

Studying the physician patient relationship: A 21st century approach

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Several authors have noted that genuine medical professionalism is in peril and the negative impact of this on the doctor-patient relationship is noticeable, with the American public becoming “suspicious and distrustful of, and even antagonistic to the profession.”¹⁻³ Numerous academic and public articles draw attention to waning public trust in their relationship with their doctor, with charges that doctors are self-serving, greedy, and impersonal.⁴ More than one-third of patients in the United States experience dissatisfaction with hospital care. Of the small number who actually complain, they report perceived disrespect, disagreement about expectations of care, inadequate information, distrust, perceived unavailability, interdisciplinary miscommunication, and misinformation.^{3,5}

This “rift” in the doctor-patient relationship is problematic. The Institute of Medicine’s first simple rule to improve the quality of health care is a long-term healing relationship.⁶ If there is a rift in the

doctor-patient relationship, how is it possible for there to be a healing relationship, and how can quality health care be delivered?

The exact problems in the doctor-patient relationship and how they are being solved has received little scientific study. Medical literature discusses what a “good doctor” should be,^{2,7-8} but surprisingly, there is little evidence on what patients think makes a good doctor.⁹⁻¹⁰ I suspect that the rift may be more a matter of miscommunication. Ironically, patients who are dissatisfied with him or her often do not confront their doctor, but simply find another doctor. Therefore, most doctors may not have an accurate idea of their patient’s opinions of them⁵ and do not have a source of objective feedback from patients.

There is hope that a large-scale scientific study of the current state of the doctor-patient relationship (with input from both sides) would fill a gap in the existing body of medical knowledge.

On-line Web logs (frequently modified Web pages in which dated entries are listed in reverse chronological order) are becoming popular vehicles for personal expression.¹¹⁻¹² Mainstream media has commented on the grassroots power of blogs and their potential for possessing socially transformative and democratizing potential.¹² Medical and health care-related weblogs

have begun to punctuate cyberspace with content ranging from personal stories by health care professionals to current medical news and industry developments.

Bedside Manner (www.bedside-manner.com) is a research weblog that invites patients and physicians to share their experiences with a specific focus on what is being done right in the doctor-patient relationship and how to improve the doctor-patient relationship. It is a 21st century approach to studying a complex relationship; ease of access, complete confidentiality, and transparency of communication are the basis for its foundation. It literally enables physicians and patients to get on the same page.

The patient’s voice is already being heard on other Web sites, where they are rating their experiences with doctors (naming names) and whether the experience was good or bad. The time has come for physicians to publicly ask the vital question, “what do patients think makes a good doctor?” and solicit the answer directly from those doctors who have taken an oath to serve. Only when we have this data can we take confident steps to ensure an excellent, trusting doctor-patient relationship reassumes its rightful place as the most important piece in optimal health care delivery.

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References

1. Lown B. *The Lost Art of Healing*. New York: Houghton Mifflin Company; 1996.
2. Greenland P. What if the patient were your mother? *Arch Intern Med*. 2005;165:607-608.
3. Wofford MM, Wofford JL, Bothra J, et al. Patient complaints about physician behaviors. *Acad Med*. 2004;79:134-138.
4. Ludmerer K. Instilling professionalism in medical education. *JAMA*. 1999;282:881-882.
5. Kolata G. When the doctor is in, but you wish he weren't. *New York Times*. Nov. 30, 2005. <http://www.nytimes.com/2005/11/30/health/30patient.html>. Accessed March 10, 2008.
6. Duffy FD. Complexity and healing relationships. *J Gen Intern Med*. 2006;21:S45-S47.
7. Rothman D. Medical professionalism—focusing on the real issues. *N Engl J Med*. 2000;342:1283-1286.
8. Reiser SJ. The charter on medical professionalism and the limits of medical power. *Ann Intern Med*. 2003;138:844-846.
9. Luthy C, Cedraschi C, Perrin E, et al. How do patients define “good” and “bad” doctors? *Swiss Med Weekly*. 2005;135:82-86.
10. Bendapudi N, Berry LL, Frey KA, et al. Patients' perspectives on ideal physician behaviors. *Mayo Clin Proc*. 2006;81:338-344.
11. Hillan J. Physician use of patient-centered weblogs and on-line journals. *Clin Med Res*. 2003;1:333-335.
12. Herring SC, Scheidt LA, Bonus S, Wright E. Weblogs as a bridging genre. *Info Technol People*. 2005;18:142-171.

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