

## The Effective Doctor Patient Interface

### ABSTRACT

In the ever-changing world of medicine, it is not surprising that the interactions between the patient and the doctor have been evolving. As information about diseases is now easily available to people, they have become better informed about their ailments. However, the situation has led to new challenges for sufferers and medical practitioners alike. This manuscript will look at the changing interaction in the current times.

**Key words:** Doctor patient relationship, Health partnership, Medical consultation

#### Conventional concepts

Until recently, the field of medicine was quite alien to the non-medical individuals, who would leave the decision-making process entirely in the hands of their doctors. Patients felt inadequate to participate in their health issues and the well-meaning physician, who had the patients' interests at heart, was in the driver's seat.

This reflected in the doctors' training and practice pattern. Studying medicine in government medical colleges, we mostly dealt with uneducated patients. Beliefs, traditions and superstitions affected their thoughts and behaviors. As a young postgraduate, my attempts at history taking often became frustrating, as the patients did not participate adequately and expected me to give medicines based on my judgement. Very little communication was expected, inexpensive therapies were a norm and the ultimate outcome was accepted as the Almighty's will.

Interactions between lay people and medical practitioners were sparse and took place on platforms such as public Interest lectures given by the physicians. Those few non-medical individuals who wanted to know and understand the language of medicine, had to approach a medical relative or read a medical book, both of which were not easy to come by. Thus developed this culture, particularly in India, that 'doctor, you are in charge, you know what you are doing and please do what you think is best for me'. In a way, this did work well for that generation as the entire responsibility was shouldered by the caring physician and the patients were spared of some of their anxieties.

#### Recent changes

Recent years have witnessed a sea change in the situation. The speed of change has been astonishing. The advent of

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the internet provided unrestricted access to huge amounts of information. This information could be accessed very easily with the help of devices like the cell phones which are omnipresent in India. The growth of social media platforms meant that people were better connected to each other and the dissipation of information increased manifold. Patient groups and organizations became grapevines of information. All the good and bad, correct and incorrect, true and untrue, started reaching everybody.

This availability of information was absorbed avidly by our populace. Patients and their relatives wanted to and began reading about their illnesses and became more and more informed about them. Today, most individuals with ailments have surfed and acquired a certain degree of information; some do it astonishingly well. It is not uncommon to meet individuals who know more about their disease than the doctor. This, in a way, is not surprising as the patient has to study only one disease! However, this has profoundly changed

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the foundations of the doctor patient relationship. From the days when uninformed and accepting individuals were seen by the doctor, we now have the situation of two well informed individuals interacting with each other, almost on an equal footing. This has resulted in a variety of new challenges.

I believe that having a patient who has read about his condition is more comfortable for discussion, as both can be on the same page about various aspects of the disease. The patient is already conversant with the terminologies, has read about the various forms of treatment and is aware of the general prognosis of the condition. What then is the real difference between the modern patient and the modern doctor?

The key difference is that the patient is facing the disease for the first time, while the doctor has gone through the process many times over. Hence, he has the knowledge as to where the various treatment routes would lead the patient to, and what are the difficulties encountered in pursuing a particular option. If the patient is meeting a senior practitioner, he can also judge which route would be best for the given patient, based on the wisdom gained from his vast experience. Thus, what the modern, well read, informed patient stands to gain with the interaction is the benefit of the doctor's experience. Someday, artificial intelligence (AI) may replace the human factor, but that remains to be seen. I have my reservations, as emotions form an integral part of the whole process. The AI will have to be evolved to tackle this aspect, which is perhaps the most complex. So, overall, the current time is good for the patients; knowledge is everywhere and the benefit of experience is available for decision making.

However, all is not well and many uncomfortable issues have arisen with the abovementioned developments. Firstly, with information comes fear. As patients read experiences of others and fathom what the future has in store, sadness and pessimism follow. Some of the perceived negativities may be unfounded and may never come their way, but the mere thought is enough to affect them. A while ago, we ran a happiness questionnaire for our epilepsy patients at the government Grant Medical College and also at the Bombay Hospital Institute of Medical Sciences. It became clear to us that those who were reading, were informed and had thought about the consequences of epilepsy were more unhappy as compared to those who left it to the doctor and the Almighty. How to avoid and prevent this development is an open-ended question, due to the enormous variability of human responses to perceived adversity. The modern physician needs to develop strategies to deal with this aspect. Secondly, as patients have access to the global healthcare standards and current trends, the local situation in India may or may not match their expectations. We cannot disregard the fact that we are still a developing country with an enormous population, resulting in an overburdened

workload, limited infrastructure and workforce limitations. As a consequence, there is a significant gap in the delivery of healthcare, a fact that will need a long time to overcome. Thirdly, in spite of the strides taken in recent years, medicine, as a science, is far from being perfect. To treat a situation, more than one method exists, comparisons amongst methods are unclear and the patient can submit to only one of them at a given time! Moreover, unpredictability is a feature of medicine, as each individual is different. These facets need to be appreciated by patients and their doctors.

Knowledge is power, and it is only natural that information brings questions to the minds of patients. Doctors often consider questioning patients to be 'difficult'. While the patient is justified in having his doubts clarified, the process takes time and, as mentioned earlier, workload becomes a deterrent. Over the years, I have realized that the patients' questions can be of two types. First, questions which emerge from the reading, which are usually curiosities and may actually prove important in judging the best way forward for that given patient. There is usually no difficulty in answering these. The second set of questions are directed towards probing the doctors' competence. Such an expression of the newfound power of information can be disturbing to the medical practitioner and patients need to avoid going that way. After all, consultation is an interaction between two individuals and both need to feel secure to achieve the best result.

### **The way forward**

Slowly and surely, we seem to be moving towards the concept of a health partnership. In this concept, patients will take a more active role in their health issues and be more responsible for themselves. The main guidance provided by the medical experts will be related to their experience, expertise and wisdom which they have gained over the years. As the informed patient participates more and more in the process of decision making, the patient and the expert will jointly share the responsibilities of the decision and its consequences. Empowerment, responsibilities and apprehensions do travel together!

Newer dimensions are being added to the health care. Genetics is expected to provide major insights into the individuals' health make up, allergies, and effectiveness of medications and will pose different challenges. Individualized precision medicine has started to take roots and will test the practitioners in different ways. Such developments and the concept of health partnership is undoubtedly going to be fascinating for the patients as well as doctors and both need to adept to these changes and challenges.

**After all, change is the only constant and adaptability is the key.**

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