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The Doctor Friend, The Doctor Expert?

Michel Lejeune

The Doctor Friend, The Doctor Expert?

Dr. Michel Lejeune

The author, a Catholic priest and a doctor in both civil and canon law, is on the faculty of Canon Law at Louvain la Neuve University and also works at the Centre d'Etudes Bioethiques there. He bases his article on his experiences in Africa and Scotland.

When considering the variety of problems faced today by medical practitioners, concerning their relationship with their patients, one wonders where we are going to end up.

In many instances, we see the American scene flooded with cases of claims for compensation, lack of informed consent, malpractice, etc. We notice that a whole doctrine has developed around these topics.

In Britain, the situation is slightly different and I think we should be grateful for it. But does this mean we are safe? In a recent analysis of the Sidaway case[1] Prof. Ian Kennedy pointed out clearly that we are still far away from the Transatlantic situation.

In analyzing the case, the author noted that "the future development of medical practice as a partnership of shared decision-making was at stake."[2] He went on to state that "good patient care is not achieved by courts, or laws, or lawyers drafting forms. It depends on training, understanding, education, experience and guidance."[3] He then went on to say that "All that can be demanded of the doctor is that he makes his best efforts in a sensitive and appropriate manner and records his conclusions carefully if he forms the view that the patient is not able to comprehend what is being said."[4] "An objective approach which looks to what a reasonable person in the patient's position would have done . . . is to be preferred."[5]

It feels good to read such words and it prompts me to put down some reflections on doctor-patient relationships.

I know I may tread an already-beaten track, but is it totally useless to repeat elementary truths, even if some may consider them boring?

I entitled this note, "The Doctor Friend, the Doctor Expert?" Maybe it would have been better to ask clearly if the doctor is a friend of the patient, assuming he is to be considered in any case an expert in medical matters. But my intention is just to throw some light on both, as the temptation may be to forget one, while mentioning the other.

Is the doctor a friend or an expert?

Really, I think it is of great importance to consider both aspects, as today too many patients have too little knowledge of their doctor and, therefore, even less knowledge of what may become of them if faced with all the paraphernalia of modern medicine.

The Doctor as Friend

Is the time gone when one could turn to the "family doctor" and count on his good advice? I think not. On the contrary, the family doctor still exists, but maybe our modern way of life has made the image of such doctors look rather bleak.

It is not because our society has created health clinics that the doctor has lost the identify of "friend".

The approach may be somewhat more difficult, but maybe a more conscious effort has to be made by both doctor and patient to restore the image of the doctor as a "friend" — someone who knows the patient and who can be trusted. Maybe we are assisting today at a transitional period where, because of a society where "efficiency" is the rule, the human aspects tend to disappear sometimes. Without blaming anyone, is our modern society not responsible, up to a certain point, for this state of affairs? Is the training we give our medical students not too distant from reality? Are we not too much taken up by techniques and forgetting we are dealing with human beings?

Here lies precisely the answer, I think. It is basically a question of relationships between two human beings. In this relationship the role of the general practitioner should greatly be enhanced and it should be the general practitioner to whom one goes in confidence and trust.

I am well aware this is nothing new. Paul Ramsey, in *The Patient as Person,* views relations between patient and doctor as a manifestation of covenant relations between persons generally.[6] William May follows the same line.[7] It would not be difficult at all to lengthen the list of authors who stress the fact that relationships are to be viewed in this way and I think this view gives to these relationships a really human touch which is so necessary today.

More authors have tried to approach the problem from different angles, but ultimately don't we all reach a consensus in trying to state that the relationship between the two parties is essentially to be a human one before being business-like? Is the cure not achieved to a certain degree when the

patient feels at ease and has confidence in his or her doctor?

We could develop legal theories on doctor-patient relationships but is this going to give us the final answers?

What then should be attempted? Maybe the idea will sound old-fashioned, even outdated, or out of place. But could our medical students not be given more time and chances to come into contact with this "human" aspect of medicine? Lectures will not be the ultimate answer, even if the problem is noted forcefully.

Practice, during hospital rounds, should be an incentive to see the usefulness of "knowing" the patient. In fact, medical students should give more time to the practical aspects of medicine in their human dimension. One will certainly object here: There is no time; so many have to be attended to. But on the other hand, is it wrong to "waste" some more moments with the patient, to know more about his or her family and background? Is the concern for the other not going to break the ice and thus make things so much easier in the long run? Ultimately the "wasted" time will be gained since the patient will feel more at ease and thus much more open.

