

Patient-Doctor Communications/The Spouse-Partner in Disease Management

Patient-Doctor Communications

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Patient-doctor communication should be analyzed in the context of trust relations. There is a mutual dependence between communication and trust relations. Trust consists of loyalty, caring, competency, honesty, and confidentiality. In patient-doctor relations, the level of trust between the parties significantly influences the various dimensions of communication and treatment. Trust and communication are influenced by the structure of the health care system. Participation in decision-making may increase trust; a patient's participation in decision-making regarding their own treatment can contribute to satisfaction and trust in the health care system in general. Thus, encouraging patient-doctor communication may also be the interest of health care organizations. Health care systems are often characterized by uncertainty and risk. Studies show that trust can lead people who face uncertainty and risk to cooperate with the treatment procedures, thus increasing its effectiveness. Interpersonal trust between patient and practitioner may have therapeutic effects.

Organizational factors which influence trust in physicians include allowing and encouraging patients to choose their physician, giving patients sufficient continuity with the same physician to allow for the establishment of an ongoing relationship, and ensuring that physicians are not under economic or other pressures to act other than in their patients' best interests. Yet, structural changes and retrenchment of the public components of the American health care system as well as insurance coverage pose significant threats to patient-physician trust in most of these aspects.

Models of treatment decision-making include the traditional paternalistic model where the doctor is the dominant player, and information transfer is only one-way from the doctor to the patient; the shared decision-making model which allows for two-way communication where the doctor provides all medical information to the patient which is needed for decision-making; and the informed patient model where the dominant player is the patient, and one-way communication is from doctor to patient. Each model has respective advantages and disadvantages; the shared decision-making model appears to be most efficient. Overall, patient involvement in decision-making can help in treatment.