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RESEARCH ARTICLE

CONTEMPORARY VIEW OF DOCTOR PATIENT RELATIONSHIP IN INDIA

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ABSTRACT

Doctor patient relationship is a contract-based relationship and it is considered as elementary to healing art of medicine. This is not a new concept in medical field, but it has a profound influence on the treatment outcome. Over the years many literatures have been published in this area; however, there is a paucity of information especially focusing on doctors in India. Considering this a literature review was performed using Medline, Pub Med, Wiley, Science Direct, Scopus, and Grey literature using Me SH terms like doctor; doctor-patient relation; India. Using the results of this review, a conceptual portrait of doctor patient relationship in India was constructed which mainly focused on the basic elements of this relationship and also the current scenario of this relationship in India especially on corruption, nepotism, quackery, health care inequality, violence etc. Apart from these, certain recommendations were also incorporated for strengthening this relationship in India.

INTRODUCTION

Doctor-patient relationship is a contractual relationship where doctor and patient have special obligations to each other (Bredart *et al.*, 2005; Fronek *et al.*, 2009; Ridd *et al.*, 2009; Park, 2009). This relationship has profound influence on treatment outcomes in the form patient satisfaction and improved quality of life. Presently in India, where there is an entrance of molecular technology and economy, doctor patient relationship is becoming itself industrialized which results in immorality, and unmet expectations. Also, there is intensification of newer diseases despite of improvements in health care services (Reddy, 2011; Orfanos, 2007; Ha *et al.*, 2010; Kaba *et al.*, 2006; Goold *et al.*, 1999; Kurpad *et al.*, 2010; Tasman, 2000). Added to these, India is strongly imbued with the influence of socio-cultural, economic and behavioral variants which always create a turbulence in the doctor patient relationship (Paul *et al.*, 2016; Ganesh 2009). This elevates the question of existence of any misalignment among the doctors in perceiving the doctor patient relationship. With this background, present review is aimed at highlighting the current portrait of this relationship in India with relevant recommendations.

Search Strategy: The conceptual agenda for this review was derived from the detailed literature search on all the types of

articles related to doctor patient relationship and its current structure in India. The search included the articles from 1990 to 2018. Relevant information was retrieved through Medline, PubMed, Wiley, Science Direct, Scopus, and Grey literature using the key words like: doctor patient relationship, India, violence, corruption, culture and quacks. Inclusion criteria for selecting the article are: i) full text articles ii) articles focusing on Indian context iii) articles in English language only and iv) hard or soft copy of the related matter from books, magazines and newspaper. Exclusion criteria were: i) articles not in English and ii) articles with only abstracts. With this a total of 47 literature work were identified and the available information was compiled with suitable headings to project the intensions of this review.

Key Elements for Doctor Patient Relationship: The mere existence of the doctor patient relationship doesn't mean a successful relationship; however, incorporating the three key elements like 1) communication, 2) empathy and 3) good rapport with their patients promotes the quality of healing art of medicine. As a first key, an effective communication should be done under the grounds of emotional, cultural or intellectual plane (Ha, 2010; Emanuel *et al.*, 1995; Rachagan *et al.*, 2003). Rapport, a second key, is a sense of openness, trust, spontaneity and freedom from censored speech.

An ideal rapport should be reciprocal, pleasant with effective office environment to foster this relationship (Balhara, 2011). Empathy, third key element reflects others feelings and accept feelings as real and important (Kubacki, 2003). Nevertheless, practical application of these key elements is obligatory, but it poses a challenging task in countries like India where there is wider range of income, cultural, linguistic, gender and political inequalities (Emanuel *et al.*, 1995).

Analysis of Current View of Doctor Patient Relationship in India: Following sections describe the current scenario of this relationship under various dimensions pertaining to the Indian nature and its impact.

