

# *Opening Remarks by*

*Dr Samlee Plianbangchang  
Regional Director, WHO South-East Asia*

*At the*

*Meeting of Experts on Doctor-Patient Relationship*

*SEARO, New Delhi  
15-16 February 2011*

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Distinguished participants, ladies and gentlemen,

I warmly welcome you all to this Consultation on “Doctor-Patient Relationship”. In view of the prevailing situation in the area of medical care services in several countries of the Region, it is timely to revisit the issue of “Doctor-Patient Relationship”.

Doctor-patient relationship is an important determinant of quality health care, especially medical care. Doctor-patient relationship is built on a solid foundation of “trust” and “empathy”. Trust and empathy that comes from effective communication and interaction between doctors and patients. Patients, as human beings, come to health facilities with their own expectation for care. Care of not only their “body”, but also their “mind” and “soul”. They (the patients) expect fair treatment from the health care systems.

We (the health care providers) need to recognize health of everyone as a “fundamental right”. We should treat the patients with the principle of “equity” and “social justice” in mind. The patients also expect us to respect their dignity as human beings.

The breakdown of doctor-patient relationship, due to any reasons, will lead to “mistrust” between them. This mistrust can lead to patient “dissatisfaction” and “resentment” that may cause “medical litigation” against doctors. In this situation, it is natural that doctors have to protect themselves, among other things they do is to secure “malpractice insurance”. Doctors become more careful in their practice. Doctors may not rely much on “clinical approach” in dealing with patients - the approach that can strengthen and maintain good relationship between doctor and patient. Doctors will use more sophisticated tools for investigating the causes of illness. Doctors use newer medicines to ensure full expectation of cure of the disease. This phenomenon certainly will lead to, among other things, high, and eventually skyrocketing of health care cost. The situation whereby a vicious cycle is formed between:

- patient dissatisfaction;
- mistrust;
- medical litigation;
- over investigation as well as over treatment, and high health care cost.

Doctor-patient relationship has a critical role to play in this vicious cycle. Communication between doctors and patients must be adequately effective. Interaction between doctor and patient must be appropriate enough to create better understanding on both sides.

To ensure such a communication and such an interaction, doctors need to have and spend enough time with patients. It is difficult indeed for doctors to have enough time for all these aspects. Doctors today are overburdened with the huge number of patients coming for care. This situation will never end – people will continue getting sick and they will keep coming to get help from doctors. One of the important contributions to this situation is the design of our health care services delivery systems, the systems that are mainly designed to wait for people to get sick and come for treatment in spite of the prevailing national health policy on “health promotion” and “disease prevention”, whereby people can be kept healthy as much as possible, not to fall sick easily or often; and not to overburden the treatment facilities.

The governments’ investment is still too heavy in the development of infrastructure that is in favour of “treatment” at the cost of “prevention”. Furthermore, the failure of referral systems of health care that leads to bypassing of patients in particular, to secondary and tertiary levels without proper reasons. And also, the lack of appropriate task shifting - delegating some simple medical procedures to other relevant professions at various levels of health care systems. These shortfalls contribute significantly to the overburn of doctors that jeopardize doctor-patient relationship.

We have to continue our efforts in convincing the governments to pay more attention to promotive and preventive care, the care that can reduce the burden of curative services institutions. We like to see the development of

health services delivery that really keeps the right balance between promotive, preventive, curative and rehabilitative care.

Distinguished participants,

These are system issues or problems of the system that need long-term efforts from all of us to tackle. On the other hand, our immediate attention is now required in helping doctors and patients strengthen their relationship, the relationship that can create the climate and environment that is conducive to positive interaction between doctors and patients, the interaction that can contribute to effective curative services and to the quality of medical treatment.

The subject of doctor-patient relationship needs to be attentively revisited in the development and implementation of medical education programmes. These programmes can be important entry points for strengthening doctor-patient relationship. This is primarily the role of medical schools, medical colleges.

Attention also needs to be paid to the ethical code of medical practice. We may need to see how this ethical code is implemented to ensure positive relationship between doctors and patients. This is primarily the role of medical councils and medical professional bodies, such as medical associations. Fairness for all in medical practice must be ensured by medical/health care service facilities. As much as it can be done, it has to be ensured that doctors have enough time with their patients by:

- Reducing doctors' workload;
- Promoting preventive care by other professions; and
- Delegating simple medical treatments to others.

On the other hand, for the patients, they need to be adequately educated to clearly understand the functioning of health care systems; to understand the roles of various professions, including doctors, who provide public health and medical services; to understand when and where to go for care, and at what level of the health services delivery system.

And, very importantly, the patients or people in general have to be educated and empowered to be able to take effective care of their own health. This is self-care – self-care at individual, family and community levels. Educating people to be functionally literate in self-care is an essential element for strengthening doctor-patient relationship.

Ladies and gentlemen,

With today's advancement in IT, patients can receive information about health from various sources, and from various directions. They, the patients are flooded with information, and often they are confused and misled. The patients may not need to be more informed, but they need to be better informed to better understand their doctors and medical practice.

We need to keep in mind also that all patients basically love, and highly respect their doctors. And they expect doctors to love them and respect them also. Doctors too need to better understand their patients, to understand not only the patients' sickness; but also their social, cultural and economic profiles, not less important, to understand the patients' expectations. And, if needed, try to help reconcile such expectations - expectations of patients and expectations of doctors.

We all know well that the patients need to be treated holistically: physical, mental, and social, and treated with sympathy and empathy. However, this holistic treatment cannot happen perfectly because of many reasons. I am sure all of us are aware of those reasons.

Colleagues,

It will take us a long way in further strengthening doctor-patient relationship if the principle of PHC is effectively applied at all levels of health care systems. If there is more investment in promotive and preventive care, if medical workforce is more rationally utilized, if primary care with the addition of "family doctor" is developed and is fully functioning in all villages of countries, and so on.

Distinguished participants,

These are some of my thoughts relating to today's doctor-patient relationship. The Secretariat has developed a draft strategic framework for

addressing the issues. This draft reflects our primary thinking about what may need to be done to further strengthen doctor-patient relationship. We look forward to your guidance in improving and refining this framework. Your experiences and your combined wisdom will be most useful in guiding us in further development of the framework, the framework that is suitable for application within the social and cultural context of countries in the South-East Asia Region.

I sincerely thank all participants for sparing their valuable time to attend this consultation.

I wish their deliberations all success. And I wish them a very pleasant and enjoyable stay in Delhi.

Thank you.