The Future of the Doctor-Patient Relationship -
A Critique of Current Thinking

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Abstract

This review article seeks to highlight some contentious issues surrounding the transfer of medical knowledge and the ever evolving doctor-patient relationship. Using primarily articles and reports found using database searches, a review was conducted on several areas, namely; the doctor-patient relationship, trust, evidence based practice and power. From this analysis several conclusions were drawn. Most revealing is that trust is the key to facilitating good communication between doctors and ‘consumer’ patients. This trust can be improved by utilising web technology to improve health literacy. Doctors need to be aware of what type of consumers of information their patients are and suit interventions accordingly. Future implications are then discussed.

1. Introduction

It is not uncommon within the health sector to consider patients as consumers of health care rather than just individuals who need healing. This change in thinking follows the remarkable rise of the internet and accessible medical information online [1]. This is not a new idea however recent trends and challenges to the established way of thinking have led to an increasing amount of interest into studying how patients interact with this information and how it can be utilised for better health outcomes [2]. Less studied is the on-going effect this ‘consumerism’ is having on the traditional doctor-patient relationship and the implications of such a shift in power dynamic. On completion of a brief review of the current literature it became apparent that there were three main areas that drew contention and thus needed to be explored in more depth; namely the definition and use of evidence-based practice, changing power dynamics and finally the role of trust in mediating knowledge transfer. First it is necessary to justify this line of inquiry by examining the current changes that are taking place in the field of health informatics and information technology (IT) that are allowing consumers of health care to take control of their own health care. Following this some of the more contentious issues that have been raised in the literature will be analysed and discussed in relation to the changing face of the doctor-patient relationship. The implications for future study and clinical practice will also be discussed.

2. A Review of Current Thinking

Based on the research questions posed above, a literature review was conducted using several major databases. For the most part the scientific database Scopus and Medline were used and on a lesser basis Google Scholar because of its access to reports considered ‘grey literature’. The following primary search terms were used; trust, empowerment, “doctor-patient relationship” (and variations of this concept i.e. physician-patient relationship), “shared-care/decision making”, “online information”. Subsequent searches were narrowed down using terms such as ‘patient intuition’, “knowledge acquisition” and “patient behaviour”. From these searches articles were chosen for their relevance to the topic and concepts involved. Particular note was taken to find articles that challenged the status quo or provided alternate ideas. No papers before the year 2000 were included as they were not deemed ‘current’ enough for the scope of this essay.

The initial findings were summarised as follows. Many authors acknowledge the rise of the internet doctor as an event to warrant significant attention. There also seems to be a consensus on the possibility of good health outcomes, depending on how well internet technology, the so called web 2.0, is developed in line with clinical practice. However delving deeper into the social sciences reveals a possible conflict between health professionals and the newly crowned ‘consumers’ they are serving. There is evidence it seems that this conflict could impact on how health services are delivered in future and also the disparities that modern health systems are trying to abate.
3. The Changing Face of Medical Knowledge

It is not surprising that in the wake of technological gains the sharing of knowledge has been significantly affected. The following sections will highlight some of these changes with regards to medical knowledge.

3.1. Online Health Information

Patients wishing to access medical information for any purpose, whether it be for an unfamiliar symptom or general inquiry, have many external options to refer to [3]. The growing use of online patient communities and the rise of “Dr Google” have drawn much debate amongst medical professionals as to what role the internet should play in informing the population on medical information [4]. There are what appear to be legitimate concerns of the overuse of external sources of medical information to inform treatment and health behaviour. External sources refer to those sources of information other than the patient’s current physician or other health provider [5]. One concern is that the patient receives less than optimal advice from an unqualified external source and then chooses to act on this advice and take a risky unnecessary treatment that could cause even greater harm [6]. Such a concern is heightened online, where the promotion of alternate medicines and treatments is not in balance with so-called ‘legitimate’ points of information [7]. This is backed up by evidence which finds that patients or consumers use heuristic filtering when searching information online [8]. Essentially the individual having preconceived expectations or heuristics, prioritise the information that comes up. What is found is that the more severe a condition is based on the symptoms the patient provides the search engine, the increased likelihood that the patient will attribute their symptoms to a serious condition (when most likely they are actually going through something relatively benign) [8]. This elevates the persons stress levels and may make them seek professional advice from their doctors, an endeavour which is unnecessary and potentially time wasting [9]. A further concern is the rise of hypochondriac patient; one that assumes there is something wrong with them and subsequently diagnoses themselves via the internet [9]. Another debate concerns what constitutes ‘legitimate’ or quality information, this will be discussed a bit further on.

