

Doctor–Patient Relationship



รศ.นพ. ตรีภาพ เลิศบรรณพงษ์



รศ.นพ. ชัยเจริญ ตันธเนศ

Learning Outcome

Understand key models of the doctor–patient relationship

Describe effective professional clinical communication

Explain how to cope with difficult situations

Doctor–Patient Relationship (DPR)

“A consensual relationship in which the **patient knowingly seeks the physician’s assistance** and in which the **physician knowingly accepts the person as a patient**”

Knowledge

Trust

Loyalty

Regard

Why It Matters

Adherence

Clinical Outcomes

Litigation

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Models of Doctor–Patient Relationship



Emanuel EJ, Emanuel LL. JAMA. 1992 Apr 22-29;267(16):2221-6.

Models of Doctor–Patient Relationship



The Paternalistic Model (The "Guardian")

Models of Doctor–Patient Relationship

The Informative Model (The "Technical Expert")



Models of Doctor–Patient Relationship



The Interpretive Model (The "Counselor")

Emanuel EJ, Emanuel LL. JAMA. 1992 Apr 22-29;267(16):2221-6.

Models of Doctor–Patient Relationship

The Deliberative Model (The "Teacher/Friend")



Emanuel EJ, Emanuel LL. JAMA. 1992 Apr 22-29;267(16):2221-6.

Models of Doctor–Patient Relationship



Emanuel EJ, Emanuel LL. JAMA. 1992 Apr 22-29;267(16):2221-6.

Feature	Paternalistic	Informative	Interpretive	Deliberative
Patient Values	Objective / Shared with Doctor	Fixed / Known by Patient	Inchoate / Conflicting	Open to development
Physician Role	Guardian	Technical Expert	Counselor / Advisor	Teacher / Friend
Goal of Interaction	Promote Well-being (Health)	Patient Control over Decision	Self-Understanding	Moral Self-Development
Patient Autonomy	Assenting to objective values	Choice / Control	Self-Discovery	Moral Evolution
Key Limitation	Ignores Autonomy	Lacks "Caring"	Time Consuming	Risk of Coercion

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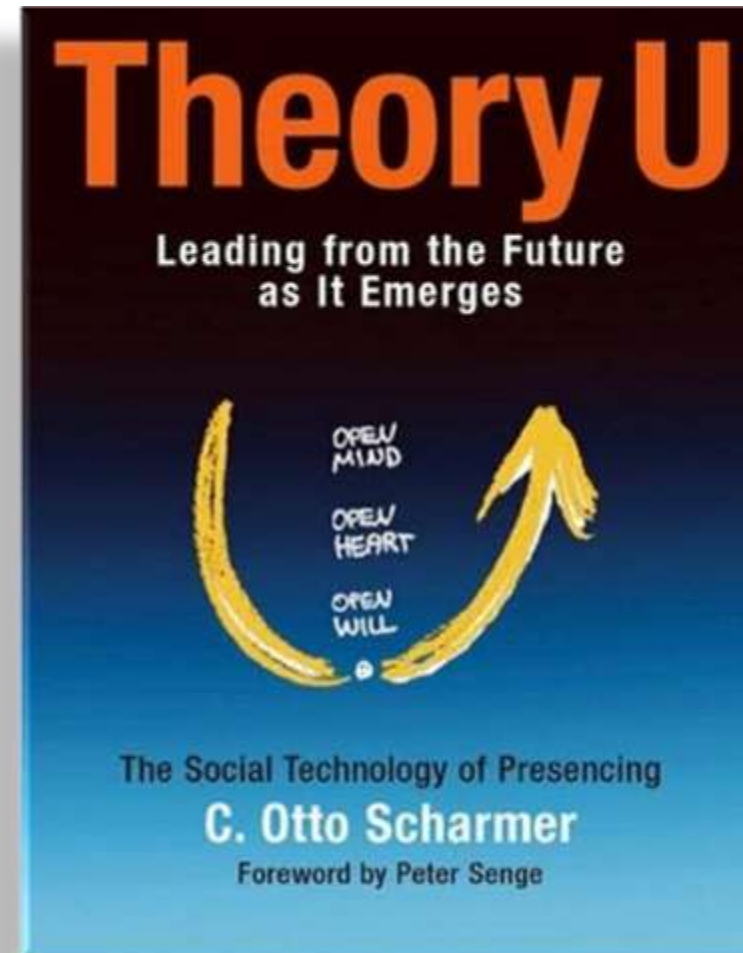
A doctor's touch

Abraham Verghese (Stanford Medicine)

Essential Communication Skills for Doctors

Build Rapport and Trust	Listen Actively	Demonstrate Empathy	Communicate Clearly
Engage Patients in Decisions	Maintain Professionalism	Manage Difficult Situations	Close the Encounter Effectively

Otto Scharmer's 4 Levels of Listening



THEORY U: 4 LEVELS OF LISTENING (OTTO SCHARMER)

MOVING FROM HABITUAL DOWNLOADING TO GENERATIVE CO-CREATION

1. DOWNLOADING (HABITUAL)



Listening from past habits & judgments. Confirming what is already known.

