The Patient-Doctor Relationship : A Socio-ethical Issue

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Abstract: The Patient-doctor relationship is a most important issue in medical treatment. But somewhat research in this area has been fragmented. The physician has a duty to act in the patient's best interest and to remain abstain from exploiting the patient. Respecting the fiduciary relationship and the trust of the patient is a mainspring of the ethical medical practice. Patient autonomy is now an established concept in medical practice. Physicians have an obligation to disclose relevant medical information to patients, so that they can make decision about their treatment. This type of disclosure would violate the confidentiality that is essential to the patient-doctor relationship. Although doctors have a responsibility to disclose all relevant medical information to patient, they also have a corresponding duty not to disclose this information to a third party. Doctors have an obligation to respect patient autonomy. Correspondingly, patients have a duty to follow doctors advise. The patient-doctor relationship is a cooperative relationship of shared decision making.

Keywords: *Patient-doctor, Patient Autonomy, morality, Trust, Consent, Therapeutic Privilege, Confidentiality.*

Introduction:

The Patient-doctor relationship is a most important issue in medical treatment. But somewhat research in this area has been fragmented. But "The physician-patient relationship is the cornerstone of medical practice and therefore of medical ethics."[1] In the ethical sense a trustee relationship should be maintained between a physician and each of his patients. The physician has a duty to act in the patient's best interest and to remain from exploiting the patient. Respecting the fiduciary relationship and the trust of the patient is a mainspring of the ethical medical practice. Ethics connected with beliefs of what is right or wrong. According to William Lillie, "We may define ethics as the normative science of the conduct of human being's living in societies – a science which judges this conduct to be right or wrong, to be good or bad, or in some similar way."[2] Ethics is a theory which helps us to maintain, to protect, to nourish, to flourish, to developed and to build up any relationship not only the patient-doctor relationship.

Medical Ethics:

India has been blessed with a glorious code on medical ethics since the days of Caraka and Śuśruta (circa 600 BC). Ancient civilizations had their own medicinal systems, however the ancient Ayurvedic Indian medicine is considered to be the most organized system in its ideas and its curative measures. A more rational and systematic system of Indian medicine known as Ayurveda (the Science of life) existed beginning from 600 BCE. The Ayurvedic practitioner was called ***Vaidya*** (expert in Ayurvedic medicine), meaning a person of profound knowledge.[3]

Ethics has been a central concern of medicine for the least 2500 years; the Hippocratic Oath and its successors have expressed a fundamental medical duty to pursue patients' best medical profits or benefits to avoid exploitation and to maintain their confidentiality. Ethics refers to what is right and what is wrong. Civil law criminalizes or decriminalizes an act, but it does not say whether the act is morally right or wrong. At the legal level, medical ethics may refer to faithfulness to a law that is in place to regulate a medical practice. At the ethical level, medical ethics refers to the very question of rightness or wrongness of a practice itself. Medical ethics thus has a dual role of checking legal as well as moral aspects of the medical practices.[4]

Medical ethics is the application of ethical reasoning to take medical decision for the betterment of the patient. It is a rich and varied discipline involving appeal to different viewpoint and principles as well as the taking account of information and guidance of various category. Medical ethics concern with the critical reflection about norms or values, good or bad, right nor wrong, and what ought or ought not to be done in the context of medical practice. Medical ethics generally involves a search for morally acceptable and comprehensible answers in situations where different moral concerns, interests, or priorities conflict. Here medical ethics may often be as much concerned with the process through which a decision is reached as with the decision itself. But now a days till we are facing a crisis of patient autonomy in view of medical treatment. This crisis may minimize to build a healthy relationship between patient and doctor.

Patient and Doctor:

The relationship between patient and doctor has been analyzed since the early 1900's. Physicians worked to refine their bedside manner, as cures were often impossible and treatment had limited effect. In the middle of the century when science and technology emerged, interpersonal aspects of health care were overshadowed. There is now a renewed interest in medicine as a social process. A doctor can do as much harm to a patient with the slip of a word as with the slip of a knife.

The relationship between a patient and a doctor is based on mutual trust, which gives rise to physicians' ethical responsibility to place patients' welfare above the physician's self-interest.

