

Simplifying Doctor-Patient Relationship: How to Talk with your Patient

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Abstract

One of the significant elements in a doctor's professional life is the Doctor-Patient Relationship (DPR). A doctor addresses the patients' needs in a very attentive and responsible manner, which is the core body of this DPR doctor holds this elevated status of responsibility to cure a patients' ailment and to address his queries and guide him about the treatment throughout treatment. To develop a good DPR is one of the basic requirements of a primary health care unit. Without which, diagnosis, treatment, and health of the patient will be compromised. The doctor-patient relationship involves vulnerability and trust. It is one of the most moving and meaningful experiences shared by human beings. However, this relationship and the encounters that flow from it are not always perfect.

Keywords:

Doctor-patient relationship; Rights of the patient; Responsibilities of the doctor

Introduction

This relationship is defined as the one based on mutual consent in which the patient knowingly seeks doctors' guidance, and the doctor provides the patient with the best possible treatment opportunities.

Doctor, in many ways, hold the critical position in this relationship, as he has to get to the exact and correct diagnosis. He knows more extensively about the primary pathology of the patients' ailment.

He has many responsibilities and duties such as protection of patients' autonomy, confidentiality, and to elaborate the treatment fully as well as to explain entirely any consequences, disabilities. He also explains potential outcomes following the procedure, any precautions that the patient needs to adopt, or any follow-up procedure [1].

The doctor is supposed to provide maximum care and empathy of patients inadequate, sufficient, and ample time. There is a thin thread of delicacy in this relationship, where the patient discloses many secrets to the doctor, tells him thoroughly about his disease, and confides in him about his concerns regarding treatment.

The doctor, therefore, has to deal very meticulously in such circumstances. Information, trust, empathy, care, and respect are the building blocks of this relationship. The doctor has to convey all the information about disease and treatment to the patient with elaborated detail trust means that patient is solely confiding in the doctor for helping him select the best treatment plan and to find out the correct diagnosis of his ailment .empathy demands the doctors' ability to realize

that patient is in distress and needs good medical care. Respect and regard are mutual elements which both parties hold for each other" all these elements are the foundation of a healthy and good DPR. Several models explain different types of relationship between a doctor and patient.

Literature Review

Vertical model

A relationship model between a doctor and patient in which the supremacy of decision lies with the doctor. The doctor is responsible for making all the decisions for the betterment of the patient while the patient is having virtually no role. For instance, if a patient is injured, unconscious, and immobilized due to any cause or condition.

He is not liable to make an elegant and healthy decision for himself. In such cases, the doctor takes over the process of care and opts for optimum resolution for the wellbeing of the patient.

Teacher-student model

The teacher-student model, where the doctor plays a role that is significantly similar to that of an authority For example, in the case of severe trauma or surgery, the doctor makes sure to recommend them for their health and wellbeing.

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Horizontal model

The horizontal model is also known as the mutual participation model, where the doctor and participant behave partners in the process of recovery and healing. The method of providing care involves both the doctor and the patient. These types of models offer good therapeutic results as the patient is fully aware and informed of the ailment. Treatment involves prevention, medication, and lifestyle management for the control of the disease. The patient involved in this model is fully aware of the disease pathology and outcomes and therefore plays an active role in the treatment process. A diabetic patient is the best example of this model [3]. The patient understands the nature of his/her illness and undertakes lifestyle changes to manage it with the doctor's cooperation, is an active partner in the management process.

Obstacles in a Healthy Relationship

It is vital to consider that the relationship between a doctor and patient should be based on empathy, not on friendship or affection and love. Such links are not only unethical but also compromise the healing and management process of the disease by the doctor. These relationships turn out to be full of repercussions and dangers. Significant dangers in these relationships are

Assuming the role of the savior: The doctor fantasizing that only he is the one who can save him from all the troubles and control his ailments

Inability to switch off: Not been able to leave behind the patient's problems when away from the clinical settings

Need to control everything: the doctor finding is significant to involve in the personal matters of the patient at any cost

Judgmental: An ideal trait of the doctor is to stay non-judgmental. In this relationship, the doctor assumes to determine what he or she ought and ought not to do

Enthusiastic medical student: Handing over finances or materials to help the patient or seeking financial aid from the patient. Both of these are unethical and against the professional code of conduct.

Complexes and difficulties: The doctor visualizing and being aware of his challenges and complexes in the patient issues. A doctor might be having an uneasy relationship with his father, mother, or wife might affect his skills to diagnose.

It is significantly rightful to have a list of rights that medical ethics grant to a patient. Doctors communicate and assist patients in protecting these rights. Patients have the right to:

Has informed consent taken from the patient? This is after they have been educated about the illness and treatment, alternative treatment options, and side effects involved.