Power of Doctor Patient Relationship in India: Enabling the individuals to take control over any act determines their power in achieving the desired goal. Doctor perceives power as to fulfill their professional obligations to numerous areas including patients, the community and themselves. Similarly, patients need power to formulate their principles, converse and achieve health needs, and fulfill their responsibilities. However, both parties can use or mishandle power with a range of control as low or high. Based on this Parson has proposed a model which has projected the doctor patient relationship as: paternalistic, mutuality, consumerist and default (Sumathipala *et al.*, 2004; Mckinstry, 1992; Smith *et al.*, 2001; Emanuel *et al.*, 1992; Wiles *et al.*, 1996).

As a general observation, majority of the doctor patient relationship in India is paternalistic in nature. Paternalism mainly revolves around physician center approach where doctor makes the decision about patients' treatment. This behavior may act as one of the hinderance in achieving the desired health outcomes as the liberty of the patients are sealed (Wiles *et al.*, 1996; Fochsen *et al.*, 2006; Razzaghi *et al.*, 2016).

India – A Multi-Linguistic Nation: A Thorn to Doctor Patient Relationship: Language is essential for day to day communication. As per 2011 census report, there are more than 19,500 languages spoken in India as mother tongue. This multi-linguistic nature of India has created a tough job for the doctors who interact with the patients where they don't know the language they speak. This leads to improper communication between the doctor and patient resulting in lack of comprehension, wrong treatment, stress, violence, and poor-quality care. To overcome this, it is important to judiciously post the doctors in both public and private sectors so that doctors can be compatible to language spoken (Census, 2018; Narayan, 2013).

Indian Culture Bound Syndromes: A Stressor on Doctor Patient Relationship: Culture bound syndromes are a group of psychosomatic symptoms which are specific and familiar to one particular culture but unknow to other culture. These syndromes are widely prevalent among the Indians and few examples for this are: Dhatsyndrome, Possession syndrome, Compulsive spitting etc. People presenting with such syndromes does not show any biochemical or organ abnormality but they are treated by folk medicine. This points out that, culture has got a significant role in health and disease and doctor has to know the influence of such culture related problems while handling the patients otherwise these syndromes strain the doctor patient relationship (Fernandez *et al.*, 1995; Gautam *et al.*, 2010).

Doctor Patient Relationship at the Preventive and Therapeutic Phase: In India, majority of the patients contact the doctor at the clinical stage of diseases where the patient is defined to play sickness role in the society. Thus, doctor patient relationship in India is established at the therapeutic phase rather than at preventive level. But one has to understand that, health is not merely the absence of disease rather it is the prevention of disease, improving the productivity and finally contributing to the overall socio-economic development of the individual and the community (Mushtaq, 2001). From the doctor's perspective, majority are acquainted with therapeutic health care as they believe this as one of the profits generating area rather than preventive care. Further doctors have deficit familiarity towards preventive care. Hence, there is a need to shift this relationship towards preventive care, because best doctor is the one who prevents the disease rather than waiting for the outbreak of the disease (Fernandez *et al.*, 1995; Gautam *et al.*, 2010; Mushtaq, 2001).

Doctor Patient Relationship an "Indian Cash Crop: In this rapid economic era, many Indian doctors are positively inclined towards the upper section of the society as they are considered to be the best cash crop for their growth. Due to this rich and affluent sections of the society can avail the technology-based health care services than the weaker group. This creates a "gap" in the doctor patient relationship which is detrimental not only for the utilization of health services but also to the patient satisfaction and health outcome. Such an indifference in treating the patients results in "hurt feeling" among the socially weaker and marginalized (Census, 2018). If this continues then there will be millions of Indians who cannot establish the doctor patient relationship instead there will be distrust towards the doctors (Census, 2018; Mushtaq, 2001; Moral 2010).

