Medical School Hotline

The Role of Teaching the Doctor-Patient Relationship in Medical Education

Kay A. Bauman, MD, MPH, Associate Dean, Office of Student Affairs
and
Gordon Greene, PhD, Office of Medical Education
John A. Burns School of Medicine (JABSOM)

When the JABSOM Family Practice (FP) Department began its required third-year clerkship in 1994, it included a series of discussions on the doctor-patient relationship. For family physicians, but perhaps for all of medicine, the doctor-patient relationship represents the crux of medical care. Patient satisfaction is often related to the quality of the perceived relationship. Law suits can result when a patient deems that bond of trust has been breached or even inadequately established. Patient-care outcomes have been shown to be affected significantly by the patient's perception of the physician's focus on his or her needs.[1] Yet, we are often so caught up in teaching the management of asthma, hypertension, diabetes, headache, a breast mass, a positive stool guaiac, a seeming endless list of topics, that not enough time is spent on the doctor-patient relationship and ways to impact positively on that communication.

In Hawaii, where students themselves may represent as many cultures and ethnicities as there are persons in the small group discussion, cultural approaches to illness and health are particularly important with the doctor-patient dynamics. The FP clerkship provides a rich environment where these discussions can take place. Culturally sensitive considerations are important in patient care situations such as for depression or schizophrenia, where embarrassment or blame may need to be dealt with. Cultural sensitivity is important in caring for a person with diabetes to enable him or her to find power to self-manage medicines, diet, and exercise; in caring for a six-year old recently diagnosed with ADD (Attention Deficit Disorder); or for a sexually active 14-year old. Communication skills will make a difference in simple but important considerations such as immunization acceptance rates, mammography adherence, colon cancer screening, or with other preventive practices. But how can these concerns be taught that many of us learned only through experience?

JABSOM's doctor-patient "course" spans 4 sessions, each lasting 1 1/2 – 2 hours. There are a series of required readings for each session, taken from known American writers or from physicians writing from their own experiences. The topics covered in each seminar are:

Session 1: Hope
Session 2: Coping
Session 3: Communcation/Miscommunication
Session 4: Physician Mistakes/Physician Humanity

To introduce the discussion of "Hope," students are asked to read the chapter "Hope and the Cancer Patient" from the book How We Die by Dr. Sherwin Nuland.[2] This challenging essay written by a general surgeon contrasts his humane management of one of his patients with advanced colon cancer to his interference in the management of his own brother's advanced cancer. He fell into the "physician's trap" (as we call it) of equating hope with cure in his brother's situation, but defined it more broadly in delivering care to his own patient, allowing the patient to define his hope for the remainder of his life. Other short essays discussed in this seminar are several from JAMA's "A Piece of My Mind" that can challenge the student to look at hope from different patient perspectives.

Students read Hemingway's story, "Indian Camp,"[3] and, "A Summer Tragedy,"[4], written by Afro-American novelist Arna Bontempts. These 2 stories of suicide challenge the student to look at persons' abilities to cope, and how a physician may or may not impact on that ability. Perhaps more importantly for this second session, each student writes an essay of how his or her family dealt with a medical situation—sometimes successfully, sometimes ineffectively. Then each student reflects on how this doctor-patient-family relationship might impact on skills they wish to acquire as student physicians. The faculty have learned more about how different cultures in Hawaii approach illness through the students' sharing of family stories, than in any of our other experiences in Hawaii, even perhaps those with patients!

For the third session, students read from Patient-Centered Medicine by Stewart et al[5] on how physicians and patients may or may not find "common ground" in approaching management of a medical problem. Students present orally (and turn in as written) a case scenario from their medical school experience demonstrating the principles of finding common ground. Again shared by the students are wonderful examples of this art of physician-patient communication or miscommunication. Upon reflection, students can often see how a preceptor may have imposed an action plan for disease management on a patient that has little chance for success, as the physician may not have been listening carefully to the patient's understanding of and/or approach to his problem.

Physician mistakes are the topic for the last session and preparatory readings include the essay "Mistakes" by David Hilfiker[6] from the collection of stories, poems, and essays, On Doctoring and one physician's story of her physician husband's suicide from Archives of Family Practice.[7] Students reflect on the awfulness of Hilfiker's mistakeningly doing a D & C on a patient for what he diagnosed as a "missed abortion" from multiple negative pregnancy tests and found he was aborting a live fetus. The impact of this mistake caused Hilfiker to leave the practice of medicine for some time. Students discuss mistakes they have seen in their training and how they were dealt with (or not dealt with!). With much difficulty, they attempt to design a healthier way for physicians to deal with their own errors or those of colleagues—errors that they always plan to, even expect to, avoid, but that, over time, may be inevitable.

There are always more articles that could promote effective student discussion on the doctor-patient relationship, but finding more time in the curriculum for these discussions is difficult. Nonetheless, the Department of Family Practice has remained committed to including this type of teaching in its required clerkship

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and would welcome other disciplines to also devote some of their limited educational time to this important topic.

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commenting professionals should take particular care not to mislead their readers. This can occur even with careful footnoting, therefore, eye-catching sensational languages really has no place in scientific/medical reporting.

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2. Kolykholv AA, Agpov EV, Blight KJ et al, "Transmission of hepatitis C by intra-hepatic inoculation with transcribed RNA " Science 1997; 277:570-74.

Editor's Comment

Thank you Naoki Tsai, M.D., for your commentary and review of the Internet news item that has apparently reached many people around the world. As Dr. Tsai state "eye-catching sensational language really has no place in scientific/medical reporting.

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