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The Doctor-Patient Relationship: Friend or Adversary

by

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The quality of every Doctor-Patient Relationship is never static but is perpetually changing. A physician can never take a Doctor-Patient Relationship for granted with any patient or at any point in time. Appreciation of this basic tenet leads to the growth of confidence and respect in the Doctor-Patient Relationship. Confidence and respect discourages the initiation of an adversarial attitude, the herald of all legal proceedings.

The Doctor-Patient Relationship is a privileged relationship granted to physicians, initiated at the professional level, and favors the development of trust and confidence. It is natural for a trusting and confident patient to view the doctor as a friend. The wise physician exploits professional respect for the mutual benefit of both patient and doctor. Respect coupled with the patient's perception of the physician as a friend facilitates the physician's work, allays the patient's fears, and can generate within the patient an understanding of the physician's efforts on behalf of the patient. Without patient understanding of the physician's efforts and in the absence of patient awareness of the physician's empathy toward the ill patient, a Doctor-Patient Relationship can exist without respect for the physician and easily lead to misunderstanding. Misunderstanding in any human relationship in today's society has a propensity to deteriorate toward litigation.

To generate trust and confidence in the Doctor-Patient Relationship, the physician must exert a constant effort to achieve human understanding of the patient's perception of his or her current health status. In many instances the patient's perception does not match reality and this imposes an additional duty on the physician to teach. Teaching patients allays fears and promotes understanding by both patient and physician. Human understanding by the physician cannot be equated with "scientific understanding or ability." Human understanding is the physician's first step toward developing empathy. Empathy, in turn, increases the physician's awareness of the patient's fears related to the potential consequences of present illness and fosters a friendship attitude. Thus, human understanding and empathy are interrelated in the form of a positive feedback system to

generate confidence, respect and good will.

It can never be emphasized enough that it is the physician's effort at human understanding, coupled with empathy toward the patient's status and not scientific logic or technical expertise, that generates a good doctor-patient rapport. Too many physicians view this effort toward human understanding as unimportant, time consuming, monotonous and humanly difficult to apply to the "umpteenth" patient of the day, the hypochondriac, or the obnoxious patient. When patients recognize the physician's efforts and concern for their well-being, there is an additional fringe benefit to a good Doctor-Patient Relationship. Patient appreciation of the physician's efforts becomes a major deterrent to adversative fermentation.

In addition to respect and an attitude of friendship, the Doctor-Patient Relationship has other important perspectives, i.e. scientific, economic, sociological, ethical, and legal. Medical ethics has the greatest impact on Doctor-Patient Relationships. Violation of any tenet of medical ethics has no defense and instantly destroys patient trust, confidence and respect in a Doctor-Patient Relationship. Well-developed principles of medical ethics favor the establishment of good doctor-patient relationships and serve as a deterrent to a metamorphosis of this relationship from respect to the modern scenario of hostility to retribution to greed. The true nature of the Doctor-Patient Relationship cannot be fully understood without an analysis of the origin of basic principles of medical ethics that form the fabric of the Doctor-Patient Relationship.

The first and most obvious ethical consideration is that a physician is reasonably competent to render those services which are offered to the public. In addition to professional knowledge and skill, a competent physician must have knowledge of what is required by medical ethics but also concern for the application of the principles of medical ethics. Knowledge of and concern for medical ethics is a vital part of the practice of medicine. For this reason it is recommended that continuing medical education should require some formal education in medical ethics.

The advances in science and in communications in the twentieth century have resulted in an unprecedented and sophisticated familiarity with man's use of the physical laws of nature. It is ironic that these great advances in science and in communications are producing a widening chasm, rather than narrowing the gap, between the advances in science and the application of the principles of medical ethics. This irony is the result of a failure to appreciate that medical ethics do not stem from the physical laws of nature.

Medical ethics flow from "The Moral Law". The Moral Law is unique in simplicity. The Moral Law can be stated as "Do good. Avoid evil". In the strictest sense of definition, medical ethics is a duty imposed by the Moral Law and applied to the practice of medicine. It is obvious that when "good" is achieved in the practice of medicine, the Doctor-Patient Relationship flows effortlessly toward respect and friendship. If the practice of medicine generates an "evil", then the Doctor-Patient Relationship degenerates and an adversative relationship begins.