Nepotism - A Road Block for Healthy Doctor Patient Relationship: Nepotism in the medical field is, practice of showing preference toward one's family members or friends in getting medical education or employment in both public and private sectors without regard to the merit. In India, nepotism is a well-established fact as the doctors with the high social influence runs up in professional ladder irrespective of their professional quality. This results in production of a greater number of pseudo-intellecets in the society where they just carry the tag of a doctor without skill. On the other hand, the most efficient and meritorious doctor who are truly capable of establishing the best doctor patient relationship are suppressed due to lack of their social influence and under employment. Hence, nepotism has become a vulgarity in the noble medical field because such doctors tend to be less focused on their patients but interested in enjoying the professional benefits (Moral, 2010). This signals the need to build up flawless, appropriate medical policies which could eradicate the nepotism and improve the quality of this relationship as healthy citizens are the building blocks of the nation.

India's Quacks: A Fault in Doctor Patient Relationship: One of the variants of health care providers in India are the unregistered quacks or "fake doctors" where more than one million Indians visit quacks and recognize them as best and traditional healers of disease. According to the Indian Medical Association, there are some 10 lakh quacks practice in India which only represents the tip of the iceberg. This includes compounders, assistants to doctors, lab technicians, medical store owners, illiterates etc (Mishra, 2018).

Some of the reasons for having blind faith on these quacks could be due to their ease of availability, low treatment charges, scarcity of doctors and they are culturally acceptable. This has led to the formation of fault line in the doctor patient relationship and damaging this relationship. In order to erase the interference of these quacks in the doctor patient relationship, there is an urgent need to strengthen the existing legal measures against these quacks and public should be made aware about the harmful consequences of trusting these quacks rather than actual doctors (Balarajan, 2011; Srinath, 2005; Vissandjee, 1997; Priyanka, 2016).

“Corruption – A Worst Epidemic” of Doctor Patient Relationship in India: Currently high level of corruption has emerged as a spilling epidemic in India, which has magnified itself as a contemporary social evil not only obliterating the development of the country but also, damaging the doctor patient relationship as evidenced in the form of: patient frustration, difficulty in attaining the WHO health goals, underutilization of health services among the public, employing the doctors who give more bribes etc (Kay, 2013). Other side of the scenario shows that, there are many doctors who prescribe costly medicines and perform expensive tests on their patients for the attractive commissions offered to them by the production and marketing agencies. Thus, corruption is one such dangerous agent which weakens the trust of the patients towards the doctors leading to failure of doctor patient relationship (Paul *et al* 2016; Berger, 2014). Corruption is mainly attributed to the vagueness in the law system of the country along with the existence of distorted leaders or owners of health care providers. This desires the need for strict anti-corruption rules, transparency in professional recruitment, and pulling out the inefficacious and corrupt doctors and administrators from the health care sector. Otherwise, corruption will cause irreparable damage to the doctor patient relationship.

Binary Role of Media in Doctor Patient Relationship: Existing century of India, has evidenced a rapid growth in access to medical literature especially through electronic media. This expansion of mass media stimulated the thinking and reasoning capacity of the patients which is actually causing distress among the doctors as their professionalism is tested and judged by the patients. There is also reversal of paternalistic behavior which means, patients have become more authoritative than the doctors in the art of healing. Thus, media has attributed a binary role in the doctor patient relationship as it is strengthening patient’s role through information on one hand and on the other hand it is also causing distraction and uneasiness among the doctors which may create a war field in this relationship (Paul, 2016; Smailhodzic, 2016).

COPRA: A Boon or Pain to Doctor Patient Relationship in India?: Since the inception of Consumer Protection Act (COPRA) of 1986 in India, there is a gradual increase in the number of negligence cases against the doctors in these courts. Thus, COPRA has become a weapon for the patients in handling the disregarded doctors. Other side of the picture shows that, there is also misutilization of this act for the personal gains of the patients as they feel that this may be one of the grounds for grabbing the money from the doctors. Therefore, doctor has to be extra cautious while dealing with their patients so that they won’t be liable to COPRA if not doctors are the sole losers in this relationship (Paul *et al.*, 2016; Rao, 2005; Shenoy, 2011; Pandith *et al.*, 2009).

