

Research Review Based on the Phenomenon of Strained Relationship between Doctors and Patients

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Abstract: Inquire about the current situation of physician-patient relationship and the factors leading to the tension of physician-patient relationship through document research, observation and other methods. It is revealed that the physician-patient relationship in China is in a tense state and the physician-patient disputes are increasing; the main factors that lead to the tension between doctors and patients include distrust between doctors and patients, unreasonable publicity in the media, and imperfect legal system, etc. Based on the analysis of the present situation of the physician-patient relationship and the factors leading to the tension of this relationship, this thesis puts forward the feasible measures to improve the current physician-patient relationship.

1. Introduction

With the development of economy and society, the demand of residents for medical treatment is increasing. Physician-patient relationship is strained, which results in the increasing rate of conflicts between doctors and patients. The intense physician-patient relationship, one of the social problems people most concerned about, is also one of the most important problems faced by doctors and patients. This thesis aims at putting forward some suggestions about policies improving the current physician-patient relationship by analyzing the present status and main factors affecting the relationship.

2. Physician-Patient Relationship

2.1. Definition from the Perspective of Sociology

From the perspective of sociology, physician-patient relationship is defined as the result of interpersonal interaction which concerns some roles. Sociology focuses on the physician-patient relationship by knowing how nature, characteristics as well as rights and obligations of physician-patient roles change along with the development of modern medical science.

2.2. Nature of Physician-Patient Relationship

Physician-patient relationship is a kind of economic relation, mainly reflecting in paying expenses for registration, inspection, treatment, hospitalization, medicine and so on when patients see a doctor.

Physician-patient relationship is the contractual relation. Patients registering and hospitals giving numbers to patients show the contractual relationship between physicians and patients in law. Besides, an informed consent signed by both sides during medical activities shows the contractual nature of physician-patient relationship. In addition to the contractual relation superficially, physician-patient relationship also contains a deep psychological relation, specifically showing in the subjective and implicit expectation of pay and reward between doctors and patients.

Physician-patient relationship shows unequal information for the reason that hospitals grasp more information and resources than patients. This kind of imbalance gives rise to intensified conflicts between both sides during the interaction and low medical efficiency and performance. At the same time, physician-patient relationship is a kind of ethical relation.[1]

3. The Present Status of Physician-Patient Relationship

3.1 The Present Status of Physician-Patient Relationship in China

Chinese health care reform has made great progress by trials. With the development of medical technologies and service levels, more and more people throw themselves into the medical career. Moreover, due to the enlarged coverage of health care, most of patients seeing a doctor can be guaranteed, expenses patients should pay for decrease and physician-patient relationship is harmonious in general.

However, during the process of health care reform, originally aiming at public welfare, public hospitals gradually turn to market, becoming profitable organization, which gives rise to many serious problems such as difficulty and high cost of getting medical services.

Primary clinics are so unreliable that most of patients move to large hospitals in cities for medical treatment, resulting in the number of receptions in these hospitals far beyond the number of patients can be received for medical treatment. Medical resources and services provided by medical workers cannot meet the needs of patients and the unequal relationship between doctors and patients brings trust crisis to them. Consequently, physician-patient disputes are in a growing trend and conflicts between doctors and patients become more and more serious gradually. [5]

3.2. Forms of Intense Physician-Patient Relationship

Intense physician-patient relationship reflects in frequent conflicts during medical treatment because most of patients in conflicts expect a certain compensation. The amount of damages is increasing, so hospitals bear the economic pressure they should not have endured. For this reason, the operational risk of hospitals is increasing.

In addition, intense physician-patient relationship also shows in medical disputes. In order to seek the high compensation, which seems “reasonable”, patients sometimes adopt extreme means hindering the operation of hospitals such as besieging the hospital gate, parade, showing banners and even burning papers for dead people. What’s worse, some behaviors harmful for the security of medical workers like threatening, frightening and hitting medical workers also occur.

3.3. Influences Made by Intense Physician-Patient Relationship

First of all, intense physician-patient relationship brings troubles to hospitals and medical workers. Because it is difficult to solve the problems of physician-patient disputes with repeated communication, long time and efforts made by doctors and relevant staffs, the normal medical order

is seriously affected. With the purpose of minimizing the influences of disputes, hospitals tend to agree on settling cases out of court, thus hospitals bear a certain economic burden and many medical workers face greater pressure because of the compensation.[2]

At the same time, physician-patient disputes resulting from the intense relationship may give rise to loss of property of hospitals, personal attacks on medical workers and even medical troubles, which makes negative influences on the normal operation of medical institutions. According to the survey on 326 medical institutions conducted by Chinese Medical Association (among which 55 institutions are in Beijing, 15 in Shanghai, 6 in Tianjin, 5 in Chongqing,, 72 in East China, 16 in South China, 21 in North China, 51 in Central China, 33 in Northeast China, 21 in Northwest China, and 30 in Southwest China). Once the intense physician-patient relationship brings disputes, patients would smash objects in hospitals frequently.