Withdraw consent at any time.

Refuse experimental or research treatment.

Obtain a second opinion.

Maintaining confidentiality about the treatment and disease condition

Leave the hospital and terminate the treatment whenever he wants (except in case of infectious diseases)

Be treated with care, consideration, and dignity

Requesting the medical files from the doctor

Obtain legal advice regarding any matter arising

Contact their belongings

Inform nursing staff if he/she wants the treatment or see the doctor

Responsibilities of the patient

Besides their rights, patients do have some responsibilities that need to be filled such as

A patient must know the medical history, including the medications taken

Keep appointments or advise, inform in every possible case

Stick to the treatment or advise

Informing the doctor if they are consulting any other doctor

Know their role and behave mannerly

Rights and Responsibilities of the doctor

Responsibilities of the Doctor

A doctor must give logical data on illness diagnostics and treatment choices accessible to the patient.

A doctor is additionally answerable for tending to the patient's interests and taking informed consent for the therapeutic activities.

Doctors must regard the patients' choices in any event when they conflict with them.

They should maintain the enthusiasm of their patient over their guardian.

They should never utilize their clout for any reason other than the wellbeing of the patient.

Relevance and Scope of medical Ethics

Doctors are viewed consistently and evaluated as far as their worth framework and conduct by the network. It likewise shows that Doctors fluctuate in their acts of moral and functional issues. The people group puts Doctors on high platforms. They are relied upon to be caring, mindful, and accommodating. They are relied upon being focused on wellbeing arrangement and keep the enthusiasm for their patients over their own. They should never hurt anyone. Be evenhanded and straightforward and show character and flexibility, they should likewise impart adequately, mercifully, and courageously they are expected to regard the laws of classification with regards to their patients' information [4]. Close by these desires are a set of rules of

the state overseeing clinical calling and the guidelines of the concerning council. The conduct of specialists must follow and mirror the custom and qualities related to them.

Doctors face different dilemmas and troublesome scenarios in the day by day practice, for example, taking permission from their patients' families with low education and insufficient comprehension of medical problems. They go over debates, for instance, fetus removal, euthanasia, human rights, and sexual orientation issues. They likewise manage ground-breaking sections of the general public while accumulating medico-legitimate reports. Their relationship with their patients, their families, the pharmaceutical business, media, and the challenges presented by the internet and current advancements and treatment choices all raise moral concerns

With everything taken into account, the good chief is required for acceptable clinical practice and become possibly the most critical factor in practically all clinical choice that a specialist makes. They stay under investigation even in their own and private life. A decent specialist is one who holds fast to moral directors, guidelines, and customs of his calling under all conditions.

Medical ethics: Medical ethics is the study of moral aspects of the doctor's professional life. Medical ethics are further classified into two categories such as

Normative ethics

Descriptive ethics

Guiding principals of Medical ethics

The responsibility of the medical profession lies in holding himself to the highest of the medical ethics standard. It is the moral duty of the doctor to assemble himself with all the necessary pillars and ethical principles of the medicine.

Self-lessness and self-sufficiency are highly regarded in clinical morals that require the regard for the choices of grown-ups who can settle on fresh headed choices (self-assurance).

An assurance of somebody's dynamic capacity can be measured by their:

Purposefulness (Is it convincing the person in question will finish a choice?)

Understanding (Does the individual in question comprehend the circumstance and the results and ramifications of various alternatives?)

Nonexistence of negative factors that influence their existence (Is the person in question being affected in some way or another against picking sensibly?)

In medicinal services, patients must reserve the privilege to settle on their own clinical choices in the wake of getting data from their primary care physician. Doctors must regard the capacity that patient's need to find out about their social insurance and settle on their own decisions about how to

manage respect to their clinical consideration [5]. Doctors, medical attendants, and doctors find out about the human services morals of self-sufficiency, and this should lead them to regard the choices and self-rule of their patients consistently.

This should be possible either by

Giving advantages

Adjusting those advantages against possible dangers/hurts

Usefulness requires the responsibility to:

Ensure and guard the privileges of others

Avoiding inconvenience to others

Expel conditions that may cause hurt

Help those with incapacities

Doctors must practice this in a clinical and clinical setting each day by settling on decisions and informed decisions about how to profit their patients. This component of social insurance morals is generally crucial to clinical schools, emergency clinics, and each spot where medication is polished. The possibility that a doctor's fundamental objective ought to be to profit others shouldn't be astounding. However, it is a rule that can once in a while end up being a moral issue when the remarkable settings of human services become known.

A non-beneficial commits one not to:

Cause torment or languishing

Cripple anybody

Cause anybody offense

The plan to "do no mischief" is an imperative component of the medication. Doctors face the moral difficulties of how to abstain from doing hurt each day as they work. They should depend on assets to assist them with understanding an ideal approach forward and help patients utilizing their clinical training and their gut senses.