Violence - A Threat to Doctor Patient Relationship: Violence is an intentional behavior where the attack or assault is carried out to hurt, injure or kill another person. This may be either physical or verbal in nature. In India there is an increase in number of such violent attacks on the doctors since 2013 (Ranjan, 2016). Common reasons for such ferocious behavior towards the doctors like: mismatch in the expectations, anxiety, loss of dear ones, long waiting hours, lack of availability of doctors, ill equipped hospitals, meagre communication, expenses involved in treatment, poor understanding of reality of treatment outcomes, lack of security in hospitals, bad grievance redressal system, lack of transparency in rates for treatment etc (Ghosh, 2018). Patients and their related people take the upper hand in causing violence on the doctors, auxiliary personnel and also causing material and structural damage to the hospital. This causes agony among the doctors for such irrational behavior which ultimately makes this relationship as sensitive issue.

To curb such incidents, doctors should be trained thoroughly in handling their patients with empathy rather than just teaching the clinical behavior of the patients. Doctors should understand the patients related character before proceeding with the treatment. Additionally, it is the time to eliminate the pseudo intellects from the professional area and nurture the righteous doctors. Need to implement rigorous legal measures for protecting the medical professionals from such incidents. Otherwise these activities finally put an end to doctor patient relationship (Ghosh, 2018).

Recommendations for Effective Doctor Patient Relationship in India: With the above discussion of contemporary scenario of doctor patient relationship in India, following recommendations are put forward:

- Execution of appropriate health care policies through political means with good governance which can strengthen the bond between doctor and patients rather than materializing this relationship.
- At the undergraduate level more, emphasis should be given in teaching the significance of doctor patient relationship.
- Efforts has to be put in enhancing the basics of communication skills for the professional trainees.
- It is necessary to regularly conduct the continuing medical education programs on the topic of doctor patient relationship and encourage the professionals to participate in these programs.
- Appropriate legal actions are to be taken against bribery, corruption, nepotism, quackery and violence in the health field.
- Need to identify, encourage and promote the most efficient doctors rather than adhering to wrong polices and uplifting the least efficient professionals who act as professional weeds in the doctor patient relationship.

Conclusion

In a fast developing and diverse country like India, where there are lot of imbalances in the health sector usually results in strained doctor patient relationship. So, understanding the dynamics of this relationship is important in order to achieve the desired health outcomes. Further, Indian doctors need to tackle the trending issues like corruption, violence, nepotism etc. for a healthy doctor patient relationship.