In hospitals in administrative regions, it is common seen that medical workers in hospital institutions are injured. East China accounts for 37.5%, Central China accounts for 49%, Northeast China accounts for 57.1%, Northwest China accounts for 38.1%, and Southwest China accounts for 23.3%. In 326 hospitals, the probability of hospitals suffering from disorderly conduct by patients is 73.5% while damages made by patients is 43.86%. Directly destroying the infrastructures of hospitals accounts for 35.58% and 113 medical workers have been injured (accounting for 34.66%).[3]

When intense physician-patient relationship affects the normal operation of hospitals, it also brings burden to hospital management. Through field researches, relative departments and medical service division of hospitals will make assessment on patients who undergo an operation, including operation and dispute risks. If there are two kinds of high risks, it is necessary for medical service division to adopt in-advance intervention to communicate with patients.

As for hospitalized patients, if they challenge the operation process, postoperative recovery and doctors or even want to complain about them, most of patients will directly go to the medical service division or even go to the office of committee of discipline inspection and office of the director of the hospital. If patients insist on making complaints, the process is so complicated that hospitals should know information about patients and make assessment with experts. After knowing the situation and background, hospitals should explain to patients and give feedback to them, which is not an easy task especially when it comes to compensation. Therefore, in addition to the normal operation, the medical service division also needs to deal with physician-patient disputes, which brings heavy burden to medical workers.

Besides, as for patients, intense physician-patient relationship may make negative influences on patients and their families. Patients and their families may be concerned about the unsatisfactory operation, postoperative recovery, some degree of injury, damages of body functions, and even death during operation, which are terrible results their family members cannot bear. Due to the mental pressure and anxiety, any stimulus may intensify disputes. In the meanwhile, patients also bear a heavy economic burden because they need to pay medical expenses during the process of the disputes. If disability identification is needed, patients tend to pay the identification fee by their own in some cases. If disputes occur in other provinces, transportation costs, board and lodging expenses, and lost incomes should be paid by patients themselves. Once physician-patient relationship becomes intense or it comes to disputes, patients should not only bear the pressure, but also a huge economic burden.

Eventually, the worst influence physician-patient disputes make is disturbing the social order. Because of the limited investment on health care and low compensation level of health care, most patients ask hospitals for economic compensation in physician-patient disputes. However, because of unequal information, patients always do some extreme behaviors when their demands cannot be met. In severe cases, public safety affairs may occur such as medical troubles, affecting social stability. [4]

4. Factors Affecting Physician-Patient Relationship

4.1. In Terms of Hospital

Generally speaking, the main problem of hospitals is that the medical ethics and practices cannot be well set up and medical workers cannot combine ability with political integrity, which means that they cannot serve patients whole-heartedly and take patients into consideration.

Moreover, medical workers also lack job responsibility. Weak awareness of participating in the medical field, lack of clinical experience, being careless, and improper medical management may give rise to medical troubles.

Medical workers lack humanistic quality, ability of transposition thinking, and good communication ability, which arouses uncomfortable feelings of patient families.

In addition, medical ethics and practices decline. For example, patients tend to give red packets to doctors for a better treatment, which leads to less trust of medical workers. Furthermore, medical workers lack job responsibility, service awareness and self-cultivation.

Without being hardworking, medical workers think little of communication. They tend to be satisfied with themselves while they consider that patients are with low qualities, so they don't want to communicate with patients. (Low income of doctors is also an important reason.)

Medical workers depend much on medical equipment and apparatus. They even seldom inquire the condition of patients. Those devices replace the warm care of medical workers.

4.2. In Terms of Patient

The biggest problem of patients is their lack of medical knowledge and medical science and they tend to stress more on medical services with high expectations. Some patients and their family members even consider that money can heal all disease. Once hospitals cannot meet their expectations, they will argue with medical workers and even bring disputes.

During the process of medical treatment, patients feel unsatisfied with the treatment for their physiological and psychological needs cannot be met. Due to unversed medical technology, indifference attitude and unequal right to know and right of speech between doctors and patients, patients may feel their benefit lost.

Additionally, with relatively low quality, some patients do not know the nature of hospital accurately. In fact, hospitals have turned into undertakings with certain public welfare from complete public welfare undertakings, brought to market unmercifully at last.

4.3 In Terms of Media

Public opinions of the press appear to make few influences on intense physician-patient relationship, but this is not the case. News reports are always inclined to patients, one-sided defining physician-patient relationship as consumption relationship and blaming hospitals. The media hype to draw public attention easily arouses public challenge to hospital reputation.

