

Commentary

The evolving physician-patient relationship: equal partnership, more responsibility

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ABSTRACT

The physician-patient relationship has undergone enormous changes over the last decade, highlighted by the transition from physician-dominance to patient-centeredness. Accompanied with this drastic shift in patients' role comes more responsibilities for us. Unfortunately, due to the rapidity of this transformation and the lack of education regarding their new responsibilities, it seems as if patients have been propelled into this new role with little assistance and resources for their success. By educating and making patients aware of these responsibilities improvements in their health can be realized.

Keywords: physician-patient relationship, responsibility, communication, patient, physician, knowledge

Introduction

Like many resident physicians in training, my main motivation for becoming a physician has always been, and continues to be, a desire to treat and care for unfortunate patients afflicted with illness. After eight years of grueling scientific and medical education I was armed with the essential knowledge of human anatomy, physiology, pathophysiology, pharmacology, and disease processes, along with a medical doctor degree and enough naivety to believe that I was prepared to answer my life's calling of healing the sick. What I failed to appreciate upon graduation from medical school and entering residency was that diagnosing and treating patients relies on certain factors other than the requisite medical knowledge.

Although our nation's healthcare system in 2015 continues to have numerous imperfections, one admirable trait worth highlighting is its patient-centerednes.[1] Gone are the days of the one-sided physician-patient relationship where treatment plans included little participation from patients. Today's system encourages patient engagement, ownership, and cooperation, which have led to improvements in patient satisfaction and outcomes. [2] One example demonstrating this change is the advent of Patient Participation Groups (PPGs), which are groups of volunteer patients based within a single general practice and designed to meet the local patients' and practice's needs. These groups have been shown to provide practices with a better interpretation of the patient perspective and improve health promotion. [3]

Accompanied with this drastic shift in patients' role comes more responsibilities and onus. [1] Similar to any successful equal partnership, the contemporary physician-patient relationship now relies as much on patients' preparedness and engagement as on physicians' medical knowledge and skill.[4] Therefore, in order for the relationship to be a successful one, both physicians and patients must be aware of their role and take the necessary steps to embrace it. [5] For physicians, this means continued study on the management and treatment of diseases, optimizing bedside manner, and familiarizing themselves with new innovative treatments and alternatives. For patients, however, the requirements are less clear and unfortunately cannot be attained through online continuing medical education modules or medical journal articles. Instead, it seems as if patients have been propelled into this new role with little assistance and resources for their success. [6]

Although not a physician for long, anecdotally I have observed at least four patient-responsibilities that are integral to successful physician-patient relationships and optimal health outcomes. In no particular order of importance they are:

Have accessible and portable copies of health records:

With the advent of electronic health record (EHR) a wealth of pertinent historical patient information is available with just a few keystrokes. However, even with its many advantages, EHR is not perfect and can be conducive to medical errors mostly because individual hospital-systems are constrained by their inability to communicate and share information with each other. [7] Therefore, tests, procedures, and medications provided to a patient in Hospital A cannot be visualized if the patient presents to Hospital B without printed hardcopies. [7] So, until innovative technologies allow for interfacing and syncing across systems and locations, it is imperative that patients obtain and store all records from each physician visit and hospitalization to facilitate future medical encounters. [7] Typically people have safe deposit boxes, file cabinets, or safes that protect important personal information, so why not also include historical medical records with these important documents? Certainly, one limitation to having hardcopies of medical records might be that it worsens physician fatigue and expends more time, but the time and energy that it takes to review these records would likely be regained by not having to call outside hospitals and physicians for the same information.

Know your medical and surgical history, and utilize the assistance of a health planner

Even more important if the above is not possible, all patients should have a general idea of their past medical history and be able to communicate this with physicians. Despite some patients thinking that physicians should have the tools to figure out a diagnosis and treatment with minimal information, this simply

is not true; the more information about your medical history that you are able to provide to physicians the better your chances for a successful outcome. [8] Therefore, it isn't enough to have copies of your medical records, but also understand your medical history and be able to articulate this to your physician. One way of accomplishing this, as described by Duhl et al, could be the utilization of a health planner, which is a designated party, such as relative or close friend, that could assess the health needs of certain patients, populations, and communities, analyze and evaluate programs and policies, and use this information to optimize the health of patients. [4] It is common practice for people to have financial planners, so why not also have a health planner, or someone who is familiar with your medical history? Unfortunately, when illness strikes suddenly, often patients are incapacitated and unable to communicate invaluable information to physicians. [4] By having a patient advocate, or someone well versed with your medical history and goals of healthcare, the amount of information that can be provided to the treatment team is exponentially increased .[7] With this information, the likelihood that physicians and other healthcare providers can begin to formulate an accurate diagnosis and effective treatment plan is optimized. [4] Some might argue that a health planner has the potential to negatively affect the already fragile physician-patient relationship dynamics and dissuade invaluable rapport, but an equally possible outcome could be improved confidence and trust amongst physicians and patients that could spawn better relationships.

Know Your Medications

How often have healthcare providers heard from patients, "My medications should be in the chart." This may or may not be true, since the chart is subject to errors as it relies on human data entry and updating. [9] This means that any inaccurate or missing data that enters the chart is what is available for the downstream healthcare provider. Therefore, an accurate medication list with dosages provides physicians with more information than many patients comprehend. Even if patients do not understand their medical history, physicians are able to infer much of this information from a simple list of accurate medications. For example, a medication list that includes hydrochlorathiazide, lisinopril, and metoprolol keys the physician into a past medical history of hypertension and possibly congestive heart failure. So, along with that stored away file of medical records, patients should secure an accurate and updated medication list that is easily accessible and portable. [9] One limitation to this patient-created medication list is that it has potential to propagate medical errors, but if physicians take the time to review the accuracy of their patients' medication lists at each encounter the potential for these errors could be diminished.

Be Able to Formulate a Description of Your Present Illness

There's a reason why educators in medical school consistently and repetitively drill the importance of history-taking skills to their students, and its because a descriptive history is likely to provide healthcare providers with more insight about a patient's presenting illness than all diagnostic laboratory or imaging tests, combined. [10] In fact, most medical educators cite that an effective history alone can lead to an accurate diagnosis in 80-90% of cases, without the need for expensive testing or procedures .[11] The reason a history of a patient's present illness is so important is because diseases and conditions commonly present with a typical time course and constellation of symptoms. Being able to accurately recite the intricacies of these symptoms will clue physicians into the most likely causative disease states. So, like journaling daily events and memories in a diary, patients might consider carrying a health journal, which can be used to document daily symptoms and observations. Then, if their illness requires a physician visit or hospitalization, patients can bring this journal with them and share its information with the treatment team. Of course, the efficacy of these personalized health journals might be limited by patient literacy, or physician time constraints, but theoretically they have the potential to offer more information to physicians which could improve the likelihood for patient-health restoration. [6]

Conclusion

The physician-patient relationship has undergone drastic changes over the last few decades. No longer is the relationship a physician-dominated one that includes little engagement from patients. It is an equal partnership now, and with this transformation comes new patient-responsibilities. By educating and making patients aware of these responsibilities improvements in their health can be realized.

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