

Keeping Our Feet on the Ground: We Need to Be Aware of the Dangers of Losing Focus on Patients

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Doctors in training are susceptible to thinking themselves more exceptional than reality demonstrates. This tendency, combined with the many pressures of medical training, can lead to a break down in communication with patients. Reminding ourselves of the reality of our role could help us reflect on how we can best benefit them. One important way of doing this is to preserve the aspect of professionalism that health care systems often make difficult – communication.

Key words: attitude of health personnel; physician-patient relations; physician's role; work satisfaction

The Reality of Our Role

Doctors are not unique in caring for people. Clearly, their role is a valuable one (1). After a lengthy training program, they work long hours, have a responsibility for life, and carry the burden of care for others, often irrespective of whether or not we are officially "on duty." But these qualities are found in other professions as well. Many jobs in today's society demand more than the traditional nine to five working day. Many jobs impart responsibility for others, whether directly like firemen, or more indirectly like politicians. But this responsibility is no less than that of a doctor. The politician who controls a pensioner's budget has the power to sentence to death those who cannot afford heating. Counsellors, nurses, and priests are just a few examples of those who carry the cross of others daily. The principles behind what we do are not unique, although the practice might be. In other words, we do a job that echoes the essence of many other jobs.

The Danger in Forgetting

The importance of remembering this fact is that our perception of being exceptional might breed arrogance, and discontent (2). Firstly, we could become arrogant, in viewing certain specialties, other health professionals, and even our patients as inferior or less important. Our Hippocratic leanings predispose to paternalism where the patient is concerned. Therefore, perhaps it is unsurprising that we can sometimes inadvertently view their opinions as of secondary importance in medical decision-making (3). But perception of ourselves is also a factor. We can easily get carried away with the new power that being a doctor

provides, and forget that we play a small role in a very big system. Secondly, discontent might follow as we realize that a career in medicine does not deliver the role that we created in our minds when we applied to medical school (4). In fact one study suggested as many as 23% of generalists would not choose medicine again (5). Early years of medical practice can feel more like administration than anything else. Health care systems function in an increasingly litigious and cost conscious society, and trainees are therefore forced to be defensive and to sometimes opt for less effective but cheaper health care solutions. Furthermore, medical intervention sometimes seems to make illness worse, for example iatrogenic illnesses such as hospital acquired infections (6). In the light of the many pressures on us, it is important that trainees keep questioning yet another factor that can affect our practice deleteriously – our perceptions of ourselves and others.

The Difference We Can Make

The area in which both students and doctors often make the biggest difference in patients' lives is in communication with them. The pressures of working life, limitations on time, frustrations with the system, and many others, will try to crush our spirits (7). And an easy place to vent those frustrations would be the patient. We must strive to prevent this. There are many barriers between the patient and the doctor, not least the very forms and metaphors of the medical language we use (8). It is interesting to note that patients' complaints are often about poor communication and incorrect assumptions about their preferences, both of which are surprisingly common (9,10). In fact, the European Task Force on Patient Evaluations of Gen-

eral Practice discovered that the most highly rated aspect of doctors' care was "humaneness" and commented that improvement of communication would minimize complaints against doctors (11). So although patients increasingly expect to participate in decisions about their care, these aspirations are rarely met (12). Whether these problems are due to a lack of inclination or time, or both, as many have alluded to (3,13), the result is that patients' desire for information, education, and empowerment is inadequately provided for in modern medical practice. Furthermore, research shows that where litigation is concerned, the decision to take legal action was determined not only by the original injury, but also by insensitive handling and poor communication after the original incident (14). Therefore, for doctors to work as advisers and partners rather than as controllers, communication is paramount (15).

From the outset of medical training, it is important to be aware of issues which will affect the way we view our patients. Some of the factors which breed discontent may in fact be false beliefs that we adopted in medical school. We are certainly not unique in all the ways we think we are. Continuing to cultivate this mindset, still pervasive in medical culture, is dangerous. While our technical competence is paramount, this is not all patients' desire. We care for individuals at their most vulnerable, often in pain. We need to hold onto the fact that we are in partnership with our patients, working with them, not above them; that we are part of a system of care that involves many different people. That without any one group, the system fails, whether they are technicians, physiotherapists, cleaners, or pharmacists. And that sometimes, all we can really offer is a trusting, caring relationship. Whether we fall foul to the dangers I have described or not, we will all be subject to the pressures of an overworked, and under-funded system (16). And whether communication was all or part of our patient's medicine, what they will remember most is those who treated them, not what they were treated with (17). Thinking ahead of time about how we will react to our future, might help us keep one of our most valuable roles as newly qualified doctors a high priority in our minds.

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