends. You were invested. Admit it and then move on.

12. Championing - When you touch a patient you own them. You are accountable. You are his or her champion. Farming out for consults doesn't absolve you of responsibility until there's a clear transition of accountability to another who accepts. Second opinions are never a threat. Either a course of action is reinforced and the patient's confidence grows or a better approach is recommended and the patient benefits clinically.

13. Power - Understand the power of your word and touch. Understand the damage of the misplaced word or phrase. Don't be afraid to be empathetic or vulnerable and to sometimes even display intimacy. These are powerful human qualities that can earn the patient's trust and confidence in ways unimaginable. When you have a patient's heart and mind, you can do incredible doctoring. The rewards are endless.

14. Front desks - They should be conduits, not barriers, to care. The clinic is not the land of Oz and doctors are not wizards. "The doctor's busy" falls short. Everyone is busy. Patients are often late for reasons not of their own doing. Patients may be confused and show up on the wrong day. They may be angry. Always take the high road and trust them. Don't make them the problem. Try to resolve such inconveniences with sensitivity and with patient convenience in mind.

15. Geriatrics - Just because someone is old or retired, don't assume they don't have feelings, are stupid or are second-class citizens. Above all, never assume your time to be more valuable than theirs. For that matter, never assume your time is more valuable than anyone else's.

16. Fear - Basically, most patients are fearful and confused by the medical establishment. Understanding this and their vulnerable feelings helps to explain any counterproductive behavior on their part. Go with their feelings and help them to cope. You know what you are doing, but to them the process can be overwhelming. Take the time to accommodate to this. Help the patient through the medical maze. In the long run, it saves time. Cooperative, calm patients are easier to manage.

17. Vulnerability - Both the doctor and the patient are at risk. Patients are immediately vulnerable when they put themselves into doctor's hands. They are fragile and can be very easily hurt. Doctors need to be sensitive to this and to actively think about this, so as they manage patients, they try to protect them. Likewise, doctors need to recognize their own vulnerabilities and, in fact, sometimes take a risk and share a bit of themselves with the patient. To be human is to connect.

18. Confidentiality - This is the coin of the realm. This absolute must be palpable to the patient so they can feel at ease to bring up even the darkest thoughts imaginable. There is no room for compromise on this one. Don't assume patients know this. Make it clear to them. Doors open, ultimate trust is built and the doctor can provide the most benefit to the patient.

19. House calls - A lost art. Although there are limitations to the ability to test and provide care, sometimes a house call just makes sense from a personal perspective. It reminds patients that just because they might be housebound (for whatever reason), they are still connected to their doctor. A visual presence and gentle hand can be very reassuring and therapeutic.

20. Focus - When with the patient, the doctor must project that the patient is the only priority on his or her mind. The patient is highly sensitive to the subtleties of phraseology, eye movement and body language. Honor patients with your total attention even during brief encounters. It can be done with sincerity even on particularly busy days. It is an intentional skill with tremendous connecting value. Put the patient at ease and in a receptive mode by allowing there to be some private time for discussion after an exam, when the patient is fully dressed.

21. Clarification - Patients are often their own worst enemies. They can develop serious misconceptions about their health status whether they have a number of serious diseases or are perfectly healthy. The medical information available from numerous sources today (Internet, TV, newspaper, magazines, self-help books etc.) can be quite confusing and can lead to self-imposed limitations and irrational thoughts. While proper diagnosis and treatment are of paramount importance, the job of managing the patient is not complete until the art of understanding the patient's perspective and being sensitive, and not dismissive, are mastered. Grasping the patient's thoughts to clarify flawed ideas free the patient from crippling fears.

22. Truth - Patients need the truth. Their humanity is diminished when it's felt "they won't be able to handle it". Sometimes it's really the doctor who has trouble leveling. Sometimes it's a family who wants to protect a relative perceived to be too fragile to handle it. In any case, accurate information empowers patients to be able to make important life decisions. How detailed and graphic the details need to be requires knowledge of the patient's personality, social situation, psychological state and support system. It also requires judgment and style. How compassionately the facts can be packaged and delivered is as crucial as the substance.

23. Decisions - Doctors need to be in charge, but not on an ego trip. Sometimes, the doctor needs to be assertive, projecting absolute confidence, but not an aura of total dominance. While patients want to be partners and not pawns, patient education and informed consent are only adjuncts to decision-making, and don't substitute for medical education and experience. When clinical choices are unequal in potential outcome but all within medical standards, it's important for physicians to weigh in with a preference to gently guide patients. In clear cut decisions, a firm opinion is important. Physicians have a responsibility to lead and commit themselves when necessary. Commitment places accountability right where it should be, on the doctor's shoulders, not the patients. The patient doesn't need the burden of disease and decisiveness too.

24. Availability - The consistently unavailable doctor cannot skillfully manage the patient. By the same token, doctors who sublimate their lives into their practice run the risk of burnout and eventual diminishment of their humanity. Patient resentment can only be around the corner. There must be a balance. Time devoted to leisure, family, church or community is time well spent. Retaining one's humanity while meeting numerous patient expectations and obligations is challenging but vital.

25. Permission - Sometimes patients get stuck. They don't know what to do or not to do. They persevere and are confused and anxious. That is when physicians need to give permission: Permission to grieve, permission to exercise, permission not to worry, permission not to feel guilty, permission to live without fear etc. Such permission allows the patient to move on and it all begins by the doctor being perceptive enough to realize that the patient is stuck and why, no matter how illogical the rationale. It is the most sophisticated form of connecting because it involves integrating everything about the patient to be able to make a confident recommendation. It sends a powerful message to the patient that you really know them and care.

26. Comfort - Patients should never be made to feel uncomfortable, embarrassed or humiliated. Because of their fragility, this can happen easily if the provider is not tuned in and careful. While patients cannot always be made to feel totally comfortable and at ease, they can always be comforted and respected. Thoughts, ideas and behaviors that are off the mark need not be trivialized or berated, but rather can be gently modified and clarified. Any time the patient is diminished in stature, the provider is, too. In reverse, both grow and connect more.

27. Cost - Whether physicians like to talk about it or not, patients are acutely aware of cost. Concern over cost should never substitute for quality when options are limited. Sensitivity to cost, however, will always resonate with patients, particularly if their pockets are not deep.

28. Questions - There will always be question, lots and lots of questions. In this information age everyone has become an expert. Answering questions patiently while following good science is important for connecting. The doctor who can defend what's being done or clarify any principles involved without being defensive or terse gains a patient's confidence and good will. They truly believe you know what you are doing.

29. Message - When talking to the patient, any message must be clear, simple straight forward and in lay language. Particularly if the news is bad and/or the patient is hard of hearing, repetition may be necessary. The anxious patient routinely tunes out. Sometimes the message needs to be portioned out over days to weeks to be completely understood. Be patient with the patient. The more they comprehend, the more compliant they are.

30. Staff - A physician's staff is a direct extension of him or her. The staff must adopt the principles outlined above as well. Either behavior should be modified if necessary or personnel changed. In any case, the physician must lead by example and have high expectations for those around him or her. When provider and staff are aligned, the patient truly feels connected. They never feel alone, estranged or abandoned.

There are, undoubtedly, other ways to connect, but the above provides a foundation to start. More importantly, however, it is clear that connecting is an active process that requires a genuine desire to do so. Building a strong and productive doctorpatient relationship is the result of conscious effort over time. The knowledge that this enhances the practice of medicine and personal satisfaction should motivate the caring provider to seek that bond