

SMA LECTURE

THE DOCTOR – PATIENT RELATIONSHIP

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None can be more grateful to the doctor than a patient who is cured of his illness. Indeed, not only the patient but his whole family hold the physician in awe and often for years will continue to sing their praises. To them the doctor is their saviour. The patient may be the sole bread-winner of the family and to be restored to health so that he is able to continue to work and support his family must give much satisfaction to the medical practitioner. From this mutual satisfaction, a bond between the two may develop into friendship. What is true today was also true throughout the history of mankind.

Prehistoric Medicine

Throughout the ages, medicine has played an important role in the social and economic welfare of the tribe or nation.

The medicine man of the North American Indians, the Shaman (in Tungusic language) of the Eskimo and the Siberian tribal groups and the witch doctors of the Congo were accorded a high position, both socially and politically, and they were considered learned in tribal lore and tradition.

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The doctor, in Greek mythology, was listed as having descended from the gods. In fact, the patron of the healing art was none other than Cheiron, who was half human and half horse. He was the half brother of Zeus — the king of gods in Olympia. Both were offsprings of the Titan Cronos.

Cheiron was a teacher and among his attributes was his knowledge of medicine. One of his famous pupils was the son of Apollo, Asclepius. It was perhaps this divine relationship that helped him to gain prominence as a god of healing.

In the East, the position of doctors, although not accorded divinity, was placed very high in society. In Harappa civilisation of the Indus valley, Ayurvedic medicine developed to high degree of sophistication. This medical knowledge could have spread to other parts of Asia, not immediately but by degree as the result of invasions and conquests over many centuries.

Medicine in China by the time of the Sung Dynasty (907-1127 A.D.) was widely practised and medical academies came into existence. New knowledge of medicine and public health developed because of scientific experiments. Smallpox vaccination was introduced. It was described that in order to induce immunity against the disease, the dried scab of the lesion was instilled into the nostrils. This preceded Edward Jenner's vaccination of cowpox by more than 500 years. At this time the Mongols appreciated the value of medical treatment and placed medical practitioners very high up in the social strata. Being nomads who were constantly at war on horseback, their sick and wounded were often left unattended.

The ancient Hebrew viewed illness as the manifestation of God's wrath and who else, save the physician priest, could intercede on their behalf and hence cure them. However, not all the physicians were held in high esteem. Sometimes admiration was even replaced by mockery and caustic remarks were made as, "In his disease he sought not the Lord but went to the physicians. And Asa slept with his fathers."

But why is there a mixed feeling, by the people (patients for the doctors?) Often it was because the physicians (I should say charlatans) had not been practising the correct medicine. The vision of rewards overshadowed their desire to serve the welfare of the patients. This state of affair must have existed widely throughout the ages, so that when Hammurabi (circa 1760 B.C.) ruled Babylonia, a code of conduct for physicians were introduced. The Code became law which regulated medical practice. Of the over 280 items formulated, many were devoted to the regulations governing the charges permitted to be made by the physicians. There also laid down the various charges allowed for each class of society. "If a doctor has treated a freeman with a metal knife for a severe wound, and has cured a freeman's eye, then he shall receive ten shekels of silver. If the son of a plebeian, he shall receive five shekels of silver. If a man's slave, the owner of the slave shall give two shekels of silver to the doctor ..." This is probably the first regulation stipulating what the doctors' fees should be. However, it went further and also laid down the punishment to be meted out to the practitioners should they cause injury to the patients. For instance, it laid down clearly that the doctor would have his forearm cut off if in the process of operating on the eye of a freeman, he should cause blindness. Should his treatment result in the death of a slave, the physician would have to replace the loss to the owner.

Whether this Draconian Law was ever practised to the letter, even in those ancient days is open to doubt.

From this Code it can be deduced that even then the patients were divided into three classes — that is, freeman (first class) plebeian (second class) and slaves (third class) of patients. This probably only referred to the charges made by the physicians and not to the quality of medical treatment.

Of course, even at that period, not all physicians were in private practice for we know that in Egypt the priest physicians did not directly charge any fees. These priest physicians were paid by the Temples which in turn were financed by the devotees and by inference the patients.

Preparation of the Physician's Task

Great strides have been made during the period between the world wars in the scientific practice of medicine. From what was a philosophical and empiric practice, medicine has become a scientific art. In order to acquire this knowledge, a long period of medical education is necessary. Recruitment for training of future doctors, therefore, is more often made among students who have achieved high grades in science subjects. Students in their 13th or 14th year have been diverted into either science or non science streams. By the time they have come of age for tertiary education they may have lost the motivation to be medical practitioners. It may be then too late for one to turn to the calling of his choice. Should he continue on a medical career he may turn out to be an uninterested doctor. Furthermore, this early selection of the education stream, does not take into account of the late developers who could have turned out to be excellent doctors.