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REFERENCES

- Balarajan Y., Selvaraj S. and Subramanian SV. 2011. Health care and equity in India. *Lancet*; 377(9764): 505–515. doi: 10.1016/S0140-6736(10)61894-6.
- Balhara YPS. 2011. Culture-bound syndrome: Has it found its right niche?. *Indian Journal of Psychological Medicine*; 33(2): 210-215. PMID: 12782704.
- Berger D. 2014. Corruption ruins the doctor-patient relationship in India. *BMJ*; 348:3169. doi: <https://doi.org/10.1136/bmj.g3169>.
- Bredart A, Bouleuc C, Dolbeault S. 2005. Doctor-patient communication and satisfaction with care in oncology. *Curr Opin Oncol.*;17(4):351-4. DOI: 10.1097/01.cco.0000167734.26454.30.
- Census: More than 19,500 languages spoken in India as mother tongues. *Gulf News India* July 01, 2018. <https://gulfnews.com/world/asia/india/census-more-than-19500-languages-spoken-in-india-as-mother-tongues-1.2244791>.
- Emanuel EJ, Dubler NN. 1995. Preserving the physician-patient relationship in the era of managed care. *Journal of American Medical Association*; 273(4):323–9. PMID: 7815662.
- Emanuel JE, Emanuel LL. 1992. Four models of doctor-patient relationship. *Journal of American Medicine*; 267 (6): 2221. PMID: 1556799.
- Fernandez LR, Kleinman A. Cultural psychiatry. Theoretical, clinical, and research issues. *Psychiatric Clinics of North America* 1995 Sep;18(3):433-48. PMID: 8545260.
- Fochsen G, Deshpande K, Thorson A. 2006. Power imbalance and consumerism in the doctor-patient relationship: health care providers' experiences of patient encounters in a rural district in India. *Quality Health Research* ; 16(9):1236-51. DOI:10.1177/1049732306293776.
- Fronek P, Kendall M, Ungerer G, Malt J, Eugarde E, Geraghty T. 2009. Towards healthy professional-client relationships: the value of an interprofessional training course. *J Interprof Care*;23(1):16-29. DOI:10.1080/13561820802491006.
- Ganesh K. Patient-doctor relationship: Changing perspectives and medical litigation. 2009. *Indian Journal of Urology*; 25(3): 356–360. doi: 10.4103/0970-1591.56204.
- Gautam S and Jain N. Indian culture and psychiatry. 2010. *Indian Journal of Psychiatry*; 52(1): 309–313. PMID: 21836701.
- Ghosh K. 2018. Violence against doctors: A wake-up call. *Indian Journal of Medical research*; 148(2): 130-133. doi: 10.4103/ijmr.IJMR_1299_17.
- Goold SD, Lipkin M. The Doctor-patient relationship challenges, Opportunities, and Strategies. 1999. *Journal of General Internal Medicine*; 14(1): 26-33. doi: 10.1046/j.1525-1497.1999.00267.x.
- Ha JF, Anat DS, Longnecker N. 2010. Doctor-Patient Communication: A Review. *The Ochsner Journal* 10:38–43. PMID: 21603354.
- Halpern J. 2003. What is Clinical Empathy? *Journal of General Internal Medicine* ;18 (8): 670-674. doi: 10.1046/j.1525-1497.2003.21017.x.
- Kaba R, Sooriakumaran P. 2007. The evolution of the doctor-patient relationship. *International Journal of Surgery*; 5(1): 57-65. <https://doi.org/10.1016/j.ijsu.2006.01.005>.
- Kay M. 2013. Indian medical curriculum is to get “long overdue” ethics training. *BMJ*;346: 2794. DOI: 10.1136/bmj.f2794.
- Kubacki A. 2003. What's important in the doctor–patient relationship? *Journal of the Royal Society of Medicine*; 96 (6): 314. PMID: 12782704.
- Kurpad SS, Machad T, Galgali RB. 2010. Is there an elephant in the room? Boundary violations in the doctor-patient relationship in India. *Indian Journal of Medical Ethics*; 7(2) 76-81. DOI:10.20529/IJME.2010.029.
- Madhav GD. 2013. Doctor population ratio for India - The reality. *Indian Journal of Medical Research*; 137(4): 632–635. PMID: 23703329.
- Mckinstry B. 1992. Paternalism and the doctor-patient relationship in general practice. *British Journal of General Practice*; 42: 340-342. PMID: 1457157.
- Mishra I. 2018. The spin doctors: India's quacks imperil lives, but are 'god' to their patients. *The Hindu* March 31; Sect. Cover health.
- Moral RR. 2010. The role of physician–patient communication in promoting patient–participatory decision making. *Health Expectations*; 13(1): 33–44. doi: 10.1111/j.1369-7625.2009.00578.x
- Mushtaq MU. 2001. Public health in British India: A brief account of the history of medical services and disease prevention in colonial India. *Indian Journal of Community Medicine*; 47(4): 283-5. DOI: 10.4103/0970-0218.45369.
- Narayan L. 2013. Addressing language barriers to healthcare in India. *The National Medical Journal of India*; 26(4): 236-238. PMID: 24758452.
- National Health Profile 2018. Central Bureau of Health Intelligence Directorate General of Health Services Ministry of Health & Family Welfare, Government of India. Available at: <https://cdn.downtoearth.org.in/pdf/NHP-2018.pdf>.
- Orfanos CE. 2007. From Hippocrates to modern medicine. *Journal of European Academy of Dermatology and Venerology* ; 21(6):852-8. <https://doi.org/10.1111/j.1468-3083.2007.02231.x>.
- Pandith MS., Pandith S. 2009. Medical negligence: Coverage of the profession, duties, ethics, case law, and enlightened defense - A legal perspective. *Indian Journal of Urology*; 25(3): 372–378. doi: 10.4103/0970-1591.56206.
- Park K. 2009. Concept of health and disease. In: Park's text book of Preventive and Social Medicine. ed 20. India: M/s BanarsidasBhanot publishers; 12-48.
- Paul S., Bhatia V. 2016. Doctor patient relationship: Changing scenario in India. *Asian Journal of Medical Sciences*; 7 (4): 1-5. DOI: <https://doi.org/10.3126/ajms.v7i4.13929.s>
- Priyanka P. 2016. Are India's quacks the answer to its shortage of doctors? *BMJ*; 352: i291. doi: <https://doi.org/10.1136/bmj.i291>.
- Rachagan SS., Sharon K. 2003. The patient's view. *Medical Journal of Malaysia.*; 58:86-101. PMID: 14556356.
- Ranjan R., Meenakshi, Singh M., Pal R., Das JK., Gupta S. 2018. Epidemiology of violence against medical practitioners in a developing country (2006-2017). *Journal of Health Research and Reviews in Developing Countries*; 5(3): 153-160. DOI: 10.4103/jhrr.jhrr_84_17.
- Rao SVJ. 2009. Medical negligence liability under the consumer protection act: A review of judicial perspective.. *Indian Journal of Urology*; 25(3): 361-371. doi: 10.4103/0970-1591.56205.
- Razzaghi MR. and Afshar L. 2016. A conceptual model of physician-patient relationships: a qualitative study. *Journal*

