

The Doctor-Patient Relationship

Today I'm going to talk about something that affects anyone who has ever seen a doctor, as well as any doctor who has ever seen a patient: The Doctor-Patient Relationship.

Long before the Affordable Care Act (a.k.a. "Obamacare"), the way doctors and patients interact has been changing. Years ago (long before I started practicing medicine), if you went to a doctor with a problem, you were told what to do – and you did it. No questions asked. There was no "informed consent"; no discussion of the risks and benefits of medications or procedures. To the best of a patient's knowledge, the doctor knew everything there was to know about the human body, and everything that could go wrong with it. How could one possibly question anything he said?

Jump to today. If I haven't explained what I'm doing, why I'm doing it, the risks involved, and any alternative treatments (if available) – otherwise known as "informed consent" – I am breaking the law. New medical findings are published daily – many times reported in the lay press (i.e., Today show, New York Times) or, even faster, on the internet – before there is a chance for the medical community to figure out the implications. Many of these changes are for the better, some not so much (the internet is full of incorrect, or at least incomplete, medical information). But the bottom line is the same: the days of telling patients what to do, without question, were over long before I became a doctor.

The word "doctor" comes from the Latin "docere", which means "to teach". Being a medical doctor is, in large part, about teaching patients to understand their bodies, the medical issues affecting them, and helping them to understand the treatments offered. It is my job to take all the medical facts that I have learned, process them, organize them, filter out the irrelevant, apply them to the particular problem at hand, reinterpret into a form which may be understood by somebody who, in most cases, is not a physician, and communicate that information successfully – all teachers must do the same. No doctor or teacher I know goes through this step-by-step every time a decision needs to be made. With practice, it becomes automatic. But any way you look at it, it is an incredible process, and a responsibility which cannot be taken lightly.

I said earlier that teaching the patient is a large part of what it means to be a doctor. But that is not the only teaching that occurs. It is very easy to forget, with the responsibility we are given, that in order to provide the best care, we must allow ourselves to be taught. The best teachers of any subject, in my experience, are those who involve the student in the teaching, and adjust the method of instruction to fit the student. Most importantly, a teacher must recognize that no matter how much one knows about a particular subject, more can always be learned. Physicians are no exception.

The Doctor-Patient Relationship is not, nor should it be, a one-way street. Of course, there are going to be situations in which the doctor needs to dictate the care because the patient is physically unable to participate in decision-making (i.e., life-threatening emergencies or during surgery once the patient is asleep). It is also reasonable to assume

that any teacher should know and understand the subject matter more thoroughly than the student. But in most doctor-patient interactions, both sides can, and should, contribute. Tell the doctor if something doesn't make sense to you. Tell the doctor if a medication or treatment being prescribed has caused you trouble, or has already failed, in the past. In other words, "teach" the doctor about you. It's the only way he or she can be sure you're getting appropriate treatment.

And that's the only way the Doctor-Patient Relationship can really work.