The practice of medicine requires dealings with patients and their relatives. They may be much distressed and frightened when they first consult the doctors. Therefore, such doctors should have empathy. They should also be sympathetic towards their patients' problems.

To recruit candidates for medical training based solely on their scientific achievement is not in the best interest of medical practice. How often does one hear of a doctor being described as a renowned medical scientist but one who lacks understanding and appears callous. It is true one cannot always recognise the humane qualities in a young individual. Nevertheless an interview of the prospective candidates will often give a hint as to whether such latent qualities do exist — qualities which can further develop with the passing years spent in the medical school.

In the 1960s and 1970s, it was fashionable to be a non-conformist. Some young lecturers in the medical faculty and elective students from abroad, wore long beards and always appeared unkempt and dirty. In fact one such individual appeared in class with egg yolk staining his beard — a leftover from his breakfast. Today fortunately it is disappearing or has disappeared. Tidy and hygienic appearance should be sine qua non for a physician. In the Hippocratic Collection on "Ethics", the physician was described as "must have a worthy appearance; he should look healthy and be well nourished, appropriate to his physique, for most people one of the opinion that those physicians who are not tidy in their own persons cannot look after others well. Further he must look to the cleanliness of his person; he must wear decent clothes and use perfumes with harmless smells."

No one expects or wants a physician to dress as a dandy. But can one blame a patient for showing

abhorrence and distaste for a doctor who fails to attend to his personal hygiene?

Humanity is one quality that effects medical practice. A physician's pride should not cloud his judgment. The first reaction of such a person with false pride is to oppose any suggestions made by a non-medical colleague or patient. Such rigid minds can often end in disaster.

A female patient with medical knowledge came under the charge of a surgeon who was reputed to be extremely skillful. The patient had a history of a previous abdominal operation. She made the diagnosis of intestinal obstruction due to adhesions. She implored the surgeon to operate on her and told him her diagnosis. Unfortunately for her, she had also bilateral renal staghorn calculi which were revealed by an X-ray examination of the abdomen. The surgeon dismissed her diagnosis of intestinal obstruction and blamed the presence of abdominal distension on uraemia. When he finally operated on her the whole length of her small intestine had undergone gangrene.

This is not an isolated incidence of false pride. A young doctor was treating a patient who had undergone a "clean operation". For two days after the operation, the patient developed low grade fever which on the third day rose to 39.6°C. At this stage the patient's wife who was also a nurse, suggested administration of antibiotics. She requested a second opinion but was told that as a doctor he was quite capable, when needed, of seeking consultation. Subsequently the patient died of septic shock. This would not have happened if the medical practitioner had not treated the wife as totally ignorant.

Medical Fees

We have seen that in ancient times medical fees had been charged to patients and the Code of Hammurabi even laid down the amount that could be charged. Today medical fees are required not only for services rendered by the physicians but also the cost of chemicals and drugs as well as laboratory investigations. By and large patients accept the fact they will have to pay for medical treatment. The cost of medical treatment has been escalating in the last few years. This is mainly due to the introduction of newer methods of investigations, like the CT scan. While it cannot be argued that such modalities are required and have benefited the patients, indiscriminate use will only strain the financial resources of the state or patients. Often times CT scan has been done even after the diagnosis has become obvious. It must be truly admitted here that the patients may be the ones asking for this investigation. It is then the duty of the medical practitioner to explain to them the redundancy of such a procedure.

Most patients accept a proper explanation and will be more than happy to get treatment with a smaller budget. After taking into account the cost what should then be the doctor's fees? There can be no hard and fast rule. Many have argued that the rich should pay the physicians more so that the less affluent patients will pay less. Such a statement had been made by a senior and responsible member of the government in a South East Asian country. This "Robin Hood mode of charging professional fees", to me, is not valid. While the poorer members of the society should be helped by their paying lower fees, the rich must not be penalised in order to make up the deficit. There must be a ceiling of fees to be paid by patients occupying first class beds in a hospital. What this ceiling is, should be agreed upon by the doctor and patient. Generally in

the private sector the charges should be 2-3 times the fees paid to public hospitals. It should be 2-3 times because the patients in public hospitals are heavily subsidised by the state. Whatever the charges are they should not create an ill feeling between doctors and patients.

Explanation of Illness

Many patients do not understand the nature of their illnesses. A few minutes spent with them to explain the diagnosis of their complaints and the treatment to be instituted will not only win their goodwill but also their co-operation. However, at times great tact is needed when explaining a serious and often fatal disease like cancer. Should the patient be kept ignorant when they are suffering from cancer? It would be wrong to hide from them when they are suffering from a malignant tumour. It is the duty of the practitioner to explain that it is often treatable. The word cancer is best avoided for the laymen's concept of the disease is that it is painful and incurable. This fits in more with the description of a terminal case. When the diagnosis is conveyed to the patient, it must be confirmed by a histological examination.