2. FACTUAL (OPEN MIND)



Noticing differences & disconfirming data. Listening from outside.

3. EMPATHIC (OPEN HEART)



Seeing through the other's eyes. Listening from within; emotional connection.

4. GENERATIVE (OPEN WILL)



Connecting to the emerging future. Co-creating solutions from the source.





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Communication Study

The importance of physician listening from the patients' perspective: Enhancing diagnosis, healing, and the doctor–patient relationship

Justin Jagosh^{a,*}, Joseph Donald Boudreau^b, Yvonne Steinert^a, Mary Ellen MacDonald^c, Lois Ingram^d

^aDepartment of Family Medicine, Faculty of Medicine, McGill University, Montreal, Canada

^bDepartment of Medicine, Faculty of Medicine, McGill University, Montreal, Canada

^cFaculty of Dentistry, McGill University, Montreal, Canada

^dIngram & Co., New York City, USA

Listening: clinical data gathering and diagnosis

Listening: a healing and therapeutic agent

Listening: means of strengthening doctor–patient relationship

Difficult Situations

POOR PROGNOSIS: IMPACT ON RELATIONSHIP & COPING STRATEGIES



1. THE STRAIN: DIFFICULT CONVERSATIONS & EMOTIONAL DISTANCE.



2. AFFECT ON RELATIONSHIP: EROSION OF TRUST & FEELING ABANDONED.



3. COPING: REASSURANCE OF PRESENCE & REGARD.



4. COPING: SHIFTING FOCUS TO PALLIATIVE CARE & SHARED GOALS.

Difficult Situations

'DIFFICULT PATIENT': IMPACT ON RELATIONSHIP & COPING STRATEGIES



1. THE STRAIN: COMMUNICATION BREAKDOWN & MUTUAL FRUSTRATION.



2. AFFECT ON RELATIONSHIP: EROSION OF REGARD, BURNOUT, & AVOIDANCE.



3. COPING (SELF): EMOTIONAL REGULATION & SEEKING SUPPORT.