Justice

Equity approaches us to reasonably appropriate advantages, dangers, expenses, and assets as best we know-how.

To every person, equity, in a perfect world, should proffer:

An equivalent offer

As per need

As per exertion, commitment, and merit

The standard of equity implies that everyone ought to be treated in an ideal manner by their PCP. Support for patients who may have short of what others are a significant piece of equity. Reasonable hypotheses about investment in human services help Doctors and attendants be set up for what could anticipate them as they treat patients on the full size of riches, instruction, and wellbeing.

Psychological reactions in Doctor-patient relationship

Empathy is the primary expectation of patients from their doctors. How a doctor communicates and how does he shows affection and empathizes with his patient makes the doctor distinguish for his patients. To empathize is to grasp their feelings, show kindness, interest, and a non-judgemental approach. They also expect to be considered active partners in care. It has been understood at a mass scale globally that a doctor is the one who always makes better decisions for you in health-related matters. This leads to either feeling of sympathy and over-identification with the patient or distancing and isolation from the patient. Both the reactions on the part of the physician can either make this relationship pleasant or even complicate them.

There are a variety of social and psychological relations in a typical sustained doctor-patient relationship. These phenomena are most intense in psychotherapeutic interactions but can occur in any helping relationship in a milder or a somewhat modified form. These are labeled as:

Social bonding

Dependence

Transference

Countertransference

Resistance

Social bonding

Living in a culturally diverse state is always fascinating. Interacting with people belonging to different sects, races, and colors, A doctor is the one who stays non-judgemental. A cultural mix of rural, urban, modern, American, Arabic, Hindu imposes you to understand the true meaning of cultural diversity.

A traditional relationship that a common man has with its doctor is similar to the bond with the ruling elite in the 19th and 20th centuries, which was heavily under the western influence. The common man, therefore, has an urge to form a closer social bond with the doctor, who is seen as part of the elite. The doctor in this need to be part of the aristocracy makes constant efforts to socialize the high ranking to the governing authorities, officials, military, politicians, and others in power.

The quality and nature of the social bonds between the doctor and their patients are expected to take a new shape with the advent of social media. Recent advancements in social media have not only digitalized the whole world but have introduced a new terminology, "telemedicine." Attempts on social media can challenge the professional suite of the doctor-patient relationship. This includes befriending patients on social media and making them privy to doctor's personal lives. This because this shifts the focus of the doctor-patient related to the doctor. Instead of remaining on the patient and their treatment. It also transforms the doctor-patient

relationship from a therapeutic to a social one. All reservations and barriers diminish, and the process of empathy and care eventually dies.

The two most common ethical issues by the physicians are informed consent and confidentiality. Approval is omitted by most of the doctors; likewise, confidentiality is breached while sharing the details of the patient with his caretaker or anyone else without the patient's concern.

Dependence

The vertical nature of the existing relationship between doctors and their patients put health care professional on a higher pedestal where they are asked to make crucial decisions concerning the life of the patient. These traits of a traditional family generate strong psychological dependence of patients on their doctors. If the patient has dependent personality traits, the yoke can become counter therapeutic and lead to adverse health outcomes. An ethical doctor ensures early detection and management of this psychological reaction.

Transference

Common moral issues looked in south Asia is transference alongside countertransference. The transaction is when sentiments, demeanor, and wants initially connected with a noteworthy figure in the patient's life are anticipated or moved to the specialist. It very well may be particular and negative. The notable figures might be one of the parents of the patient or kin or somebody dear to him. Depending upon the idea of the relationship of the patient with that individual in youth, the affections for the specialist can be absolute or negative.

For instance, a grown-up tolerant in the ward needs to be inspected by one specific specialist, wishes the specialist to visit him first and remain for a more drawn out term of the time. It might represent a fatherly transaction. The specialist on the measure of physical appearance habits and character characteristics may help murmur to remember somebody dear to him. Anyway, some patients carry on youngsters like is named usually as relapse. Then again, the patient can turn forceful towards the specialist with no conspicuous cause is designated as a negative transaction,

Also, positive transaction sentiments among patients ordinarily happen on long stay wards for the female medical attendants going to them. She may help her to remember her mindful little girl, mother, or somebody dear to her/him. In such cases, the patient is discovered frequently praising them unduly or may give him the most elevated status. The unresolved and unsolved transaction can prompt the prolongation of the patients to remain in the ward.

Countertransference

In countertransference, the emotional response of the doctor is directed towards the patient. Similar to the transference, countertransference may also be negative or positive. The

patient in such a situation reminds the doctor of a well-loved or hated individual from the past.

