AUCTORES
Globalize your Research

Journal of General Medicine and Clinical Practice
Jose Luis Turabian *

Open Access

Short Communication

Epidemiology of Doctor-Patient Relationship

Jose Luis Turabian

Health Center Santa Maria de Benquerencia. Regional Health Service of Castilla la Mancha (SESCAM), Toledo, Spain.

***Corresponding Author:** Jose Luis Turabian, Health Center Santa Maria de Benquerencia. Regional Health Service of Castilla la Mancha (SESCAM), Toledo, Spain.

Received date: October 23, 2024; **Accepted date:** October 28, 2024; **Published date:** October 31, 2024

Citation: Jose L. Turabian, (2024), Epidemiology of Doctor-Patient Relationship, *J. General Medicine and Clinical Practice*, 7(19); **DOI:**10.31579/2639-4162/237

Abstract

Epidemiology is the study of health phenomena that affect communities or human groups and the factors that influence these patterns, depending on time, place and people. It tries to determine, over the years, whether a certain phenomenon or characteristic (for example, illness) has increased or decreased, if its frequency in one geographical area is greater than in another, and if people who have that certain phenomenon show characteristics different from those that do not. General practice is an important source of information on the occurrence and distribution of disease in the community

Kew Words: general practice; physician-patient communication; epidemiology; medical research; public health

Introduction

Epidemiology is the study of health phenomena that affect communities or human groups and the factors that influence these patterns, depending on time, place and people. It tries to determine, over the years, whether a certain phenomenon or characteristic (for example, illness) has increased or decreased, if its frequency in one geographical area is greater than in another, and if people who have that certain phenomenon show characteristics different from those that do not. General practice is an important source of information on the occurrence and distribution of disease in the community [1]. For most illnesses general practitioner (GP) is the first point of contact in the health care system and he looks after a population whose age and sex composition are known. He/she is therefore in an ideal position to conduct inquiries about natural history of disease (the factors predisposing, precipitating and perpetuating the disease) [2].

The doctor-patient relationship has been described as "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." [3]. Doctor-patient relationship is a complex phenomenon made up of several aspects, including doctor-patient communication, patient participation in decision-making and patient satisfaction. Doctor-patient relationship has changed throughout time, and is currently being redefined so that both the doctor and patient have a role in treatment decisions [4]. The importance of studying this relationship is given by the fact that its influence on health care outcomes has been established for years [5-8]. In the field of primary care it has been observed that certain styles of communication that are more empathetic, more patient-centered and that offer security and support, are associated with better health outcomes [9, 10].

Relationships are linked to emotions and emotions have a physiological basis. The distressing emotions of fear and pain that so often accompany patients' symptoms drive them to seek relief through medical care, an important ingredient of which is the affective care of the doctor [11]. Doctor-patient relationship models, depending on the interrelationship established between doctor and patient, imply different decision-making (diagnosis and treatment). This situation would give rise to different prevalences, incidences, sensitivities, specificities, predictive values, etc., different depending on the type of doctor-patient relationship and therefore, ultimately this has "hidden" epidemiological implications in the morbidity data in primary care (prevalence and incidence of diseases and their distribution in the population). Consequently, there is no doubt that the doctor-patient relationship is an aspect of great importance in the treatment of patients, but also in epidemiological information [12]. Therefore, the study of the doctor-patient relationship is of special epidemilogical importance [13].

However, it is a poorly defined and difficult to measure topic (14). From both the patient and physician perspectives, numerous questionnaires have been used [15-18]. To comprehensively assess its epidemiological importance, a clearer understanding of the concept is required. Active components may be loyalty, personal attention, trust, continuity, empathy, knowledge, respect, confidentiality, informed consent, shared decision making, physician superiority/conversational dominance, conflict of interest, etc. Furthermore, doctor-patient relationship is a complex, multiple and heterogeneous relationship that can not be defined in a unique way or generalize into an only concept of relationship, but there are "many" doctor-patient relationships appropriate according to their contexts.

There are a number of models for developing doctor-patient relationship [19-22].

1. Active-Passive Model: patient participates very little in the relationship. Patient seeks information and technical assistance, and physician makes decisions that patient must accept. In this model, physician actively treats patient, but patient is passive and has no control.