Relationship Will Ease Decisions

I am convinced that if a human relationship exists between doctor and patient, it will be easier to come to a decision. Is this not the problem tackled by Christopher Meyers in a recent article?[8] Even if the author does not mention it, I still believe that the remedies to be used for the cure start first of all with the question of "relationships" between doctor and patient. The image of our general practitioners has to be restored to that of the person who cares because he or she feels, rather than to the image of the super-technician asked to answer all problems faced. Maybe this will require a certain degree of "conversion" from both parties, but a necessary one, I think, if we really want to reach a personalized medicine.

All I have said should not give the impression that I am advocating a return to the dark ages where suspicious practices were sufficient to speak of medicine and medical treatment. It is not just a question of mere talk which will cure the patient, nor the fact of telling a good story to the doctor. One important fact remains: the doctor who ought to know his or her patient should also be an expert in the medical field. The best possible knowledge of medicine should be that of the doctor and the best techniques at his or her disposal should be used appropriately. Never will one spend enough energy and time to properly train a medical student. Let me state my position clearly. I do not advocate the training of super-specialists, but my question is, "Is the general practitioner not a specialist in his own right? Should he not therefore, be trained in such a way that he can recognize the limits of his knowledge and be able to refer the case if need be?

The fact that one is aware of one's own limitations is a sure sign of

intelligence and a capability to rely on others. I think the real general practitioner should be the bridge between the patient and the consultant. It can be understood that once one is in the hands of the consultant, working in a big medical center, this same consultant will have little or no chance to know the patient. He will perhaps have little opportunity to talk it over with the patient. It will be up to the general practitioner to be properly informed of the situation so that he may really become the mouthpiece of both consultant and patient.

To be really "involved" in the case requires skills far beyond the strictly medical. The doctor should be able to listen and give advice when required to do so. His "specialty" is precisely to be able to "grasp" his patient and orient him in making the proper decision without substituting himself to the patient. If really one wants to avoid falling into the trap of legal technicalities linked to problems of "informed consent", "compensation", "malpractice", it might be useful to consider how to give more time to human relationships.

Linked to this, we find the questions of autonomy of the patient. If the patient does not want to be informed, what then? What is meant by "informing" the patient.

These are questions which need careful attention. Here again the general practitioner can and ought to be the person to cope with such situations. It is up to him to "feel" how the patient will react, to be aware of what the patient wants to know.

It might be useful here to read again what R. M. Veatch said about the "principle of autonomy".[9]

The whole attitude put forward is one based on a "covenantal" relationship between doctor and patient, rather than a "contractual" one. In fact, I would say that one has to get beyond the purely legal questions (contractual relationships) and reach the level where the human is taking the lead (covenantal relationships).

To achieve this, the doctor has really to become "Specialist". Do our medical schools really cater for this? Are our medical students taught how to approach their patients? Is it enough to see how the colleague is doing?

Still Far Away

I think we are still far from what is required — far from reaching a level where medical students will be able to make a judgment and bring it across to the patient so that it is a shared relationship and a decision will flow from it. Are we not too easily tempted to say, "What does my patient know in medical questions anyhow?" and therefore claim an exclusive knowledge which may lead to exclusive decision-making? The knowledge of human sciences helping to understand the other is of great importance and maybe not enough time is given to it in our medical schools. More time should be devoted to lectures on psychology, medical ethics and law and related matters, to make the student aware that his or her future patient is a

human being with feelings and problems. More time is needed to help the student consider all aspects of the human person if he or she wishes the treatment to be appropriate. Really, the general practitioner has to become a "specialist" in his own right.

How often does one hear complaints such as, "If I had known." "My G.P. did not tell me."

Again it can be objected that there is no time for such attitudes of trust and understanding because one really has to sit down to get to know the other. But on the other hand, once this stage has been reached, all will certainly gain by it and medicine will be considered truly as the "art" of healing — an art where all are concerned.

The doctor can be a friend and an expert. Why not? In fact, he or she ought to be that and that alone. It is on the basis of a covenant that a contract between patient and doctor will be drawn up. Both parties will be involved and it will take from the doctor a great deal of himself.

I think all this is necessary if medicine wishes to be more than just the dispensing of physical health care. If, really, it becomes a human science, the doctor has to be aware of all it entails, humanly and ethically.

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