Patient-doctor relationship: Duet or due? A physicians’ perspective

The promotion of a balanced doctor–patient partnership is still in its infancy in Latin countries and, while more advanced, remains at an unsatisfactory level in Anglo-Saxon countries.1 Many obstacles hinder development of a mature, consensual partnership.2 We believe a key role is played by lack of awareness of mutual problems and real motivations.3

Little is known about what doctors actually think about patients’ behaviour, and this tends to circulate almost entirely underground. On this premise, we explored the opinions that Italian public primary care physicians have about patients, in order to help clarify some of the unpleasant situations encountered in the doctor–patient dyad. A pilot analysis is presented.

A focus group formed by Padua GPs was conducted.4 A list of three key discussion topics was drawn up and used to direct focus group discussion. The topics were: the ideal patient; the real patient; and suggestions for solving problems.

Ideal patients emerged as the ones who trust and respect their doctor, who was chosen in full consciousness. They went to their doctor and listened to their ideas, aware that they might have received incorrect information from other sources. Inappropriate behaviours were believed to reside in: lack of knowledge about the role of GPs; widespread misinformation (such as regarding the need to motivate refusal to refer patients for inappropriate procedures); unwillingness to comprehend institutional settings; and sometimes to accept a doctor’s judgment regarding a diagnosis or urgency level.

Suggestions for improvement were chiefly based on the promotion of health education and information/clarification campaigns, the teaching of communication skills to doctors, and creating opportunities for patients to more carefully select their GP.

Despite its limitations, our qualitative exploration (which will need a larger study design) reveals a series of apparently conspicuous drawbacks in routine medical practice, probably not easy to manage. This poses problems of: excessively high user expectations and the tendency to take every pathological event to extremes, and blame the health service for lack of solutions;5 the difficulties present-day physicians face, on the one hand, in abandoning their paternalistic role, while avoiding unreasonable requests, and — on the other hand — in keeping it, with all the ensuing legal pressures and perception of the system’s complexities; sociological phenomena, such as the desire to have ‘everything at the click of a finger’, typical of younger generations.

We do not consider removal and denial to be the best strategy. Openly comparing opinions would be challenging, but would make a contribution to the propitious achievement of partnership.

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References

Correction
In the September issue of the BJGP, the paper by Siriwardena et al (BJ Gen Pract 2002; 52: 735-740) had Table 3 accidentally omitted from the text. A correct version of the paper will be available on the BJGP web site (www.rcgp.org.uk). We apologise to the authors for the omission, and to readers for any confusion this may have caused.