Dealing with transference and countertransference

The most significant measure in the health care setting for a doctor to have is to be aware of transference and countertransference. A conscious understanding of the feelings, positive or negative, that a doctor or their patient is having can make behavior clinical and prudent. Transference and countertransference can adversely affect the doctor's decision power eventually. This progresses shortly and slowly, but this sense ultimately poses a severe threat. However, there are specific ways to cope up with these conditions listed as follow

In such cases (transference countertransference) the patient must be shifted to another experienced colleague.

Reporting the matter to the consultant becomes an obligation to make the alternative arrangements.

In the case of repeated episodes of transference and countertransference with a particular doctor, it is appropriate for them to seek a good psychologist or psychotherapeutic advice from the health care professional.

Resistance

The doctor-patient relationship doesn't always run in a positive direction. There is a condition seen in which the patient is continuously seen defying the advice and instructions of the doctor. A typical example is that a patient of coronary artery or Pulmonary disease refuses to give up smoking or eats red meat daily, finds the morning walk, and healthy routines boring. The patient refuses to opt for a healthy lifestyle, doesn't give up his habits and does not attempt to reduce his weight. Such a patient is exhibiting what is called to be Resistance. Resistance is the result of the use of unhealthy defense mechanisms such as denial, avoidance and rationalization. Most of the time, the patient is unaware of such behaviors and work towards improving it.

Resistance can seriously disrupt the doctor-patient relationship. A doctor who is unaware of such conditions may gradually start to withdraw from the care of the patient or refuses to treat him at all. The patient, in turn, becomes more resistant to treatment following or developing hostile feelings towards the doctor. Resistance can be resolved by a couple of sessions addressing the issue in a meaningful discussion with the patient. A patient is subjected to psychological care units if seen repeatedly doing such things. A doctor needs to have a more in-depth insight and understanding.

Accepting gifts from patients

Sharing gifts as an expression of gratitude is a positive sign in nearly all societies, especially ours. In certain cultures, the gift giver may feel insulted if his offerings are not accepted. A clear set of guidelines should, therefore, be followed by health professionals, which may then become well-known

customs of the medical community in the society. The citizen would then also gradually start to follow these customs.

A safe recommendation in this regard is to accept a parting gift at the end of successful treatment, as long as it is in the form of a bouquet, a box of sweets, or chocolates. You may accept this graciously. Patients who bring gifts during the treatment may cause problems. It may be an expression of the patient's need for more usual attention. They may be interested in developing a personal friendship or being part of your non-professional life. Extravagant and expensive gifts must never be accepted. This is because they signify that the patient is putting you under a heavy obligational or has elevated you to a great pedestal. Both scenarios can land the doctors into serious trouble in the long run. If a patient does so, it is safe to return the gifts saying, "I will not be able to accept this gift as it is against my professional ethics. I assure you that my care and concern for your health will continue to remain the same." In the scenario discussed previously, the patient who brought a mobile phone for Dr. XYZ may have a plan beyond the apparent meaning of taking medical advice readily. Dr. XYZ should have politely refused the gift and reassured the patient of his availability as and when required to provide professional advice, preferably in person.

Sexual boundaries violation: sexual relationships in a medical setting

Doctors operate in odd hours, in close and sometimes intimate settings for long hours and without clearly defined boundaries of age, gender, and social class. They work with fellow, senior and junior colleagues, nurses, paramedics, patients and their families, and visitors. They may also become associated with professionals from departments of sociology, social work, psychology, NGOs, the pharmaceutical industry, and other related organizations. All forms of liaisons and relationships involving personal intimacy of a sexual nature in hospital settings are considered unethical and illegal. This is to protect the sanctity of the medical profession and the hospital. A sexual liaison between a patient and his or her doctor is prohibited by law and the regulations governing the domain, the world over. At a psychological level, such a relationship is considered at par with incest. The same rule applies to a medical student or any health professional working with a patient. Patients are vulnerable to developing an erotic attachment with their doctor, a medical student, or any health professional involved in their care and may even declare their passion. This can be handled by explaining in no uncertain terms that you can't continue as their care provider in such a situation. Medical students themselves run the risk of being exploited by senior professionals and even teachers in the hospital and college settings. They must always report the matter to the dean or Principal and to do so with immediate effect without fear and prejudice. It is useful to remember that a predator or exploiter who threatens dire consequences if you inform a concerned authority is essentially a coward. Never feel fearful or overwhelmed by such an individual or a group.

