



## Disarming Dialogues in Ethics and Professionalism

### Commentary on "Conversations"

Juhi Kalra, MD, CMCL-FAIMER fellow, Tejinder Singh, MD, MHPE, FIAP

<sup>1</sup>Professor of Pharmacology, Himalayan Institute of Medical Sciences, Swami Ram Nagar, Jolly Grant, Dehradun, Uttarakhand and <sup>2</sup>Professor of Pediatrics and Medical Education, Christian Medical College, Ludhiana, India

#### Corresponding Author:

Dr Tejinder Singh

Department of Pediatrics and Medical Education

Christian Medical College, Ludhiana, 141008, Punjab, India

Email: drtejinder22 at gmail dot com

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In ancient times, the priest with his divine healing powers was the sole sanctuary for people when they met with sickness. Having originated in traditions of faith, trust and magic, medicine evolved to become a hybrid of modern science and ancient wisdom. It is no wonder then that physicians inadvertently inherited a position of high esteem - of healers with extraordinary wisdom and power. As a consequence, the physician and the patient have often shared an asymmetric relationship.[1]

The poem "Conversations" deals with one of the critical prerequisites of the doctor-patient relationship – communication.[2] The patient in this case, clearly a woman, appears to have faith in her doctor when she says:

"I know you can see things that are deep inside me

and when you find what's wrong I'll be better soon."

She seems accepting of the doctor's paternalistic approach to her care:

"I dare not distract you from your task - I need you to find what's hurting my bones..."

As the poem illustrates, this situation is not unusual in India even now, although efforts are underway to move towards a more contemporary model where the patient participates in equal measure.[1]

In well informed communities across the globe, paternalism has given way to collaborative approaches where the doctor's dominance has reduced and patient-centric care has become more prominent. On the flip side, though, is a concomitant rise in litigation rates and in

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physician abuse at the hands of disgruntled patients, an indirect indicator of failing communication and declining trust.[3,4]

Three basic models of the doctor-patient relationship are described.[5] These are the 'activity-passivity' model, the 'guidance-cooperation' model, and the 'mutual participation' model. In the first model, the doctor assumes an active role, while the patient primarily assumes a passive role. The doctor is considered to be the final authority in his area of expertise and hence a one-sided relationship flourishes where the doctor directs and the patient listens and obeys. The conversation is often minimal and one-sided as illustrated in the opening lines of the poem.

“You nudge and press  
to locate the pain that troubles me.  
The frown of concentration on your face  
stops me from moaning aloud -  
I dare not distract you from your task  
...”

In the guidance-cooperation model, the doctor guides the patient in decision-making. Patients are proactive and they participate in conversations that help them to seek expert advice from the doctor and clear their doubts and anxieties. The distance between the doctor and the patient is reduced, and communication improves.

In the mutual participation model, neither one dominates; instead, both the doctor and the patient engage in the decision-making through active conversation. The patient is free to name her preferences and can seek the doctor's expertise to see her through. As an example, in the poem "Conversations", if we assume the the bone pains are due to metastasis, the patient - had she been well-informed and

with the confidence to take responsibility for her decisions - could have chosen not to undergo chemotherapy or radiotherapy, and instead could have asked for advice and help with palliative care or alternative therapy. The protagonist in the poem does not seem to have the attributes that are necessary for mutual participation and so the doctor primarily holds the strings of the conversation.

There is easy access to online sources of information these days; thus, patients' awareness regarding disease and treatment is improving rapidly across the globe, albeit at a much slower pace in India. While this information explosion promises to bring about an end to the much maligned paternalistic relationship between the doctor and the patient, it imposes an additional responsibility on the doctor - he not only informs the patient about the disease from his own perspective, but also has to correct any confusions arising out of half-understood online information that can cloud the patient's judgment and break trust. The patient's self-indulgence in a specialized field like medicine can sometimes extend too far and can hamper the provision of appropriate care.

As is evident in this poem - "link us through an unequal bond" - the patient is aware of the metaphorical distance that separates her from her physician. Dreading the stethoscope as a "snaking rubber tube", she perhaps senses the missing human being in the mechanical interaction. There are many reasons, social, economic, and cultural, why paternalistic trends will not change easily in India; however, a shift to the guidance-cooperation model of the doctor-patient relationship can be encouraged by empowering medical students and doctors with good communication skills. It is likely to help

both the patient and the doctor in sorting out issues of unmet expectations.

In this poem, the patient, habituated perhaps to a paternalistic setup, hesitates to speak her mind. Her attitude widens the communication gap. For emergency situations like when the patient is in coma, is anaesthetised, or is otherwise critically ill and cannot contribute to acute decision-making, the activity-passivity model, where the doctor takes decisions on behalf of the patient, is appropriate; however, passivity when the patient is conscious and alert, especially when she has anxieties and concerns, may cause frustration. Passivity may also delay diagnosis and treatment as is hinted at in this poem.

While the patient in the poem is full of hope, there are also questions and lurking fears that are not addressed proactively by the residents or the consultant.

"...and when you find what's wrong I'll be better soon.  
Shall I tell you of the lump in my breast?  
Or of my sister who died last year?  
You are thinking, thinking, while I pray silently..."

