Doctor–Patient Relationship

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The nature of the relationship determines the success of the treatment/intervention. Parsons was one of the earliest sociologists to examine doctor–patient relationship. He regarded illness as a form of social deviance (impairs normal role performance and affects smooth functioning of the society). The amount of illness is controlled by socially prescribed roles for doctors and patients.

TYPES OF DOCTOR–PATIENT (D–P) RELATIONSHIP

Paternalistic
This is traditional D–P relationship where doctor takes on role of “parent” and patient is submissive.

Mutuality
Here, both are equal partners and exchange ideas it’s a joint venture.

Consumerist
In this type of relationship, the doctor has a passive role, whereas the patient’s role is active. For example, the second opinion is referral to higher center.

Default
Patient adopts a passive role and doctor reduces his control if patient is not aware of alternatives to passive patient role/timid in adopting a participative relationship.

INFLUENCES ON D–P RELATIONSHIP

Patient
The patient’s ability to exercise and control depends on a number of factors:

- Age
- Social and educational level
- Sex
- Different languages
- Membership of an ethnic minority.

Structural Context
- General practice
- Hospital situation
- Ward.

CONFLICTS IN DOCTORS’ ROLE

- Doctors own values versus patient like in case of HIV infection, decision of abortion, and homosexuality
- Interest of patient versus state such as sick note and notification
- Interest of individual patients versus wider population (rationing of resources)
- Confidentiality.

OUTCOMES

- Clinical
- Satisfaction.
- Doctor
  - Failure to elicit patient’s worries and interpretation of symptoms lead to believe that patients have consulted inappropriately and their time and skills are wasted.
- Patient
  - Perception of the doctors interpersonal and clinical skills
  - Patients satisfaction with the initial consultation
  - Information and advice given.

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