Relationship with the Pharmaceutical Industry

Doctors and the pharmaceutical industry need to have a friendly but professional relationship. This must be aimed at the mutual pooling of resources to promote the welfare of health institutions and patients and investment in research. The use of this relationship for personal gains or profiteering is unethical. It is unethical for doctors to seek financial assistance from the pharmaceutical industry, for travel abroad, material benefits for themselves or their families. They may, however, seek support in scientifically valid research pursuits provided the research is not aimed at promoting a particular product of the sponsor. They may also receive travel grants from the sponsor if they are traveling to present the findings of this research on an academic forum. Donations from the pharmaceuticals industry towards setting up or improving a health facility or service exclusively for the welfare of patients are also acceptable. Prudent use of pharmaceutical human and material resources to improve health literacy amongst patients and communities could be an ethical and useful pursuit. The pharmaceutical industry, human resources, and customized software may help improve treatment adherence.

A doctor in particular and all health professionals, in general, must always guard against becoming biased by the promotional literature distributed by the representatives of the pharmaceutical. The preferred resource for information regarding a particular drug should always be peer-reviewed medical literature. Health professionals must also refrain from luncheons, dinners, and meetings held at holiday resorts, discussions and lectures, etc. Dinners and lunches with sponsored not unethical. However, a professional needs to use his or her prudence as regards the real agenda of such sponsorship.

E-Consultations and Telemedicine

E-consultations and telemedicine have become a reality. Telemedicine is currently linking far-flung areas. The phenomena of telemedicine are being practiced without boundaries around the world, and with video, calling features available in every social media app. It is likely to spread even more. Surgical intervention can now be monitored by an expert in the field from a distance through video links, especially in war-torn areas. The appearance of doctors on television channels is a crucial way to promote health literacy. It is, however, unethical to attempt to diagnose and treat patients during these interactions. Medical advice should not be given out to people “calling in” to television shows. It is also not ethically correct to attempt to diagnose and treat patients on video calls.

Declaration by a Medical Student or a Trainee Health Professional

All medical students and trainee health professionals must declare their exact role and identity. It is unethical for a medical student to pose as ‘Junior doctor’ or ‘doctor on duty’ in front of an ignorant patient or a family member. Trainee

psychologist’s clinical psychologists, and other health professionals working in hospital settings can be mistaken for doctors. They often do not object when addressed by the patients or their families as ‘doctor.’ This tendency must be curbed in favor of revealing your exact identity and role in the health team and taking pride in it. Most patients enjoy talking to medical students and trainee from other health disciplines as they have more time for them and are more interested in their condition

Euthanasia

Euthanasia or physician-assisted suicide is considered one of the most prevalent problems when dealing with the ethics of patient management. Does a worldwide debate continue to rage on the subject of the “right to die” Should people have the right to end their own lives when prolonging it will only cause them more pain? Should families who love someone so much that they don’t want to lose them continue to push them more pain by keeping them alive?

From the Greek term for “good health,” euthanasia means compassionately allowing, hastening, or causing the death of another. Generally, someone resorts to euthanasia to relieve suffering, maintain dignity, and shorten the process of dying when death appears inevitable. Euthanasia can be voluntary if the patient has requested it or involuntary if the decision is made without the patient’s consent Euthanasia can be passive – simply withholding heroic saving measures or active – deliberately taking a person’s life euthanasia assumes that the physician intends to aid and abet the patient’s wish to die.

Most of the medical, religious, and legal groups in both the United States and the UK are against euthanasia. The World Medical Association issued the following declaration on euthanasia in October 1987. Euthanasia is the act of deliberately ending the life of a patient even at his request or at the offer of his close relatives, is unethical. This does not prevent the physician from respecting the will of a patient to allow the natural process of death to follow its course in the terminal phase of sickness.”

Discussion

Care of a patient is modulated and increased as the doctor gets to know more about the patient. Patient education enables the doctor to align the growing movements, Establish a rapport with the patient for a better recovery and optimum results. Important and relevant information fosters the doctor to leans the health care provider to access patient needs and enables the communication barrier to be more effective. A good doctor’s success lies in how well he access the patient

The very first step in communication is to understand and know what a patient already knows. The doctor must observe the patient and must be careful in his assumptions as faulty assumptions don’t turn out to be beneficial for the patient. Find out what a patient is inquiring about during the meetings. The following are some crucial clues a doctor must learn and understand

Get to know your patient: introducing yourself, explaining your role, taking proper consent in patient's care. Making notes of their medical record and asking them basic knowledge is mandatory to start any investigation. These help a doctor to build a good history of illness and increases the effectiveness of treatment.

Trust of a patient: Trust is an essential element beneficial to both the doctor and patient for a good recovery and treatment of the patient ultimately.

The patient's comfort is the foremost check for a doctor. Making appropriate eye connections only if the patient is comfortable enough.