About 40 years ago, a medical practitioner was completely ruined because of such a case. The doctor informed his patient that the latter was suffering from carcinoma of the urinary bladder. The patient promptly sold his business and retired. Later he consulted another doctor who proved that his condition was benign. Medical litigation was promptly taken against the first doctor who had to pay a heavy compensation and this contributed to his early death.

Having made the diagnosis, the doctor's duty now is to explain the anticipated methods of treatment. For patients undergoing operations, the various planned procedures should be put before them. They should be told of the likely complications and the risks of the operative procedures.

Invariably they would want to know the chances of safely going through the operation and in cases of malignancies the length of survival after a successful operation. The prognostication in such cases should be guarded for it is almost impossible to predict the long term results. Cases have been successfully operated on and predicted to survive for no more than one year. Yet they have continued to live and work actively more than 10 years after the operation. However, it is better not to be too optimistic in giving the prognosis, for any pronouncement will always be remembered especially by the relatives. Blame, if any, is always put on the doctor. The physicians must not be taken in by praises showered on them when the outcome of treatment was satisfactory, for blame will always be put on them of any recurrence or progression of the disease.

Dying Patients

There may be occasions when despite all that is being done, the fatal outcome is almost certain. In such instances it is extremely difficult to decide when resuscitation should cease for the relatives often want all efforts to be continued. Under such circumstances the medical practitioners will have to be present. It is wise to gradually explain to the relatives the hopelessness of the situation. This, of course, would have been much easier if earlier on they had been warned. On the other hand, even if they know that they are losing their loved ones, the medical attendant can give much comfort by his presence. There may be

questions on which they would like answered.

No one can do this better than the attending doctor. Many are educated and may have acquired some medical knowledge, no matter how superficial, from the mass media, Reader's Digest or a Ladies' Journal. It even occurred on one occasion, when the relative of a dying patient having an Encyclopaedia Britannica, asked for explanation. This may sound unreasonable but at such times this distress over the loss may be so intense that they require comfort and sympathy rather than being ignored or scorned.

Role of the Family Physician

The days of the physicians looking after generations of family may be over. However, there are still one or two of the elderly practising doctors who can claim to have delivered three generations of his patients. Such doctors have become family friends and are often taken into confidence over many personal matters. Such doctors have a responsibility and should try to settle the family disputes and not do or say anything that will cause greater dissension and hence break up the family. During the period when "women's lib" campaign was at its highest, a female patient consulted her medical attendant who taught her how to confront her husband. This ended up in a complete breakup of the whole family. This medical attendant should have avoided giving advice and let the patient solve her own personal problems. A settlement of the dispute might have taken place, if the doctor had not unwisely given bad advice.

The family physician at the turn of the century would not hesitate to treat all ailments. Today we know better and would certainly not operate on the patient over a kitchen table. Legally there is nothing to prevent the family doctor from carrying out even major operations. However, a good doctor is one who knows his limitations and for the good of his patients will not carry out any procedure that will be harmful.

At the turn of the century, by today's standard, the practice of medicine was primitive. Nevertheless there are still doctors in big cities who practise surgery without undergoing training. Of course, the mere acquisition of a post-graduate diploma would not be a hallmark of surgical excellence. What is surgical excellence is difficult to judge and it is the responsibility of each individual institution to see that the patients under their roof should be protected from harm. They should not allow the untrained to operate on any patient. While it is not desirable to lay down rules that will apply to one group of the profession (hence appear like discrimination) it should be realised that seeking the help of a colleague is not a shame. Instead this should be freely sought. The ideal is a frequent communication between the family doctor and the specialist.

It is only right that the patients day-to-day care should be under the general practitioner unless there is a sudden need of the specialist's services. With a free communication between the two colleagues, the general practitioner will be able to get the advice on how to handle the situation while the specialist gets the satisfaction of knowing the effectiveness of his treatment. Thus the patient benefits. Unfortunately this state of affairs does not always occur and walls are constantly being built around a group of doctors and communication between doctors or group of

doctors are hindered by these walls. What needs to be erected now is not walls but bridges to bring together the various members of the profession.

Medical Litigation

Lawsuits against doctors in South East Asia are not as frequent as in other developed countries. However, these are becoming frequent enough to cause the medical practitioner some worry. Premiums paid to insurance company for medical defence have recently been raised because of increasing number of litigations.