It is generally not recognized that two norms, which flow from the Moral Law,

are inherent in the Doctor-Patient Relationship, along with the usual tenets of medical ethics. These two norms are the Personalistic Norm and the Contractual Norm. The Personalistic Norm is the affirmation of "the value of a person." The "value of a person" must be clearly distinguished from "the particular values in a person." These "particular values" in a person, determine whether one person likes or dislikes another, but have no influence on the "value of a person." In taking care of persons as patients, professional conduct requires that physicians must strive to suppress attitudes of personal dislike to render effective care and maintain good rapport with a patient. Even in the most ancient teachings of medicine, a good doctor-patient rapport was always recognized as an essential element of "good" medical treatment! The Hippocratic Oath, in essence a succinct guide, was promulgated to prevent the exploitation of a compromised person, i.e. the ill patient and to provide medical care with a humanitarian attitude.

A patient exists first and foremost as a person and therefore is much more than an interesting case, a subject for experimentation, a statistic, or a member of a particular diagnosis-related group. A patient is a human being, not a biological entity. The connotation of the word "being" to human is an affirmation that each member of the human species is a unique, irreplaceable person. Thus a person is a composite of "the value of a person" plus "the particular values" in a person. The relationship of "the value of a person" to science was appropriately described by Karol Wojtyla's paraphrase of the Personalistic Norm in the following manner. "Affirmation of the value of the person as such is that the person has a value higher than that of an object of science."¹ When a physician loses sight of the patient as a person and permits an attitude that the patient is merely an object of science, then the danger of an adversarial relationship is imminent.

Modern trends in philosophy which reduce human beings to streams of consciousness and/or to agents with conditioned reflexes, do not admit to the Personalistic Norm. In the absence of the Personalistic Norm, there is a real danger of yielding to the principle of "utility", i.e. treating a patient as a means to an end. Utilitarianism is incompatible with the Personalistic Norm because utilitarianism is a thoroughgoing egoism, which prevents the development of respect and is incapable of evolving into authentic respect or friendship. Utilitarianism favors the initiation of an adversarial relationship.

Consideration of the Doctor-Patient Relationship toward fostering the development of patient respect along with the physician's application of the Personalistic Norm to the patient leads to these conclusions:

- (1) the competent physician is professionally and ethically competent
- (2) humanistic health care can be given only to persons, not to bodies or to minds
- (3) utilitarianism in the practice of medicine must be avoided.

The patient-physician relationship is a contract, and subject to the Contractual Norm of the Moral Law. Unfortunately this perspective of the Doctor-Patient Relationship is almost completely ignored by both parties. When both parties

fulfill the terms of a contract, to the best of their abilities, the Doctor-Patient Relationship is strengthened with mutual respect. Mutual respect between patient and physician provides an essential element for fostering confidence and an attitude of friendship. Therefore, it is important to scrutinize the contractual relationship between a patient and physician to understand the development of a favorable Doctor-Patient Relationship.

The nature of a valid contract requires that both parties enter into the contractual agreement freely and with understanding of the terms of the contract. The patient is a free moral agent and a responsible partner of the physician. Both the patient and physician have separate responsibilities toward the identification and management of the patient's illness. Patients are free to choose their doctor and it is equally true that physicians in the private practice of medicine are free to accept or refuse to accept a person as a patient. When a patient-physician relationship is mutually agreed upon, both parties retain individual rights and responsibilities. These rights and responsibilities form the terms of the contract.

The patient has a right to be informed. This right of the patient becomes the physician's responsibility, if viewed from the physician's point of view. It is the informed patient that grants permission to the physician:

- (1) to take a history
- (2) to examine the patient
- (3) to initiate diagnostic procedures
- (4) to administer a specific form of therapy.

This permission requires that the patient be kept informed with respect to the diagnosis, prognosis, proposed therapy, and the likely outcome of administered therapeutic procedures. This is consistent with the concept that "to be a person" means to have the need and the capacity for intelligent freedom and fundamental control over one's own person. The right and responsibility to make decisions with regard to a person's health cannot be delegated to medical, legal, judicial or governmental agencies.

