

Doctor-Patient relationship (Part II)

Typology of doctor-patient relationship

1- Symptom- Severity Model

by (szasz and Hollender) Its of four sub-types:

A- Activity- Passivity (parent- infant) (officer- soldier)

No much relation, seen in hospital practice, emergencies and surgical operations, also in seriously ill patient, lack of consciousness, under GA.

(Low social class tend to be passive).

B- Guidance- Cooperation (parent-child)(Teacher-Student).

Here the doctor guides the patient in accepted to cooperate.

Seen in General Practice, Private clinic, seen also in acute short conditions, infectious diseases.

The role of the doctor have to tell the patient what to do, and the patient must obey.

C- Mutual Participation (Adult- Adult)

Both are equally involved in interaction

Counseling.

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e.g: alcoholic, drug addicts, smoking, sexual , problems, impotence, menopausal symptoms, family

Planning, breast feeding, modeling life style.

Here the doctor guide the patient to help himself.

Here the decision power distribute between doctor and patient.

D- Passivity- Activity (infant- parent)

Seen only in developing countries were the doctor must obey the patient, seen in political leaders, high social class, rich people.

Education and middle social class tend to be consumer oriented and they believe the decision making not left entirely to the doctor.

2- Negotiation Model(Hayes- Bautista)

Here the patient convince the doctor that the treatment is not working, so the patient reduces or increases the treatment.

The doctor role here tells the patient if you don't follow the treatment your health is threatened.

Tell him the treatment is correct but it needs time or the progress of health may be slow.

Features of DP Relationship

A- It's a social relation: it's a probability of behavior in a meaningful determined way based on mutual acceptance.

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The doctor social role: He is defined by the society to be a qualified technical expert, thus he has knowledge and science. Also he gives warmth, understanding and carry attitude.

B- it's a relation when a lay person and professional meet and clash.

a meeting with different knowledge levels and imbalance leading to clash between the two parties.

C- it's a well-defined encounter between two systems

Between the health care system and the community system value, beliefs, ethics and culture . e.g(abortion, euthanasia)

D- Several models and types.

E- privileged access.

Its dealing with the patient in a manner outside this relation is considered immoral (PV, PR), scandalous (STD, sexual partners), criminal (amputation) or even ridiculous (seeing jugular vein)

physical access, social access, economical access, educational access.

F- uncertainty: although its strong relation but its not very clear or uncertain for both the patient and doctor.

Patient uncertainty: in what symptoms he begins to talk with his doctor? and to let the doctor understand him.?

e.g backache !!!??

Reflect his lay perspective; e.g patient consult a surgeon for medical problem.

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Doctor uncertainty: arises from awareness of not being able to learn everything about medicine, and realizing the limitations existing in medical knowledge and techniques. , or D.D

Risk of patient uncertainty:

- personalization: the patient being unaware of the relation nature, may misunderstand caring attitude from his doctor as a special personal relation with him.

- Sexualization: this carries a risk for doctor when his patient falls in love with him.

Risk of doctor uncertainty:

- psychosomatic labeling of the patient with organic disease. e.g : tension headache labeling for a space occupying lesion, irritable bowel for bowel lesion, depression for hidden carcinoma.

- Medicalization: assumption of organic disease in a patient coming for psychological reasons