The next stanza throws light on other deficiencies in the health care system that make effective communication difficult.

"I start to ask, but you hurry away to the next bed -  
to other patients; pale and trembling -  
some deathly still."

The high patient loads in many government hospitals in the country mean that there may not be time or the space to create an environment conducive for conversation. Nevertheless, medical students must be taught how to manage communication despite the handicaps.

"I will ask when you come tomorrow".

This is postponement and it is tied to paternalistic expectations and passivity; it can have undesirable consequences for the patient, like an unreported angina turning into a full blown myocardial infarction. There is a need to improve training in skills like communication and empathy.[6] Students could be exposed to role-modeling by consultants on how to create opportunities for conversation. A meaningful dialogue, however brief, can help doctors understand patients' aspirations, needs and expectations.

The theme of 'postponement' again emerges in the lines, "Maybe I'll talk to the nurses". Each time the patient musters up the courage to speak, unavoidable circumstances intervene and an essential conversation is missed. The patient is unable to find an opportune time, a conducive environment, or a sympathetic ear. She is complacent about it, though, perhaps because of her faith in the competence of the doctor. She does not seem to appreciate the possible consequences when her long-held issues remain unresolved. Patients must be educated in this regard - the treating physician or attending nurses are best placed to instruct them to ask questions. Very often, a patient's personalised version of disease may impact the final outcome in a chronic illness. The same disease may mean entirely different things to two patients in terms of concerns and fears that plague their minds.[6,7]

The poem highlights how a patient's fears can be aggravated by "cold steel", "probing fingers", "sharp needles", and laboratory investigations. For the physician these are routine activities that he is habituated to performing with a minimum of fuss; however, words of explanation and a vocal demonstration of empathy may mitigate the patient's

anxiety and further enhance trust in the physician.

"And we'll talk about my sister;  
and why I don't want to die;  
and of the lump in my breast."

Communication helps the doctor become familiar with the patient as a human being and permits a deeper understanding of the patient's concerns, fears, taboos, and other socio-cultural co-relates. Allowing the patient to narrate her story encourages active involvement of the patient in her own treatment; it may also engender trust, abolish fear, and reduce the chances of treatment failure. We need to invigorate the art of history taking, help future medical professionals in acquiring behaviors that facilitate communication, and encourage patients to find their voices.[8,9]

Disease is not merely a biological phenomenon, but also a psycho-social, cultural and emotional composite that can affect disease outcomes. Silence on the part of either - the patient or the doctor - may lead to a sense of psychological abandonment. A patient's silence may be dictated by ethnic factors, cultural norms, and societal barriers. The patient in this poem, too, reveals barriers peculiar to her situation when she reflects on the difficulties of sharing personal details with male residents:

"I wish they weren't all men.  
Last night, a lady resident was on call.  
I should have told her..."

Students must be made conversant with patient diversity, and learn to be sensitive to individual preferences.[10]

An essential pre-requisite for the mutual participation model of the doctor-patient relationship to flourish is to create an environment where the communication

gap can be minimised; thus, students should be taught specific skills like building rapport and demonstrating empathy. Displaying small gestures of concern like greeting the patient, using body language that reflects calm and patience, making appropriate eye contact when talking to a patient, and using verbal and non-verbal cues to break the ice are useful techniques. Avoiding medical jargon, employing active listening strategies, and becoming linguistically proficient can also help.

The poem subtly reminds of the need to ensure competency-based training - "veins the others couldn't find" and "pokes and prods" point towards the need for adequate training to facilitate acquisition of skills. Apparently, even the patient seems to understand that physician training may be an issue. Despite her manifest faith in her doctor, she displays a moment of doubt:

"After all, they're doing their best...  
Aren't they?  
Just like they're trained to do?"

The patient in this poem considers talking to the nurses when the doctors prove to be inaccessible for various reasons. Communication is a complementary competency that works best in interprofessional settings and collaboration with nursing and paramedical staff can enhance overall patient satisfaction.[11] The provider-patient relationship can flourish when it is a shared responsibility, and perhaps some of the stress and burden on healthcare providers can be reduced as a result. The patient notices the physical and mental pressures on the doctors and it might even have contributed to her silence:

"Some are gentle, some rough  
- but they're all exhausted.  
I'm not the only patient they see."

and...

"...with dark circles around tired eyes,  
and then somebody died, I think,  
because her pager rang, and she ran."

Quite possibly the endless exhaustion, the stress, and sleepless nights have transformed doctors into robots who can hear but have no time to listen. Huge patient loads impact the doctor-patient relationship with time constraints offering a major challenge.[9] Besides improved working conditions for doctors, perhaps team-based practice is the key to effective delivery of health care services in a country like ours. Collaborative practice with skilled and trained staff and

opportunities for patient counselling may help fill the gaps in communication. [11,12]

This poem artfully highlights some of the expected roles of an Indian Medical Graduate as defined by the Medical Council of India, viz clinician and communicator.[13] It reminds of the need to build trust between patient and doctor by creating a congenial environment that facilitates communication, and the need to respect gender, cultural and other diversities. The poem also uncovers other deficiencies in our healthcare system that should be addressed if doctors are to fulfill patient expectations.

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