2. Guidance-Cooperation Model

Physician recommends a treatment and the patient cooperates. The

imbalance between physician and patient is not as pronounced as in the active-passive model, but the patient is expected to comply with the "doctor's orders" with little or no objection. It appears to be the most frequent in current medical practice; 80% of GPs are said to "take the patient's opinion into account" [23]. Other authors admit that patient-centered encounters are slightly more common (55%) than physician-centered encounters (45%) [24]. Other authors have reported that between 60-80% of patients say that the physician "always" takes into account the patient's opinion; and approximately 30% of patients report that the physician does not take into account their opinions "almost never." [23].

3. Mutual Participation Model or "patient-centered"

Physician and patient share the responsibility for making decisions and planning the course of treatment. Patient and physician respect each other's expectations, point of view, and values. Physician's role is to help patients determine what their goals are and how they can achieve them [25]. It seems that this model is rarely used in primary care.

In addition, it can be hypothesized that the doctor-patient relationship is different in different types of health problems [26, 27]. Thus, according to psychosocial aspects of diseases, the doctor-patient relationship can be different: In cardiovascular diseases, control of verbal and non-verbal expressions is required to transmit security; in arterial hypertension, the relationship can be focused on persuasion that seeks to guarantee therapeutic compliance; in asthma and COPD, it is about "ventilating" the patient's conflicts; in digestive diseases, the patient usually has feelings of dependency; in psychiatric diseases, the capacity for silent listening can be maximized; in endocrinological problems, detailed explanations at a cultural level of the pathophysiological mechanisms may be required; in hematological diseases, the mental stability of the patient may be taken into account during chemotherapy; in cancer, it is about maintaining clear and permanent communication with the patient; in AIDS, it is focused on knowledge of the diagnosis and confidentiality; in rheumatic diseases, the relationship is focused on being seen as an individual and not as a mere diagnosis, and on being believed with regard to pain and suffering. In dermatological diseases, priority is given to explanations about the probable cause of the disease and its duration; in neurological diseases, the patient must be aware of his or her diagnosis and the evolution of the disease, anticipating possible emotional reactions, and the doctor-patient relationship extends to the family environment [27]. Likewise, there may be differences in the doctor-patient relationship in situations of multimorbidity [28], or in the elderly patient [29], as well as when pharmacological treatments are involved [30], and at the first visit or subsequent visits. But despite all this, most physicians tend to have a predominant style of interaction [24].

In summary, doctor-patient relationship is a fundamental concept to be able to use the morbidity data of general medicine. However, there are few data regarding the frequency of relationship patterns. Furthermore, given that the complexity of the articulation of these processes and factors cannot be easily analyzed using reductionist or only quantitative strategies, where studies should take into account numerous confounding variables, it is therefore necessary to include qualitative perspectives.

