

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

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Received date: 28-3-2022,

Manuscript No. AMHSR-22-31017;

Editor assigned date: 30-3-2022,

PreQC No. AMHSR-22-31017 (PQ);

Reviewed date: 13-4-2022,

QC No. AMHSR-22-31017;

Revised date: 18-4-2022,

Manuscript No. AMHSR-22-31017 (R);

Published date: 25-4-2022,

DOI: 10.54608.annalsmedical.2022.26

Abstract

A Doctor is one of the most respectable figures in the society and holds the outmost prestigious regard. He must have a set of characteristics and is expected to reflect those characteristics in his behavior and dealings. A good DRR is one of the significant elements in a doctor's professional life. It is classified further in a different set of models, the vertical model (a doctor making all the decisions for the betterment of patient's health), the horizontal model, and a teacher-student model. A doctor and patient, both should understand their roles and responsibilities. Ethics also plays a vital role in developing the personality of the doctor. A doctor must be well aware of all the guiding principles of ethics, such as autonomy, non-maleficence, non-judgmental, and unjust behavior. Ethical dilemmas are common in health care settings. A good doctor must know all these conditions and tackle them with specialty without being rude, refusing a stubborn patient insisting you accept the gift, rejecting the proposal of a pharmaceutical company, and ethics on communicating with the patient keeping sexual boundaries in mind. For a good DPR always follow active learning instead of passive learning. Always keenly listen and communicate with your patient, paraphrasing all the key notes of the conversation with the patient, and showing empathy with your patient. Useful and practical tools for better communication with your patient always yield better outcomes.

Keywords:

Ethical dilemmas; Paraphrasing; Non-maleficence; Sexual boundaries

Introduction

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 [1].

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, holds 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. 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 secretes to the doctor, tells him thoroughly about his disease, and confides in him about

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How to cite this article: Nagem A, et al. Simplifying Doctor-Patient Relationship: How to Talk with your Patient. AMHSR. 2022;12:1-14

his concerns regarding treatment. The doctor, therefore, has to deal very meticulously in such circumstances [2].

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 [3].

Various models in Doctor-Patient relationship

- If you have come to help me
- You are wasting your time
- But if you have come because
- Your liberation is bound up with mine
- Then let us work together

An Australian aborigine's statement to a doctor

Introduction lines. The fundamentals of the Doctor-patient relationship depend on the capacity and efficacy of the doctor to rule out and differentiate the complexity of human behavior. A Doctor must appreciate the complexities and must have a scientific and ethical approach towards the problems. He must be sensitive to the effects of history, culture, and environment on his patient. The lives of human beings are governed by the beliefs they have in general who are often manipulated by several cultural, socioeconomic, and environmental aspects. At the center of this therapeutic relationship is the trust that a patient has in the doctor. This trust is built on the unconditional positive regard that the doctor holds for the patient, irrespective of the gender, cultural sensitivity, ethnicity, creed, and color. Such a divine bond that forms between a doctor and a patient can take three forms [4].

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 [5].

Teacher-student model

The teacher-student model, where the doctor plays a role that is significantly similar to that of an authority figure (such as a teacher or a parent), who dominates, controls, and guides the

patient. For example, in the case of severe trauma or surgery, the doctor makes sure to recommend them for their health and wellbeing [6].

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. 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 [7].

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 [8].

- **Assuming the role of the saviour:** 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-judgemental. 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.

Rights of the patient

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 [9].

- 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 [10]

- 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 advice
- Informing the doctor if they are consulting any other doctor
- Know their role and behave mannerly

Rights and Responsibilities of the Doctor

There is harm for a doctor in refusing to undertake the procedure or action against his ethics and beliefs. He also has the right to refuse and deny the treatment of a particular individual. (Provided the individual is not in any immediate life-threatening danger). Under such conditions, the respective doctor is under obligation to refer the patient to another professional [11].

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. 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 [12].

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 [13].

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 [14].

- Normative ethics
- Descriptive ethics

Guiding Principles of Medical Ethics

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 him with all the necessary pillars and ethical principles of the medicine [15].

Autonomy: Selflessness and self-sufficiency is 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. 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 [16].

Beneficence: The standard of usefulness encapsulates the idea of the ethical commitment to act to the most significant advantage of others.

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 [17].

Non-Maleficence: Non-wrathfulness requires a responsibility not to hurt others at all, in light of the Latin adage (first do no damage), which is in the Hippocratic Oath that each specialist must take.

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 ideal approach forward and help patients utilizing their clinical training and their gut senses [18].

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 are set up for what could anticipate them as they treat patients on the full size of riches, instruction, and wellbeing [19].

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 distinguishes for his patients. To empathize is to grasp their feelings, show kindness, interest, and a non-judgmental 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 [20]. 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-judgmental. A cultural mix of rural, urban, modern, American, Arabic, and 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 [21].

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 [22].

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 [23].

Counter transference

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 [24].

Dealing with transference and countertransference

The most significant measure in the health care setting for a doctor to have is to 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 [25]. 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 gives 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 [26].

Ethical dilemmas

On account of their unique position in society, doctors have access to the most intimate areas of people's lives. They are, therefore, likely to come across unusual social situations. The doctor is not expected to respond to concerns like other members of the society, and a minor stumble on their part may compromise their position [27]. Some of the everyday situations are listed below:

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 [28].

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 [29,30].

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 [31-34]. 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

[35,36]. 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 [37]. 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 [38-40].

Charges and Fee: Patients, Colleagues, Teachers, Medical Students

The medical profession has traditionally been a service with no primary commercial interests. With the privatization of health services and the involvement of health insurance in some capitalist countries, the delivery of service is nearly always associated with financial transactions, albeit not always directly at the point of delivery. It is not unethical to charge a fee for a consultation, procedure, or intervention [41]. It is against the customs and norms to base the doctor-patient relationship on their capacity to pay. The charges should never be extravagant or vary from one set for the poor and another for the rich [42-45]. A simple ethical rule is to determine a fee structure that does not render a doctor a procedure or an intervention beyond the reach of an average citizen. Traditionally doctors are not expected to charge their colleagues, teachers, medical students, or the extremely poor [31,32].

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 [46,47]. 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 [48]. 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 [49-51]. The pharmaceutical industry, human resources, and customized software may help improve treatment adherence [33].

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 [52,53]. 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 [34].

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 [54]. 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 [55-56]. 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 [35].

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 [36].

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 [37].

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.” [38].

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