There are many causes of such action. Sometimes it is one way of getting money from the insurance company. On one occasion, the patient suing the doctor went up to him and said, "Doc, I have nothing against you. Personally I am satisfied with your management. If you have to pay from your own pocket, I would not have taken the action." However, this is not always the case. Often it is the doctors' fault. The following case is an example. A young boy with a right inguinal hernia was operated on to repair it. In the process the testicular artery was damaged. The surgeon then proceeded on to remove it. Meanwhile the patient's parents were waiting outside the operating theatre. The testis should not have been removed because although it would undergo atrophy, the endocrine components would still be functioning. Even if it was decided to remove it, permission should have been sought from the parents. It is extremely difficult to explain to the Court, why no attempt was made to obtain this permission.

Sometimes the surgeon may be innocently stupid. A child was operated on for an abdominal condition. When his abdomen was closed, it was noticed that a piece of "raytac" gauze was missing. Instead of looking for the gauze in the abdomen or a portable X-ray examination taken, the surgeon closed the wound but asked for a portable X-ray to be taken in the ward. On demonstrating the "raytac" gauze, the patient was taken back to the theatre and the gauze was removed. Litigation here is bound to be successful.

In a domestic quarrel, a man who had been drinking beer, was stabbed by his wife. He was taken to hospital but was not operated on until the next day. The reason given was that the patient had been drinking beer and there would be danger, while being anaesthetised, of aspirating the beer. At operation it was found that the stomach was lacerated. The patient subsequently died and a lawsuit was settled out of court.

There are obvious cases where the medical practitioners were at fault. However, there are many cases where the doctors are wrongly accused. Fortunately under the law existing in Hong Kong, or Singapore, the doctors were most often absolved of wrong-doings. It is always an unpleasant experience to be brought to court for negligence or malpractice.

It is doubtful whether this will happen if the relationship between the physician and the patient had been better. Misunderstanding often arise because insufficient time is spent to explain to the patients their conditions and what to expect of their treatment.

Patients in South East Asia have some knowledge of diseases. Unfortunately this knowledge is superficial. Some years ago a zoologist was describing medical conditions on television. He spoke with such authority that many people asked him for advice. Fortunately the occasional programme on medicine had been taken over by a qualified doctor. The public's quest for

medical knowledge is insatiable and it is far better they learn from a proper person than from someone whose knowledge may be as hazy as the lay public's.

What then is the present state of relationship between the doctor and patient. Has it been corroded by modern technology? There is a danger that this can be so. The old-fashioned family doctor did enjoy the respect and friendship of his patients. This can easily be restored if more time is spent in answering the many questions put forward by the sick. This will cement the good relationship once enjoyed by both doctors and patients. Hippocrates recognised this. "The physician must have a certain degree of sociability, for a morose disposition is inaccessible both to those who are well and those who are sick."

Research

There will always be a need to carry out research, without which medicine will stagnate. There are of course sections of the community which think that this is unnecessary. Although this group is small, it is nevertheless very vocal; one often hears of such terms as "human guinea pigs" being used to refer to clinical trials. Such trials are conducted to test new methods of treatment which are usually already established to be effective. These are to resolve the uncertainty of which one is superior over the other. Clinical trials are never, (I emphasise never) carried out without the understood informed consent of the patients. Time has to be spent, in explaining the plan to carry out the trials and it is only when fully understood that the plan is submitted to the Ethical Committee of the Institution. The composition of the Ethical Committee is important. It should not be too large and must include two members who have knowledge of the subjects to be studied. Of course, there is the danger of such

studies being rejected not on moral or scientific grounds but because of petty jealousy. The inclusion of a religious preacher in such a committee will be very useful. As a layman he will be completely neutral and with explanation may be able to give a better judgment of the moral or ethical aspects of the research. The decision of the committee must be accepted if all members are convinced even though one member with a forceful personality may be domineering.

Not all research (clinical trial will be a better term) can be carried out on patients and animal studies have to be resorted to. Here again approval must be given by an ethical committee which will see to it that the study is absolutely essential and carried out under the most humane and painless conditions. Is animal study needed? This question may be the first one to be asked by the Ethical Committee. That it can and will benefit the patients should not be open to doubt. Without animal studies open heart surgery, transplantation and various other methods of reconstruction of the deformed patient would not have been so successful. Medical treatment of many incurable disease would not have been undertaken and the results thus far have been most satisfactory. Where would all the cancer drugs in use be today, if there had been no research. Marrow transplant that features so prominently in the local papers would not have been possible without extensive research.

Reconstruction of the urinary bladder completely excised because of extensive carcinoma, with the distal portion of the stomach was the fruit of animal research carried out over a 4-year period. This was applied to Man in 1969 resulting in a restoration of normal micturition.

Medicine today should not only prolong but also improve the quality of life. In other words, the patient should continue to live a normal life.