Reference

1. Zellweger U, Bopp M, Holzer BM, Djalali S, Kaplan V (2014) Prevalence of chronic medical conditions in Switzerland: exploring estimates validity by comparing complementary data sources. *BMC Public Health;* 14:1157.
2. Turabian JL (2017) A Narrative Review of Natural History of Diseases and Continuity of Care in Family Medicine. *Arch Community. Med Public Health* 3(1): 041-047.
3. Chipidza FE, Wallwork RS, Stern TA (2015). Impact of the doctor-patient relationship. Prim Care Companion CNS Disord; 17(5).
4. Kaba R, Sooriakumaran P (2007). The evolution of the doctor-patient relationship. *Int J Surg;* 5(1): 57-65.
5. Kaplan SH, Greenfield S, Ware JE Jr. (1989). Assessing the effects of physician-patient interactions on the outcomes of chronic disease. *Med Care;* 27(3 Suppl): S110-127.
6. Hall JA, Roter DL, Katz NR (1988). Meta-analysis of correlates of provider behavior in medical encounters. Med Care 1988; 26: 657-675.
7. Ong LML, Haes JCJM, Hoos AM, Lammes FB (1995). Doctor-patient communication: a review of the literature. *Soc Sci Med;* 40: 903-918.
8. Weiss LJ, Blustein J (1996). Faithful patients: the effect of long-term physician-patient relationship on the costs and use of health care by older americans. *Am J Public Health*; 86: 1742-1747.
9. Beck RS, Daughtridge R, Sloane PD (2002). Physician-patient communication in the primary care office: a systematic review. *J Am Board Fam Pract*; 15:25-38.
10. Navathe AS, Clancy C, Glied S (2011) Advancing Research Data Infrastructure for Patient-Centered Outcomes Research. JAMA; 306(11):1254–1255.
11. Adler HM (2002) The Sociophysiology of Caring in the Doctor-patient Relationship. *J Gen Intern Med;* 17(11): 883-890.
12. Turabian JL (2018) Doctor-Patient Relationship Epidemiology and its Implications on Public Health. *Epidemol Int J*; 2(3): 000116.
13. Turabian JL (2018). The enormous potential of the doctor-patient relationship. *Trends Gen Pract* 1:
14. Turabián JL, Pérez Franco B (2010) [The satisfaction adventures with the doctor–patient relationship in the land of questionnaires]. Aten Primaria; 42(4): 204-2045.
15. Eveleigh RM, Muskens E, van Ravesteijn H, van Dijk I, van Rijswijk E, Lucassen P (2012) An overview of 19 instruments assessing the doctor-patient relationship: different models or concepts are used. *J Clin Epidemiol;* 65(1): 10-15.
16. Baker R (1990) Development of a questionnaire to assess patients' satisfaction with consultations in general practice. *Br J Gen Pract;* 40: 487-490.
17. Steven ID, Thomas SA, Eckerman E, Browning C, Dickens E (1999). A patient determined general practice satisfaction questionnaire. *Aust Fam Physician*; 28: 342-348.
18. Van der Feltz-Cornelis CM, Van Oppen P, Van Marwijk HW, De Beurs E, Van Dyck R (2004) A patient-doctor relationship questionnaire (PDRQ-9) in primary care: development and psychometric evaluation. *Gen Hosp Psychiatry;* 26: 115-120.
19. Roter DL, Stewart M, Putnam SM, Lipkin Jr M, Stiles W, Inui TS (1997). Communication patterns of primary care physicians. *JAMA;* 277(4).
20. Amol S. Navathe; Carolyn Clancy; Sherry Glied (2011) Advancing Research Data Infrastructure for Patient-Centered Outcomes Research. *JAMA*; 306 1254-1255.
21. Cuba-Fuentes M, Contreras Samamé JA, Ravello Ríos PS, Castillo Narro MJ, Coayla Flores SA (2016) [Patient-centered medicine as a clinical method]. *Rev Med Hered;* 27:50-59.
22. Charles C, Gafni A, Whelan T (1999). Decision-making in the physician-patient encounter: revisiting the shared treatment decision-making model. *Soc Sci Med;* 49: 651-661.
23. Benavides Rodríguez AY (2016). [Doctor-patient relationship from the perception of users and doctors during the general consultation in the outpatient area of the Previsional Medical Clinic], MINSA. Informe final de tesis para optar al título de Máster en Salud Pública. Centro de Investigaciones y Estudios de Salud. Escuela de Salud Pública. Matagalpa, Nicaragua.
24. Peck B (2011). Age-Related Differences in Doctor-Patient Interaction and Patient Satisfaction. Current Gerontology and Geriatrics Research; 137492.
25. Eustice C (2024). The Doctor-Patient Relationship. Impacting the Success of Treatment. *Verywell Health;* June 14.

26. Turabian JL (2017). Physician-Patient Relationship in Obstetrics and Gynecology. *Gynecol Obstet* 7:e123.
27. Turabian JL (2019). Doctor-Patient Relationship According the Psychosocial Aspects of Diseases in General Medicine. Associative *J Health Sci;*1(1).
28. Turabian JL (2019). Doctor-Patient Relationship and Multimorbidity: The More Extraordinary a Case Seems, the Easier it is to Solve it. *Arch Fam Med Gen Pract* 4(1):82-89.
29. Turabian JL (2019). Differential Characteristics in Communication and Relationship of the General Practitioner with the Elderly Patient. *J Fam Med. Forecast;* 2(2): 1017.
30. Turabian JL (2018). Doctor-Patient Relationship in Pharmacological Treatment: Discontinuation and Adherence. *COJ Rev & Res*. 1(5).

DOI:10.31579/2639-4162/237