Despite these concerns a growing body of research coupled with the active involvement of health IT is ensuring that the internet can be a useful and effective source of medical information. The use of online patient communities such as “Patients Like Me” as support forums for sufferers of chronic disease and the increasing use of patient portals such as Microsoft’s Health Vault as means of sharing medical data and patient information have many positive transformative impacts on health care [10]. When coupled with other informatics technology such as electronic and personal health records it becomes clear to see the potential this technology provides regarding storage and dissemination of information.

3.2. Evidence Based Practice

Moving onto the clinician-patient relationship we see that there are many changes taking place. For one, the rise of the increasingly informed consumer goes hand in hand with a patient centred care approach. [11]. Patient centred care is a model of care in which the patient has greater control over their own treatment through such processes as shared decision making with their doctor. For this system to work, an efficient and effective partnership between the patient and their health provider must exist [12]. Evidence based practice (EBP) refers to the aim of health care in general, that is to say in a broad sense treatments are based on the best available scientific evidence as referred to in clinical guidelines [13]. Here we see a conflict arising because as Nolan and Bradley [14] point out what is best for one patient is not necessarily the same for another. EBP fails to take into account context of treatment (the place and circumstances of the condition) and the patient’s wishes. This is because the best practice evidence is based on population data not individual cases. It also fails to incorporate expert intuition something which is vital to the smooth running of clinics [15]. In light of the clinician-patient relationship there is some obvious room for reconciliation of EBP with patient centeredness. This is where online technologies come in.

The literature suggests that doctors could act as mediators pushing their patients towards reliable evidence based sources of information which can then propagate via means of social networking and online communities. The idea here is that better informed patients make better contributions in the shared-care dynamic. This of course has negative implications. For instance Gerber and Eiser [2] find that there are generally two types of information seeking patients. First there are those known as informed decision makers who actively seek information about their condition and the treatment options so as to fully participate in their treatment plan. Then there is a more passive second group who actively seek information on their condition but only after consultation with their doctor and only to improve their own understanding not to participate in shared-decision making. These two concepts correlate to Ross Adkins and Corus’ [16] idea of the consumerist and passive patient types which apply to minority groups and individuals of low socioeconomic status. There is some evidence to claim that patients’ who spend longer in consultation with their physician i.e. the consumerist or informed decision making types, deprive others of that important face-face interaction
thus adding to already existing inequalities [17]. This is because those information seekers are more likely to be well off and educated. This relates to the concept of health literacy which is the ability of an individual to understand health related concepts in order to better their own health [18]. This will be explored in depth later but for this argument it stands to reason that the more health literate are also likely to be of the informed-decision making variety.

This raises the question, what do we make of patients who wish to be involved in decision making but whose view of what is best for them differs greatly from their doctor, e.g. a patient who insists on getting a risky or costly treatment that the doctor in no way endorses. If we are to consider this dilemma with regards to EBP we should also consider the nature of power in the patient-clinician relationship.

4. Power Struggles between Doctor and Patient

Following on from informed decision makers, we turn once again to the relationship between doctor and patient. In the traditional doctor-patient dynamic the medical professional had all the expertise and thus power over the patient [19]. They both knew what to do and told the patient what to do. Because this has been the dominate stance for over a century, it is unsurprising that many practitioners find implementing shared-decision making a difficult task. With the rise of the patient as ‘consumer’ doctors must relinquish some of the power they once had a monopoly over [20]. Some have argued that the key for future of this relationship is finding the right balance of power so that neither party can misuse the power they have [12]. Such misuse includes patients withholding vital information from the doctor in order to steer the consultation the way they want it to go, or alternately the doctor withholding treatment options from the patient because they are unsure of the procedure [12]. The key to ensure this misuse does not occur is by fostering trust namely horizontal trust or trust between equal individuals [21]. This way both parties accept that they have similar levels of power and can work together to formulate decision which acknowledge either’s expertise.

Related to this is the concept of patient intuition. Just as general practitioners and nurses rely on their professional intuition, Buetow and Minto [15] stress the importance of considering a patients special intuition. What this essentially comes down to is trusting that the patient knows what is right for them or knows when something is wrong with their body and act on this intuitive response. This may seem like common sense whilst taking a patient centred approach, however as insinuated many doctors hold on to the old paradigms which are difficult to break [19]. Therefore the patient’s intuition may be dismissed out of hand. Coulter [22] suggests that it is the old paradigms that are the most difficult to shift even as technology leaps forward the overarching paternalistic doctor-patient relationship remains although with the help of new clinical education this seems to be changing. What a clinician must therefore ask themselves is not how can they better manage the patient but how can they better manage the knowledge which the patient receives. This turns the problem from a power struggle to one of knowledge management which can be tackled more realistically.