Active listening includes:

Meeting and listening to the patient in isolation

Make sure the sitting arrangement is peaceful and quiet

The place should be free of unnecessary voice and interventions by the staff

Appropriate eye contact during the session with the patient

Introducing and taking consent in a polite manner

Asking open-ended and close-ended questions

Attending the verbal and non-verbal cues

Clarifying and comprehending briefly the information provided by the patient

Clarifying the patient's understanding

Appropriate lean towards the patient

Responding with a yes or no during the session

Concluding the statement with remarks and assuring if the patient has understood all the critical terms and procedural works.

Passive Listening

In comparison to active listening, passive listening is not an acceptable form of listening, which doesn't elaborate on the true meaning of the information provided by the patient to the doctor. Either the doctor might not be able to grasp the key points to make a precise cut diagnosis. Further, it is not a good gesture for a doctor. The attributes of passive listening are

Not Meeting and listening to the patient in isolation

Listening to the patient's queries while your center of focus is on something else

Unnecessary voice and repeated interventions by the staff

Verbal techniques

Verbal techniques are pivotal in making the communication effective and thus contribute towards the therapeutic procedure. One of the very major causes of patients' complaints is the lack of proper communication. Health care personnel is expected to have excellent skills in

communication. Being able to convey your ideas, to be able to listen attentively, and communicate well with surrounding people makes a significant difference in every field. This is a substantial purpose of job interviews that they detect a person, communication ability. Good communication skills mean satisfied patients. The qualities of a good communicator depend on the choice of words, to be able to listen effectively, convey accurately, and respond desirably to the patients or colleagues.

Pronunciation and clarity

The doctor must communicate in a grammatically correct manner and use correct pronunciation to deliver his message. Incorrect use of grammar has high chances to impede the clarity of the message. Each setting in which human interaction takes place has agreed-upon pronunciations for words commonly used, and the speaker must remain mindful of the environment and use an appropriate accent. In a health-care setting, standard English pronunciation is proper. Correct pronunciation enhances understanding and rapport between the speaker and listener. Incorrect pronunciation inhibits performance and can cause mistrust.

Tone

The tone with which the doctor addresses the patient is indispensable to the therapeutic relationship since it shows a comprehension of the patient's needs and improves the doctor's capacity to address those issues. Tone achieves this by helping the two players to comprehend their relationship and its tenor. As a rule, the style the doctor uses ought to be loose and conversational, assisting with building up an affinity with the patient.

Using the patient's name: First impressions are essential, and using the patient's name in greeting them at the initial meeting is a way to make an excellent first impression. It shows respect.

Being a Good listener: Listen keenly to all the details provided by the patient to comprehend your prior diagnosis and suspect all linguistic and paralinguistic aspects. Don't interrupt the patient while speaking

Don't give unrelated patient advice: Avoid misguiding or sharing inappropriate information to the patient.

Avoid talking about yourself: Don't try to brag about yourself. Listen and advice the patient what's best for his course of treatment

Appreciate relevant questions regarding illness

Allow the patients to make notes about the consultation

Ask and repeat essential information

Explain the complex terms and procedures in layman language

Must offer an early follow-up appointment

Provide all information in writing or suggest prescription in writing

Allow the patient to reconsider or discuss the second option available for the respective task.

Positive support may encourage exposure of pertinent data by patients about their wellbeing. One current model is the attractive quality of empowering patients to examine their utilization of integral and over-the-counter meds and other elective treatments. Another issue regularly disregarded is the stunning quality of getting some information about different suppositions they may have been given about their condition.

- Having a good knowledge of what your patient is inquiring
- Using native and layman language to make him understand complex terms
- Making easy diagrams to explain the course of treatment and pathogenesis of the disease
- Assisting the patient with written material for future use

Written information should not be excessive in quantity for the patient, taking into account his or her capacity, situation, condition, and diagnosis. Written communication should be provided to reinforce, not replace, an interactive verbal process.

Disputed patients and problem-solving approach

Health professionals and certain types of patients and their families are exceedingly challenging to deal with. They include the following:

- Refuse diagnostic tests and treatments
- Become rude and aggressive
- Become angry when things don't go their way
- Ask for undue favor
- Make unprofessional demands
- Becomes too dependent and clingy

It is essential to be aware of factors operating in a health professional that can give a false feeling that the patient is misbehaving. These commonly include having a heavy workload and what time of the day the interaction with a patient occurs as health professionals tend to become eatable towards the end of the day. Inadequate knowledge and skills to detail deal with demanding clinical situations may also cause the health professional to become overly sensitive. Lack of training in communication and counseling skill may worsen the situation. Some health professionals trained in the biomedical model feel that addressing the patient's psychosocial and spiritual issues are not their job. They may therefore become irritable when a patient brings these aspects for discussion; whatever once views may be as a health professional, you are likely to come across at least one.