4. COPING (INTERACTION): EMPATHY, BOUNDARIES, & SHARED DECISION-MAKING.

Difficult Situations

“FRUSTRATING” DISEASE (E.G., ADDICTION): IMPACT ON RELATIONSHIP & COPING STRATEGIES



1. THE STRAIN: CHRONIC RELAPSE, MUTUAL HELPLESSNESS & JUDGMENT.



2. AFFECT ON RELATIONSHIP: EROSION OF TRUST, STIGMA, & EMOTIONAL DISTANCE.



3. COPING (KNOWLEDGE): EDUCATION, DE-STIGMATIZATION & UNDERSTANDING THE DISEASE MODEL.



4. COPING (INTERACTION): EMPATHY, MOTIVATIONAL INTERVIEWING & LONG-TERM PARTNERSHIP.

Difficult Situations

“CULTURAL BARRIERS”: IMPACT ON RELATIONSHIP & COPING STRATEGIES



1. THE STRAIN: MISCOMMUNICATION & DIFFERING BELIEFS.



2. AFFECT ON RELATIONSHIP: EROSION OF TRUST & ISOLATION.



3. COPING (KNOWLEDGE): EDUCATION, TRANSLATION & CULTURAL HUMILITY.



4. COPING (INTERACTION): EMPATHY, INTERPRETERS & SHARED UNDERSTANDING.

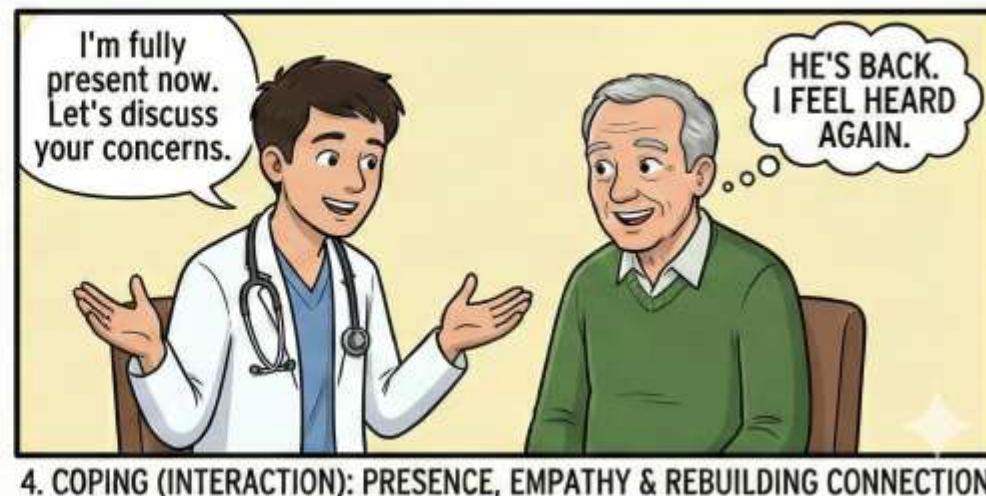
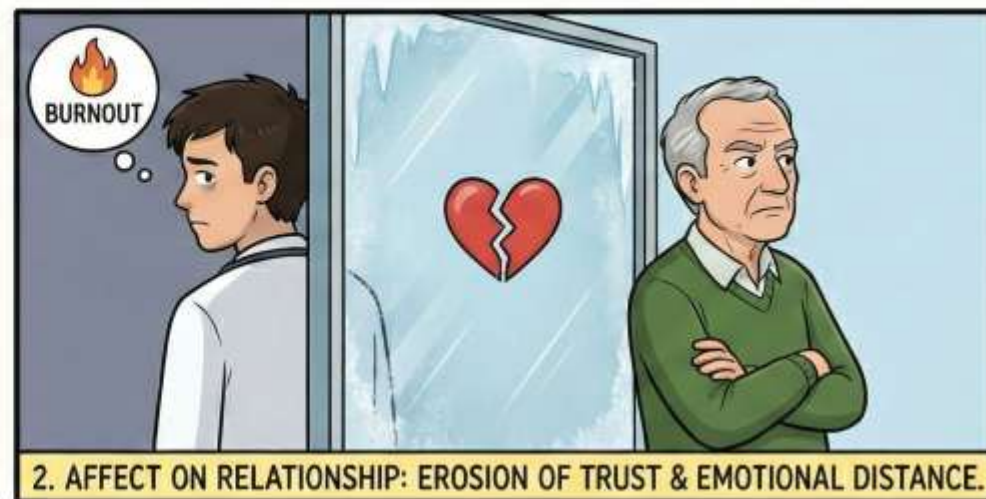
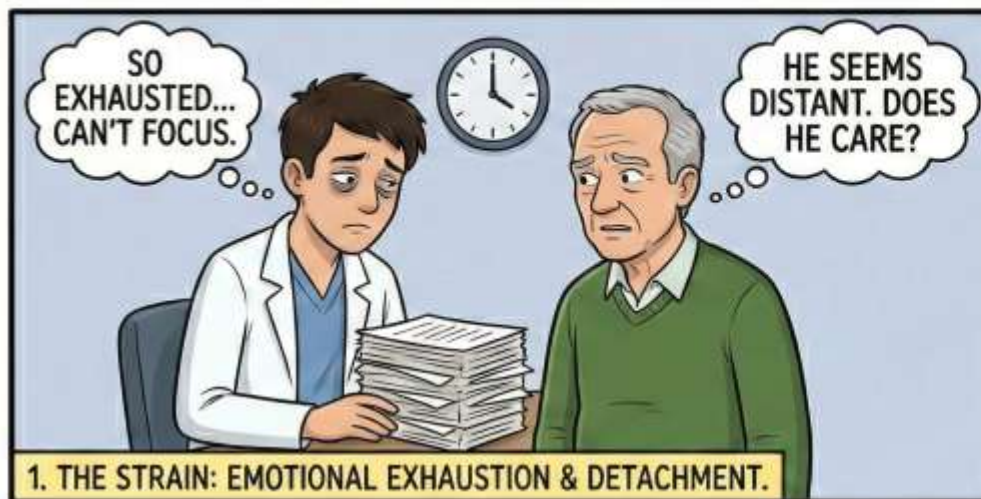
Difficult Situations

'TRAINING / EARLY CAREER': IMPACT ON RELATIONSHIP & COPING STRATEGIES



Difficult Situations

“PHYSICIAN BURNOUT”: IMPACT ON RELATIONSHIP & COPING STRATEGIES



Wrap Up


The **Relationship is the Treatment**

Communication is a **Skill**, Not a Personality

Awareness is the Antidote

Suggested readings



- ▶ Prim Care Companion CNS Disord. 2015 Oct 22;17(5):10.4088/PCC.15f01840. doi: [10.4088/PCC.15f01840](https://doi.org/10.4088/PCC.15f01840) 

Impact of the Doctor-Patient Relationship

[Fallon E Chipidza](#), [Rachel S Wallwork](#), [Theodore A Stern](#) 

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