Lymar [19] suggests that the doctor-patient relationship in the current age can be considered under the “colleague model framework”. That is to say a relationship built on equal understanding and trust between parties as we have already pointed out. For the colleague model to work effectively the doctor must be attentive and respectful of the patient’s needs and the patient in return must trust the doctor’s expertise. But how is this achievable when the patient is influenced by their experiences online?

5. Trust and Health Literacy

As stated previously, health literacy can be considered as the ability of an individual to comprehend and understand medical information so that they can better navigate the health system and improve their health status [18]. One of the goals of the current health system is to improve health literacy as a means of improving health outcomes outright [7]. There are many merits to this view. Firstly health literacy is one way that patients can become better consumers of online information, in that they can manage their own searching and filtering of information free from the heuristics of less literate consumers, and find what they actually need [8]. Secondly as the literature suggests patients who are more literate are better equipped to make decisions in partnership with the doctor, which makes sense given that they understand more what is involved in the treatment options [6]. They are also better at self-management especially important when dealing with chronic illnesses [23]. It may therefore seem that the best way to improve the medical knowledge transfer online is through interventions which improve health literacy. Some of these interventions include population based workshops to improve online health seeking behaviour, or at the individual level doctors informing patients of where to find information (acting as mediators) [5].

However this approach is not without criticism. Many authors considered the idea of social stratification as a barrier to achieving better health literacy [8]. This theory as it relates to health care states affirms that marginalised sections of society routinely seek out information from online sources to better equip them with the knowledge they need to get up
in life [17]. This would class them as active consumers of information and perhaps informed decision makers, but they would still need health literacy to more effectively utilise the information without putting extra time pressure on the clinician to explain unfamiliar concepts. People of low socioeconomic status are less likely to have access to technology which can enable the online behaviour associated with good health literacy adding an extra dimension to the problem [17].

With these issues in mind let us consider the role of trust in this equation. As mentioned earlier trust is essential in the modern doctor-patient relationship [19]. It is then good to know that trust in health professionals is facilitated by good health literacy. This seems unsurprising as those who are less literate are also likely to be less trusting of health practitioners’ knowledge because of unfamiliarity with medical concepts [17]. Thus it would appear that improving health literacy is essential to fostering trust between patients and clinicians. Another way to look at this is to consider the role of the health professional. Patients who may be less inclined to listen to their doctors could be directed to better sources of medical knowledge online. Better informed consumers are therefore more likely to facilitate helpful discussions with their doctors [19]. Trust can then be developed once the patient is more understanding. Calnan and Sanford [24] find that patients in general value the kind of horizontal trust between a patient and their doctor as more important than the vertical trust or trust in the health system as a whole. Knowing this provides a good basis from which the doctor-patient relationship can be improved on and adapted to suit the changing power dynamic. Individual interventions, facilitated by good use of online sources of information are therefore the best way to facilitate trust between doctor and patient.

6. Conclusions

This review paper has been addressing the issue of trust and power in the relationship between doctor and patient in light of the on-going changes to information and online behaviour. From this analysis several assumptions can be made. From the conflict between patient centred care and evidence based practice it is apparent that the best evidence does not necessarily equate to the best practice, because patient preference and intuition trump the inherently paternalistic ‘evidence-based” guidelines. Having patients who are well-informed consumers improves the shared decision making process and improves patient centred practices. The doctor can engage with the patient improving the standard of treatment and rate of compliance. Some of the literature argues that some patients, those considered consumerist may take time away from others more needing of it. By increasing the health literacy of these individuals that time is spent more wisely, whereas patients who are more passive and do not wish to take part in planning their treatment can still trust in the clinician’s recommendations. Indeed it is trust that will be the key element in the future as consumers turn toward the external sources even more for medical advice, trust which can only be built once clinicians truly leave the paternalistic paradigm behind and engage with their patients if not as partners then as individuals whose opinion is to be respected.

Therefore this review points out some of the key issues facing patient centred care in the age of “Dr Google”. Some of these issues have been explored and possible solutions have arisen mainly in the form of individual interventions to improve trust between the consumers and health professionals in conjunction with improving information technology to ensure the best information is also the most easily accessible. From this further areas of research that could be explored are how web technologies can facilitate trust in human professionals or perhaps ways to reduce technology driven disparities by utilising the social stratification hypothesis. What is definitely apparent is the role of trust and its paramount importance in the doctor-patient relationship. With this in mind health professionals can look for ways to further mature their partnership with their patients well into the future.

7. References


