

Enhancing Doctor-Patient Relationship: The Humanistic Approach

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SUMMARY

Doctor-patient relationship is a special kind of social relationship where bonding is planned and carried out with the final objective of helping the patient to achieve the treatment goal. A positive therapeutic relationship encourages active participation of patient in the treatment plan, contributing to success of treatment goals and minimizing malpractice suits. The humanistic approach emphasizes the importance of love, belonging, self esteem, self expression and the final stage of self actualization-the drive to realize one's full potential. In person centered approach to therapeutic relationship, the three most fundamental elements are congruent (genuineness), unconditioned positive regards and empathy. In daily medical consultation, applying these elements can promote greater chance of success in the therapeutic process.

KEY WORDS:

Doctor-patient relationship, Humanistic, Congruence, Positive regards, Empathy

INTRODUCTION

All effective relationships involve personal contact and an understanding of the other person. The latter includes appreciating the other person's feelings, needs, perception and problems. This model incorporated into the doctor-patient relationship. This is a unique social relationship where bonding is planned with the ultimate objective of assisting the patient to achieve treatment goals. This approach requires the doctor (care provider) to take on the responsibility of directing, effecting and maintaining the therapeutic relationship, exhibiting a professional and ethical approach.

The study of the doctor-patient relationship was first initiated by Talcott Parsons in 1950s¹. He identified four major functional elements in the 'sick role': (i) the individual is not responsible for his illness; (ii) exemption of the sick individual from normal obligations until he is well; (iii) that illness is undesirable; and (iv) the sick individual should seek professional help. In contrast to the biomedical model, which pictures illness as a mechanical malfunction, Parsons described the sick role as a temporary, medically sanctioned form of deviant behavior.

Parsons' model of the sick role has a few weaknesses. In the modern era of medical care, every individual is responsible for

his own health and shall seek appropriate treatment when necessary. The doctor is more likely to be part of a healthcare team rather than the sole authority in managing the patient hence avoiding the paternalistic model. Despite these shortcomings, Parsons' model has its own strength. It outlines two obligations of the sick person: (i) the sick person should try to get well and (ii) the sick person should seek competent help and cooperate with the treating professional. He further describes the effective role of the physician in managing ill patients primarily based on the above four 'sick roles' so as to assist afflicted individuals to take control of their ailment¹.

Importance of a good doctor-patient relationship

Clearly, a majority of the doctors are motivated and committed to assisting their patients to not only get better but also to cope better with their illness. More recently many health care providers appear to focus largely on disease treatment strategies relying extensively on medical technology using the latest class of drugs. Peplau reiterated that healing involves more than medicine and drug treatment protocols^{2,16}. Positive therapeutic relationships are essential to the healing process. It is the underlying basic foundation for all biophysical, psychosocial and cognitive treatments². Fundamentally, interpersonal relationships directly affect the quality of a person's living. The generation and development of a positive therapeutic relationship permits and allows the patient to perceive and understand the illness better thus enabling him to react to his illness in a more productive and positive manner. As the rapport between the patient and doctor builds up incrementally, it becomes easier for him to express and ventilate his feelings, share his sufferings, his fears and disappointments. It is then conceivable that going through this process of sharing enables the sick person to achieve a sense of understanding of his illness and the objectives of therapy^{3,4}.

The increasing incidence of malpractice suits brought on by patients needs to be contended with. There are many published literature related to the topic of relationship problems between the patient and the treating doctor. Many of these literatures indicate poor communication as the most important factor contributing to malpractice suits. Among the major dissatisfactions which plaintiffs describe are that the attending doctor is arrogant, impersonal devaluing, unavailable or abandoning⁵. At the other end of the spectrum, one group of doctors viz, obstetricians who had never been sued were described by their patients as more caring and more willing to communicate^{6,7}.

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Humanistic approach to positive therapeutic relationship

Humanistic psychology has contributed immensely to the study of emotions, personality and motivations. The American psychologist Abraham Maslow in 1954 described the Maslow's hierarchy of needs which emphasize on the importance of love, belonging, self esteem, self expression and the final stage of self actualization- ultimately driving the individual to realize his full potential⁸. In summary, this model focuses on being human and wanting to be good. In a clinical situation it is important for the doctor to be aware of the level of need of the patient. This very much depends on the severity of illness and state of psychological of health of the patient.