Management

A health care professional once in life, always undergoes a challenging situation. Following are the tips to counter such situations

Having an understanding of the biopsychosocial model and the integrated health care model and believe in the effectiveness of these well-researched models being implicated.

Train yourself well in the principals of effective communication and counseling. Seek specialized training in handling a difficult situation by trying to form a relationship or bind with the difficult patient in the settings.

Learn relaxation techniques to manage your own anger and feelings of frustration

Approach difficult patients with tolerance, patientce, and use of principals of active listening and unconditional positive regard keeping your cool. Concentrate on breathing deeply and quickly while listening to an angry patient or a family member.

Donot take remarks being passed as a personal insult or challenge your integgurty or authority. Consider them a different viewpoint of an individual who is informed and unguided.

Allow the patient and family members to express anger and validate by statements such as Your anger is understandable, I can understand your feelings

Offer a chair and calmer setting to discuss the issues at hand in more detail. Offer an apology or an explanation for an unintended offense but do not appear defensive. Stay calm, maintaining an open body posture, safe distance, and always keep an eye at an emergency exit. Always ask assistance from colleagues or staff at the earliest signs of aggression or threatening posture by a patient or family members

For difficult patients, in particular, define the objectives and duration of consultation in advance

Offer referral to a colleague or a senior consultant, particularly if you are not making any headway.

Use humor while collecting further data, reassure, undertake physical examination, and a more extensive diagnostic workup, or seek an opinion from a mental health professional

Involve family members, friends, or significant others in the life of the patient for support as well as help in understanding the patient's issues.

Counseling

Counseling is a technique that aims to help people themselves by the development of therapeutic relationships between the counselor and patient or family member or a colleague or anybody who seeks counsel. The process aims to help a person achieve a greater depth of understanding, and clarification of the problem mobilizes personal coping abilities.it is not an ordinary everyday conversation in which

one person asks the other person's advice and asks the other person's opinion. Counseling is a limited supportive activity aimed at developing a person's ability to decide to initiate a constructive change. A doctor may come across a variety of situations in clinical and professional interactions in which they may require counseling skills. Some of the common scenarios where this skill can become a useful intervention, including breaking bad news to patients to their families or resolving professional conflicts and disputes. These may include announcing that a patient biopsy report has revealed a malignancy or cardiopulmonary resuscitation has failed to revive the patient. It may be required as a part of sharing the news of a baby that congenital malformations or are a stillborn baby with expectant parents. Resolving a conflict between a colleague and a nurse in the ward or handling a relative who feels that his patient is being ignored and denied at a particular investigation or intervention. A counseling session aims to

- Establish a relationship of mutual trust and care in which patient or their families feel secure and able to express themselves in a positive way
- Give the patient or family to seek a clarification of terms, issues, and misgivings
- Provide an opportunity to the patient or whoever being counseled to freely express his or her feelings her emotions
- Provide reassurance
- Achieve a deeper and a clear understanding of a health-related issue based on scientific and evidence-based data
- Identify the various choices and options alongside their pros and cons through a process of discussion and dialogue between the counselor and the patient.
- Help the person make a decision
- Seek the support of the counselor
- Mobilize resources

Traits of a counselor:

Following are the traits that a counselor must have:

Unconditional positive regards: This involves the dep and the positive feelings for the patient being non-judgemental and entrusting. Empathetic and understanding: this is an ability to accurately preserve other feelings while dating them and communicating this understanding themselves effectively. It is different from sympathy, which implies feeling sorry for the person. Warmth and consideration: this can be achieved by remaining open-minded and non-judgmental. Avoiding over-emphasis of your professional role and being consistent in behavior helps convey that you are genuinely there to help. Also, by remaining respectful and discreet, the counselor would be able to show warmth and consideration to his patient. Clarity the counseling relationship should remain clear and without the mystery of the patient. As a counselor, you are required to be clear and explicit. Encourage the

person to be counseled to be similarly detailed in requirements.

Communication with the patient about diagnosis and treatment

It requires good communication skills to communicate with the patient and face the patients inquiring treatment in a better and effective way. Good communication is especially important when patients are faced with the need to make decisions about or give consent to interventions. The type of information a person will require to make a decision will vary according to the individual's needs, the nature of the intervention, and the risks associated with intervening or not intervening. Patients generally inquire about any type of information and seek advice from doctors. To instill the meaningful decision regarding their health, a doctor must be able to explain and handle the complexities in the process. The relevant information must be presented rightfully to make things more clear and meaningful to the one understanding. He must not hesitate to explain the potential outcomes of the process, explaining every major and minor detail to the patient during his treatment. However, in some cases, it is nearly impossible to access and calculate the possible risks with certainty. The patient must also know about these uncertainties.