- of Medical Ethics and History of Medicine; 9: 14. PMID: 28050244.
- Reddy CMK. 2011. The Doctor-Patient Relations & Art of Practice of Medicine. *Indian Journal of Surgery*; 75(3):321-323. doi: 10.1007/s12262-011-0339-x.
- Ridd M. and Shaw A. 2009. The doctor-patient relationship – a synthesis of the qualitative literature on patient perceptive. *British Journal of General Practise*; 59(561). DOI: 10.3399/bjgp09X420248.
- Shenoy GN. 2011. Actionable ‘Deficiencies’ in Medical Practice. *Journal of Gynecological Endoscopy and Surgery*; 2(1): 22-29. doi: 10.4103/0974-1216.85276.
- Smailhodzic E., Hooijsma W., Boonstra A. and Langley DJ. 2016. Social media use in healthcare: A systematic review of effects on patients and on their relationship with healthcare professionals. *BMC Health Services Research*; 16:442. doi: 10.1186/s12913-016-1691-0.
- Srinath RK., Shah B., Varghese C., Ramadoss A. 2005. Responding to the threat of chronic diseases in India. *The Lancet*; 366(9498):1744–1749. DOI: 10.1016/S0140-6736(05)67343-6.
- Smith GF., Buetow S. 2001. Power issues in the doctor-patient relationship. *Health Care Anals*; 9(4):449-62. DOI:10.1023/A:1013812802937.
- Sumathipala A., Siribaddana SH. and Bhugra DA. 2004. Culture-bound syndromes: the story of Dhat syndrome. *British Journal of Psychiatry*; 184: 200. PMID: 14990517.
- Tasman A. 2000. The doctor-patient relationship in the new century. *The Israel journal of psychiatry and related sciences*; 37(3):159-61. PMID: 11084802.
- Tom W Reader, Gillespie A. 2013. Patient neglect in healthcare institutions: a systematic review and conceptual model. *BMC Health Services Research*, 13:156. DOI:10.1186/1472-6963-13-156.
- Vissandjee B., Barlow R., Fraser DW. 1997. Utilization of health services among rural women in Gujarat, India. *Public Health*; 111(3):135–148. PMID: 9175456.
- Wiles R., Higgins J. 1996. Doctor-patient relationships in the private sector: patients' perceptions. *Sociology of Health and Illness*; 18 (3): 341-356. <https://doi.org/10.1111/1467-9566.ep10934708>.