The good doctor determines what is in the patient's best interest, and the good patient is expected to follow the doctor's recommendations. But patient autonomy is now an established concept in medical practice. Here we are going to explain the patient-doctor relationship mainly based on the three pillars:

(a) Informed Consent
(b) Therapeutic Privilege
(c) Confidentiality

(a) Informed Consent: Informed consent in a practical application of the principle of respect for patient autonomy. The concept of patient autonomy is now much important in medical treatment. To explain the patient autonomy Veronica English & Gillian Romano rightly say, "Relationships between doctors and patients are based on the concept of partnership and collaboration. Ideally, decisions are made through frank discussion, in which clinical expertise seeks to match the available options to the patient's individual needs and preferences. The patient's consent is the trigger that allows the interchange to take place. Patients of all ages and abilities are encouraged to be actively engaged in health decisions that affect them. This includes the option of requesting specific interventions or declining some medical advice without prejudicing the doctor-patient relationship. The main role of doctors in such situations is to provide information, explain the available options and their implications, and address any misunderstandings that may exist."[5]

What is the moral basis of the principle of patient autonomy? The principle of autonomy is based on the principle of respect for person, which holds that every individual have right to make their own choices and develop their own life plan or treatment. In a health care setting, the principle of autonomy translates into the principle of informed consent: you shall not treat a patient without the informed consent of the patient. In order to affirm autonomy, every effort must be made to discuss treatment preferences with patients.[6]

To consent freely, a patient must be of sound mind and must not be subject to any coercion or undue influence. Mainly, the informed consent consists of two components. First is the doctor who discloses the medical information to a patient. Information means diagnosis, prognosis, available and alternative treatments, and the risks, benefits and consequences of having or refusing treatment. Another component is the patient. Patient decides whether to accept or forego treatment on the basis of doctor's information. A conscious patient always perceives the nature of his or her health condition and the result of accepting or denying an intervention for it. Actually, informed consent serves as an ethical basis in reality for a patient-doctor relationship characterized by, reciprocal respect and shared decision making. The purpose of healthcare currently is evidence-

based, patient-centered decision making and accordingly, the importance of shared decision making in combination with patient reported outcomes is stressed in the treatment of patients.

(b) Therapeutic Privilege: Therapeutic privilege is another component of the patient-doctor relationship. Doctor has an obligation to disclose relevant and essential medical information to patient. So that patient can make informed decision about their treatment. The discloser of information expresses respect for the patient's autonomy. It enables the patient to make decision that treatment will be beneficial and not harmful. Physician has an obligation to disclose current medical condition, likely progression, possible interventions and the risk and benefits everything to the patient. Discloser is essential for informed consent.

The therapeutic relationship and duties to the patient is very important one to a doctor. "When we talk about the doctor-patient relationship or partnership, the therapeutic model is the one we mean, whether it takes place in a primary care or hospital setting. Here the doctor seen as having a firm commitment to the patient even though other professionals may manage specific episodes of care. What distinguishes this from other models of care is that the doctor is responsible to the patients, whose best interests are the key concern. In exceptional cases, however, the doctor may have to act contrary to the patient's wishes where this conflict seriously with a wider duty to society and put other people's health at risk".[7]

Though all information regarding treatment should be informed to patient yet therapeutic privilege say something more than that. The idea that a doctor can withhold medical information when it is potentially harmful to a patient is known as *Therapeutic Privilege.*

Now the question is; is a physician obligated to disclose all medical information to a patient all at once? Answer is no, because it may be more harmful to a patient. The physician should give the medical information to the patient in a gradual manner and measured way. So that patient can have time to assimilate it and be able to rationally think about his treatment options. For example, in a case of cancer the chemotherapy has a sixty percent chance of extending the patient's life for three-five years. It would permissible to say to the patient at the first meeting with doctor that he has cancer. But don't worry it may be controlled. Need not to say more in the first meeting. After long day's gap at a second meeting, the doctor can discuss the prognosis in more direct terms. First meeting informed the diagnosis to the patient and the second meeting informed the prognosis to the patient. Doctors should disclose diagnosis and prognosis of a patient in step by step. Separating discussion of diagnosis and prognosis may help the patient to accept the real facts and it helps to assimilate the same. This process is not too disruptive for patient's emotions. The point is that how much information is disclosed to a patient and how it is disclosed. Discloser

should be sensitive to the particular history and needs of each patient.