Carl Rogers proposed the "person centered approach" to therapeutic relationship. He says that: "If I can provide a certain type of relationship, the other person will discover within himself the capacity to build that relationship for growth and change, and personal development will occur"⁹. In Rogers' 'person centered approach' concept, the fundamental assumptions are that people are essentially trustworthy and they have great potential for resolving their own problems. Conceptually everyone is capable of self-directed growth and this is enhanced if they are engaged in a specific kind of therapeutic relationship. The outcome of the therapeutic process is determined essentially by both parties i.e. professional and personal characteristics of the care provider and the patient^{10,11}.

When the doctor is able to communicate effectively, is caring and nonjudgmental, significant changes are likely to take place in the patient. Three major attributes proposed by Rogers of the care giver which will promote positive therapeutic relationship are: 1) congruence 2) unconditioned positive regard and 3) empathic understanding¹⁰

(i) Congruence

Congruence largely refers to the genuineness of the care provider and his sincerity in helping the patient. If the care provider is congruent in the therapeutic relationship with the client, trust will be generated and the outcome will be positive allowing open expression of feelings and thoughts. When a positive and meaningful engagement takes place, the patient is willing to open up and reveal important information about himself to the treating doctor. Important information crucial for making diagnosis may be missed if the patient failed to inform the doctor due to lack of trust. Therefore, if both the care giver and the patient are being congruent, a successful treatment plan can be achieved¹³. In a multicultural multireligious country like Malaysia, this relationship needs to be built up against a background of differing socio-cultural norms, beliefs and perception of illness.

(ii) Unconditioned positive regards

Clearly, the caring attitude of the care provider for the client should be unconditioned and without bias, a basic tenet of professional relationship. Care should be genuine and not influenced by the judgment of the patient's characteristics, perceptions and behavior. In this aspect the care provider values his patients as they are and facilitates the client to express his problems without having the fear of being

rejected by the therapist. This further suggests that the care provider treats every individual in whatever state the person is in even if the patient is non compliant to treatment, angry, frightened, poor, physically handicapped, addicted to drugs or his illness is worsening or is terminal. Consequently, success in the therapeutic process is best achieved when caring, accepting and valuing the patient are held to a high degree in a non-judgmental way¹¹⁻¹³.

This concept of being non- judgmental and sustaining acceptance towards the patient lend to the principles enshrined in the International Code of Medical Ethics in the Declaration of Geneva which reads "I will not permit considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient."

(iii) Empathic understanding

Empathic understanding as defined by Rogers as the ability of the care provider to sense and feel for the patient as if he or she is in the patient's 'shoes'. The care provider must be able to reflect the experience of the patient. This reflection of the patient's feelings will further enhance the patient's ability to self reflect his illness or problems^{12,14}. Empathy requires a deep understanding of the meaning and feelings of the patient as a whole and not a superficial intellectual understanding of patient's fears and hopes. Empathy is said to operate at three levels of communication i.e.-interpersonal, cognitive and affective. When the care provider has been able to incorporate all three levels of communication in the empathetic approach he will be equipped with the essential tools to achieve the goals of an effective therapeutic process¹². Ultimately positive changes are then evoked in the patient by expression of empathy via four modalities (i) valuing their own experience (ii) looking at their sufferings and experience in a new perspective (iii) modifying the perception towards illness and (iv) improving their confidence in implementing the course of action for treatment.

Extending this model of effective therapeutic connectivity, Stewart alluded to a 'patient centred clinical method'¹⁵. In this expanded model, six interactive components are essential for the doctor-patient relationship model. These include exploring the patient's illness experience, understanding the whole person, finding common ground, incorporating preventive and promotive aspects of health, enhancing patient-doctor relationship and being realistic. Such a holistic and humanistic approach promotes a positive relationship between the doctor and the patient deriving mutual benefits to both parties. On the one hand the doctor achieves a higher level of satisfaction with better use of consultation time and fewer complaints while on the other hand the patient, apart from obtaining a better level of satisfaction, exhibits better compliance and achieves overall improvement of health and well being¹⁵.

The ethical aspects of doctor patient relationship

The treating doctor must always adhere to the ethical principle of "beneficence" in which the doctor's primary commitment must always be to the patient's welfare and best interests. The ultimate purpose of a good doctor patient

relationship is to achieve an effective therapeutic process so that the patient's problem can be solved. Although the doctor should be fairly compensated for services he provides, a sense of duty to the patient should take precedence over the concern about compensation when a patient's well-being is at stake¹⁷. Truth telling is another important principle of medical ethics that the treating doctor must adhere to. The doctor must be honest in discussing and disclosing the actual condition to the patient even if it is a 'bad news'. It is unethical for the treating doctor to withhold information just because he thinks the patient will feel sad about 'bad news' and poor outcome. The fundamentals of effective communication is vital in such situations without jeopardizing good patient doctor relationships. During this period of connectivity, the treating doctor must also be aware of the dangers of emotional attachment such as transference and counter transference which can affect his clinical decision making. Some patients may continue to feel dependent on the treating doctor long after the professional relationship has ended¹⁷. If the doctor feels that he is developing such emotional attachments in the course of treatment the patient should rightfully be referred to another care giver.

