

Editor's Desk



Dr. A. Muruganathan
Chief Editor

Dear Brothers and Sisters, Greetings!

The doctor-patient relationship is considered to be the core element in the ethical principles of medicine. It is a unique social relationship where bonding is aimed with the ultimate objective of helping the patient to achieve treatment goals.

This relationship is essential for providing excellent care, helping in the healing process, and improving outcomes. Trust, knowledge, regard, and loyalty are the main elements that form a doctor-patient relationship.

Three models of decision making are Paternalising, Shared, and informed

Points for improving doctor-patient relationship are active listening, nonverbal communication, agendas, empathize, educating patients, reassurance, agreeing on a treatment plan, taking responsibility, avoiding overreacting, establishing boundaries

Satisfaction in an effective Patient-Doctor relationship is a critical factor in our contemporaneous medical practice. The axiom is we should act in patients' best interests and not manipulate their views and decisions. We particularly notice this aspect of our daily grind when a consultation goes awry or somebody makes a complaint. This aspect is often taught in our medical student days as part of medical ethics and communication skills. We gradually evolve our prowess and hone it regularly as years go by. Even in the erudite and well-experienced professionals, this sometimes is disappointing and does not go well. During such times it is always worth a while to self-introspect, microdissect and explore ways to rectify and amend the shortfalls. . In case of any extremely difficult situations, it is prudent to take advice from senior colleagues (without breaching confidentiality). Patients should be given adequate time, empathetically listened to, explained about their illnesses in simple understandable language avoiding medical jargon. We should be exceptional listeners. Children and adolescents should be accompanied by responsible adults. We should respect patients' autonomy and be allowed to make their decision themselves after explaining the pros and cons of the situation, though sometimes we can act paternalistically in the best interest of patients. They should make informed decisions. Of course, they should be offered a Chaperone if they felt uncomfortable, particularly with consultations involving intimate examinations. Uniformity and consistency without consideration for caste, creed, sex, status, etc should be inculcated. Confidentiality should always be respected and breach of confidentiality is a self-attracted destruction for professionals. Contemporaneous record-keeping is essential as it is often quoted in the medical defense community as 'no notes no defense'. We should avoid any unrelated financial transactions, social media contacts, and romantic relationships. Not to stress avoidance of cash donations, developing personal relationships, lending money, etc. If all else fails and is faced with the irretrievable breakdown



*The Medical **Bulletin***

of the relationship due to reasons like abusive behavior, non-compliance, deception to obtain drugs and medical certificates we can terminate the association. This should not happen for reasons of complaint, the difference of political social views. If arriving at the door of termination of a relationship, as part of a continuity of care they should be appropriately counseled. A good and effective Doctor-Patient relationship is the cornerstone in our clinical practice.

The good physician treats the disease the great physician treats the patient who has the disease

William Osler

Learn to Listen, Listen to Learn

Best wishes

**DR. A. MURUGANATHAN
CHIEF EDITOR**