(c) Confidentiality: The doctors' have a responsibility to disclose all relevant and essential medical information to the patient and also have a corresponding duty not to disclose this information to a third party. "Respect for privacy allows people time and space to express their thoughts and feelings without fear of being misunderstood or judged by unsympathetic third parties. It has been described as being essential for "sexual, religious, and imaginative impulses to flourish" as well as necessary for people making important life choices such as those related to medical treatment. Despite this, people are often interested in the private lives of others. In medicine, others- typically relatives or employers sometimes believe that it is important for the protection of their own interest to discover information about patients. Health professionals' duties of confidentiality prevent such access without patients' consent."[8]

Disclosure the medical information to a third party would violate the confidentiality. But confidentiality is essential to keeping trust in the patient-doctor relationship. The doctor should not disclose the information to a third party without the consent of patient. For example, a patient is positive for HIV, the virus that causes AIDS. In discussing his health condition and the risk of sexually transmitting the virus to his partner, his doctor recommends that. Doctor advice affected patient to inform his partner sexual meet now at risk. But the patient refuses to do this. Also patient insists the doctor not to tell the matter to his partner. The doctor suspects that the patient is afraid that his partner will leave him if she knows the real fact. But doctor is obligated to convince his patient to inform his partner of HIV status. It will be more beneficial for both of them. Would the doctor be justified in breaking confidentiality and telling the truth to patient's partner directly?

Answer is; informing a third party that a patient is HIV positive without permission of the effected patient can be justified only when there is a risk of harm to an identified individual who may become infected. Doctors are very well aware of that preventing public harm is much important than a individual. Primary responsibility of a doctor is his individual patient. But their responsibility is to some extent to the social community. In order to protect others person from harm there may be exceptions to the rule that confidentiality must be protected unconditionally.

Conclusion:

The philosophical basis for the patient-doctor relationship evolved considerably during the twentieth century from a predominantly paternalistic model to models that promote patient autonomy. "It is

critical, though, that the emphasis on patient autonomy not relieve physicians of the obligation to make therapeutic recommendations and to foster behavior modifications in patients who may be reluctant to change. Physicians' wise use of their intimate connections with patients and their socially given power can make them strong advocates for patient well-being."[9]

We have outlined briefly the fundamentals of the doctor–patient relationship, some features of the health care system found particularly in managed care settings that affect it, and approaches for protecting and sustaining the doctor–patient relationship in these settings. The doctor–patient relationship deserves our serious attention and protection during these dangerous times. We are both dependent to each other. "In the context of the physician–patient relationship, a boundary violation refers to any behavior on the part of a physician that transgresses the limits of the professional relationship. Boundary violations have the potential to exploit or harm patients."[10]

In the age of modern medical science doctor should be competent with the advancement of medical treatment, compassionate and knowledgeable about latest medical research. Doctors' have an obligation to respect patient autonomy. Correspondingly, patients' have a duty to follow doctors' advised. Generally, people think of them like God. So doctors' are responsible to keep maintained honesty and fidelity with the patients. The patient-doctor relationship is a cooperative relationship of shared decision making.

The doctor-patient relationship is still a highly valued institution in our society. "The doctor-patient relationship has evolved throughout the history, always seeking – in its ideal – the benefit of the patient, from a markedly paternalistic perspective ("all for the patient, but without the patient", paraphrasing the leitmotiv of absolute monarchy) towards a more clearly participatory one, based on the exercise of autonomy in decision-making by the patient. Although this evolution has led to a much more humane relationship, it must be recognized that it has not been an intrinsic process that has taken place within the profession, but that it has specified the social processes that have led to the empowerment of patients, who have ceased to be passive subjects of the health-disease process."[11] A doctor should be a clown at heart, a scientist at brain and a mother at conscience.

It is observed that no relationship can quite be constricted to certain rules and regulations, though these are unable to enfetter human society. In this connection, it will indeed to be infelicitous to expound and ratiocinate the relationship between doctors and patient, based merely on this encoded rules and principles since both the doctors and patients, we should non- optionally avouch –are human beings. The knot of humanness serves as the key to keep the relationship ameliorated and enlivened. It has, of late, time and again been palpable that the patient parties unconscientiously

inflict mental as well as corporal assaults upon the doctors in their failure to recuperate or sustain even the most critical patients. Often in perturbation for the loss of kindred they turn too violent to demolish the hospital buildings and properties as well. However, a fecund doctor-patient relationship sails forth reserving reliance mutual dependence, co-operation, regard and secrecy. It is incontrovertible that a member of medical profession executes the roll of supreme reliant to the sufferers and therefore the sole responsibility to keep the relation safe, well shielded merely or mostly to the patients for themselves.

Medicine has the prime aim of preserving and restoring physical health. Medical practice without ethics is dangerous and adverse to the very purpose of medicine. Unethical practices not only harm the patients, but also bring disgrace to the medical profession. Doctors should be listening carefully and friendly to the patient about his/her problems and then help to taking decision about the treatment. The relationship between a patient and a doctor is based on trust, which gives rise to doctors' ethical responsibility to place patients' welfare above the doctor's self-interest. After all, patient and doctor both are men. We need a healthy human relationship to sustain.

Notes and References

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