Where appropriate and reasonable, data about the advantages and risks of the intervention ought to be explained, which help the patient to best get their circumstance (for model utilizing outright, instead of relative, hazard information) and to comprehend the idea of hazard, material dangers are those to which a sensible individual in the patient's position is probably going to connect noteworthiness or those to which the specialist knows or should realize the specific patient is probably going to append centrality. Acknowledged dangers that sensible individuals would view as critical ought to be revealed, regardless of whether an unfavorable result is typical and the detriment.

Communicating the diagnosis

After making a prior diagnosis, it is mandatory to explain that to the patient, and the following should be considered

- Nature of the illness and prevailing condition
- Degree of certainty and uncertainty
- Need for the referral
- The extent of the treatment
- Status of illness
- Involvement of another professional health care in the treatment
- Patient's involvement in knowing the procedure of treatment
- Reliable information from alternative sources

Communicating the interventions

Information about the following important points should be given to the patient in an easily understandable language while telling the patient about any line of treatment:

A comprehensive description of the procedure

What the patient will experience and feel during the intervention

We should tell that whether the process to be done, is necessary, dangerous or complicated, or elective

Elaborate that whether the decision procedure is appropriate according to recent medical standards

Whether the system is traditional, new, or based on trial innovative;

It should be explained that whether the process is based on any clinical experiment or is part of any research project

It should be explained that whether the procedure is bringing 100% benefits or there is still some doubt about its degree of benefit

How much time can the patient take in deciding about going through the proposed procedure

Proper information about the health personnel, their experience in this field, and information about any related assistants or staff who will be working with the doctors in undertaking the procedure should be conveyed to the patient

Time is taken for the procedure

Time taken for the results to appear

How long will be needed for recovery and rehabilitation;

The total amount of money required for the procedure

Explaining the potential patient outcomes

The products or outcomes should also be elaborated to the patient beforehand, such as:

The desirable effect and expected improvement to the health;

Usual adverse effects, contraindications, and adverse consequences, if any, should be elaborated

Side effects which are found in a significantly less proportion of patient should also be heightened so that in any such case of their occurrence, the patient should remain aware beforehand

Any consequences that will require further procedures

Any important long term adverse effect or disability that will in any way affect patients personal, work-related or social and private life

We should tell the following points to the patient about other available options

What sort of options are available

Their accessibility and potential results

The adverse effects, whether long term or short term that be may be produced if the patient decided not to undergo any sort of procedure

Properly written documentation about the procedure, any intervention, medications used, and duration for the results to appear and any cost required for further follow up guidelines will also be mentioned. Extensive and complicated procedures require a proper explanation to the patient. As well as elective courses on a healthy individual also require the elaboration of every detail about the intervention.

Benefits of good communication

- Manufactures trust among patient and specialist;
- May enable the patient to reveal data;
- upgrades quiet fulfillment;
- includes the patient all the more entirely in wellbeing dynamic;
- empowers the patient to settle on to better wellbeing choices;
- prompts more reasonable patient desires;
- creates more powerful practice; and
- diminishes the danger of mistakes and setbacks.

These advantages thus fortify correspondence among patients and specialists and can add to better wellbeing results for the patient.

Helpless correspondence:

- diminishes certainty and trust in clinical consideration;
- hinders the patient from uncovering significant data;
- causes critical patient pain;
- prompts the patient not looking for additional payment;
- prompts false impressions;
- evokes the confusion of clinical exhortation;
- underlies most patient protests; and
- predicts carelessness claims.

A doctor might find it difficult because of

- Inadequate training and ineffectiveness in communication
- Lacking empathy
- Unwilling to recognize the autonomy
- Unjust behavior
- Affected by other emotional factors
- Distracted due to external and internal factors
- Emotional burnout

Patient-Related Obstacles:

The patient might be

- Affected with a severe life-threatening illness
- Extremely anxious
- Embarrassed or denial
- Confused by medical complex terminologies
- Unable to understand the language
- Reluctant to ask questions
- Concerned about time pressure

Social and cultural factors may potentiate to determine the ethnicity, cultural and socioeconomic backgrounds of a person. A doctor should strive a good communication regardless of the social and cultural background. He must facilitate irrespective of his sect, religion, or socioeconomic background.

References

1. Palmieri JJ, Stern TA. Lies in the doctor-patient relationship. Primary care companion to the Journal of clinical psychiatry. 2009;11:163.
2. .
- 3.
4. Speedling EJ, Rose DN. Building an effective doctor-patient relationship: from patient satisfaction to patient participation. Social Science and Medicine. 1985 1;21:115-120.
5. Harvey S, Memon A, Khan R, Yasin F. Parent's use of the Internet in the search for healthcare information and subsequent impact on the doctor-patient relationship. Irish J Medl Sci. 2017 ;186(4):821-826.