CONCLUSION

Effective therapeutic relationship is vital in enhancing successful treatment. Connecting effectively into the therapeutic relationship is an essential element in the patient centered approach model of the therapeutic process. As proposed by Rogers being congruent, having unconditioned positive regards and exhibiting empathy are the three crucial elements in any form of therapeutic relationship.

REFERENCES

1. Cockerham. Medical Sociology, 8th ed. Prentice Hall 2001; 1: 156-78.
2. Arnold E, Kathleen B. Inter-personal relationships. 2nd Ed. WB Saunders 1995; 1: 22-40.
3. Frankl V. The doctor and the soul: From Psychotherapy to Logotherapy. New York, Vintage 1986; 26-27.
4. Travelbee J. Interpersonal aspects of nursing. F. A. Davis Co; 2nd edition 1971; 100-10.
5. Beckman HB, Markakis KM, Suchman AL *et al.* The doctor patient relationship and malpractice: lessons from plaintiff depositions. Arch Inter Med 1994; 154: 1365-70.
6. Hickson GB, Clyton EW, Entman SS, *et al.* Obstetricians' prior malpractice experience and patients' satisfaction with care. JAMA 1994; 272: 1583-88.
7. Kerse N, Buetow S, Mainoug AG *et al.* Physician-patient relationship and medication compliance: A primary care investigation. Ann Fam Med 2004; 2: 455-61.
8. Maslow AH. Motivation and personality. Harper Collins Publishers; New York 1987.
9. Rogers C. My philosophy of interpersonal relationship and how it grew. J of Humanistic Psych 1973; 13: 3
10. Rogers C. The necessary and sufficient conditions of therapeutic personality change. J Counselling Psych 1957; 21: 95-103.
11. Rogers C. Carl Rogers on personal power: Inner strength and its revolutionary impact. 1977 Delacorte Press, New York.
12. Beach MC, Keruly J, Moore RD. Is the quality of patient-provider relationship associated with better adherence and health outcome for patients with HIV. J Gen Int Med 2006; 21: 661-801.
13. Watson JC. Re-visioning empathy. In D J Cain & J Seeman, Humanistic psychotherapies: Handbook of research and practice. American Psychological Association, Washington DC. 2002; 445-71.
14. Piasecki M. Clinical Communication Handbook. Blackwell Publishing Co 2003.
15. Stewart M Reflections on doctor-patient relationship: from evidence to experience B J Gen Pract 2005; 55: 793-801.
16. Willis JAR. The sea monster and the whirlpool. Keynote address. Birmingham Royal College of General Practitioners 2002.
17. "Ethics manual. Fourth edition. American College of Physicians". Ann Intern Med 1998; 128: 576-94.

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MCQS (TRUE/FALSE)

1. Positive therapeutic relationship includes:
 - A. Effective communication
 - B. The ability of the care giver to feel for the patient
 - C. Judgmental comments
 - D. Understanding patient's suffering
 - E. Reflecting on patient's feeling

2. The importance of good therapeutic relationship includes:
 - A. Better engagement in communication
 - B. Mutual respect and understanding between physician and patient
 - C. Minimizing malpractice suits brought by patient
 - D. Better treatment outcome
 - E. Enhancing active participation of patient in the treatment plan

3. Characteristics proposed by Rogers in humanistic approach to positive therapeutic relationship include:
 - A. Empathy
 - B. Congruent
 - C. Doctor's autonomy
 - D. Unconditioned positive regards
 - E. Genuineness

4. Empathy involves:
 - A. The physician's ability to feel for the patient's suffering.
 - B. The physician's ability to care for the patient.
 - C. The physician's ability to institute treatment plan.
 - D. The physician's ability to reflect the patient's feelings.
 - E. The physician ability to prescribe medicine.

5. In unconditioned positive regards, the physician:
 - A. Accepts the patient as he or she is.
 - B. Respects a patient as an individual.
 - C. Rejects the non compliant patient.
 - D. Accepts the patient even if he is hostile towards the physician.
 - E. Accepts the patient despite he is a drug addict.