A patient always maintains the right to terminate the Doctor-Patient Relationship. However, if for whatever reason a patient refuses to undergo a diagnostic or therapeutic procedure, and does not express the desire to terminate the Doctor-Patient Relationship, the physician has the responsibility to inform the patient of two things: the consequences of the refusal, and possible alternative procedures. If the patient persists in refusing the advice of the physician, the physician has the right to inform the patient that their contractual relationship will be terminated within a suitable time period during which the patient is encouraged and expected to engage another physician.

The physician's contractual rights are:

- (1) acceptance or refusal to initiate a contract with a new, private patient
- (2) expectation of patient cooperation
- (3) setting the remuneration for services rendered.

The intrusion of "Third Parties", such as attorneys, insurance companies or governmental agencies, into the contractual relationship between a patient and

physician is approaching a dictatorial status and eventually will lead to a decrease in the quality of health care delivery. This intrusion is also associated with an erosion of the physician's right to set fees. Any outside interference in the Doctor-Patient Relationship is not conducive to understanding and trust between physician and patient. If the outside infringement involves legal action, a Doctor-Patient Relationship is irrevocably destroyed. Publicity invariably accompanies a destroyed Doctor-Patient Relationship and negatively affects *all* Doctor-Patient Relationships.

In today's advanced technology, the public (erroneously) expects health care with a guaranteed and favorable outcome. Both diagnostic and therapeutic procedures have inherent risks and are not commodities with characteristics that are absolutely predictable. The public must be educated to the fact that it is the informed patient, not the physician, who decides to assume the element of risk in order to achieve a much greater personal benefit with respect to health. Within the confines of a professional and contractual Doctor-Patient Relationship, the public and the legal profession must acknowledge the fact that although the informed patient has the right to accept or refuse a diagnostic, medical or surgical procedure, it is the patient who has the responsibility for this decision. It is unfortunate the public has not been educated to differentiate between *maloccurrence* and *malpractice* in therapeutic failures. The medical profession, not the legal profession, has the responsibility to determine whether therapeutic failures are the result of maloccurrence, malpractice, or patient noncompliance.

Competence is the *sine qua non* of any Doctor-Patient Relationship. Without professional competence, compassion and empathy are inadequate to prevent malpractice in the legal milieu of today's society. The acquisition of competence also entails learning ethically when to use or not to use the vast and powerful technologies at the physician's disposal.

Equally important to the medical profession is the recognition that it is unethical to view patients as commodities. The physician's viewing of the patient as a commodity favors utilitarian medicine and the development of adversative relationships. Any adversative feeling between the patient and physician tends to diminish the quality of *all* Doctor-Patient Relationships. To preserve the privileges of a Doctor-Patient Relationship, physicians must accept the responsibility to apply fraternal correction to fellow physicians who succumb to the attitude that health care delivery is a commodity.

The central element in the ideal Doctor-Patient Relationship is a personal, caring, professional encounter between doctor and patient. A physician "cares" by attempting to search out, understand, respect and respond appropriately to the patient's concerns and worries. Illnesses, in addition to producing bodily discomforts, result in discomforts of *the person*, i.e. fear of death, pain, disfigurement, dependency or the unknown. There is no one more entitled to a description of the physician's thoughts about a patient's problem than the patient. In the present era of medical practice, it is inappropriate for a physician to neglect to attempt to educate a patient. The current status of modern man has invalidated the assumption that all patients are totally incapable of understanding the physician's explanation of the medical assessment of a particular illness and its therapy.

The doctor's gift to the patient is competent and concerned care. The patient's gifts to the doctor are the patient's trust, the challenge to alter a disease process, and an opportunity for physicians to use the best of themselves.² This may sound like idealism but idealism must be retained and respected for the powerful force for good that it is. The essence of this idealism, as a goal for the medical profession in the Twenty First Century, is best epitomized by Weld Peabody's 1930 epitome:

**"The secret of the care of the patient
is in caring for the patient."**

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