4.4 In Terms of System

From the perspective of legal system, the biggest problem in China is the incomplete laws and lax rules during the process of physician-patient disputes, which makes the law enforcement difficult.

The health care reform, starting in the 1980s, changes the public good nature of hospitals, making hospitals become the assessed goods and profitable organization. Nowadays medical resources are unevenly distributed. Imperfect social health care system intensifies the conflict between doctors and

patients. [7]

5. Practicable Measures for Solving Physician-Patient Disputes

5.1. In Terms of Hospital

From the perspective of medical workers, medical ethics education should be given priority to solve disputes. As is known to all, many medical disputes result from negative feelings of patients for they consider that medical workers show bad attitudes. Therefore, conflicts occur.

Medical workers should keep good emotions during their communication with patients without being perfunctory and impatient. Since patients consider medical workers as authority, doctors should make the most authoritative diagnosis to enable patients to feel at ease.

Medical workers should also think about problems from the perspective of patients. Patients see doctors because they believe that medical workers can help them solve problems instead of just finishing the tasks perfunctorily. For this reason, the medical sides should show the positive attitude as well as right ethics and practices.

In addition, the medical sides can require doctors to enhance the communication with patients. Due to the unequal information between doctors and patients, patients know less about professional knowledge on medical science. That is why patients often put forward a series of problems or challenge to the diagnosis. However, doctors may feel impatient to these challenges while patients are unsatisfied with the doctors' attitudes. And then, disputes we mentioned above occur. Therefore, in order to avoid the problem at the beginning, medical sides can improve the communication with patients, telling them more comprehensive information and details. Measures that doctors will take next should also be informed to make patients trust them and make the information equal.

At last, medical sides should enhance the communication with media. In recent years, intensified physician-patient conflicts result from reports about public opinions. If medical sides can communicate well with media, tell media the truth that physician-patient disputes are not only blamed on medical sides, require media to report the news according to the facts without guiding public opinions inclined to the patient side, and ask media to report the positive sides of hospitals, patients will change what they think about medical workers and beautify the images of medical sides.

5.2. In Terms of Patients

Firstly, patients should have a reasonable cognition about the help offered by hospitals. Most of patients consider that hospitals can heal their diseases and only when they come to big hospitals in metropolis, their diseases can be cured. Patients tend to have a higher expectation to medical sides, so when doctors tell the results that patients cannot accept, these patients will regard the feedback as the perfunctory behaviors, and they will conclude that doctors are not willing them to receive treatment in metropolis. In my opinion, the most effective measure to prevent the disputes is that patients properly reduce expectations to hospitals because medical workers solve problems based on their knowledge and experience instead of the magic power. Doctors are human beings rather than Gods, so there are many problems they cannot solve. In consequence, patients are supposed to have a reasonable but not a higher expectation to hospitals.

Secondly, patients should actively take measures to fill the gap between medical sides and them. Due to the unfamiliarity with medical science, patients tend to challenge the treatment schemes given by doctors, only believing the treatment they know. Such conflicts owe to unequal information occur every day, so it is suggested that patients should know some cases and relevant researches on diseases as well as know some common medical means to avoid some unnecessary troubles before seeking

medical advice. Additionally, patients can actively communicate with doctors and ask them when they don't know the information. Medical workers can try their best to answer patients' questions and comfort patients. Therefore, filling the gap between medical sides and patients by patients themselves plays an important role in the effective and harmonious communication between both sides.

At last, patients should control their emotions. Most of patients who go to hospitals are anxious, which is understandable. However, there are part of patients damaging hospital properties or even hurting medical workers for revenge because of the unsatisfactory treatment or imperfect postoperative recovery. As for the phenomenon, I consider that patients should think about the problem from the perspective of medical sides. A doctor should treat dozens of patients per day, so it is obvious that the workload of doctors is large, and they are often overworked. If patients are impatient to communicate with doctors, doctors may show bad temper, which may arouse disputes. In conclusion, patients restraining their emotions can help prevent physician-patient disputes from occurring.

5.3. In Terms of System

Firstly, due to incomplete laws and lax rules for solving physician-patient disputes, it is important to make laws for solving the problems at different levels. For those disputes disturbing or making negative influences on the social order, punishments should be enforced. Only keeping the laws in mind, people can prevent physician-patient disputes from impulse of emotion.

Secondly, because the health care reform changes the public good nature of hospitals, more and more hospitals become profitable organizations, which means that hospitals consider profits instead of serving patients whole-heartedly. Therefore, this kind of systems can be standardized. Hospitals should give priority to serve patients rather than make profits. By doing this, on the one side, medical workers think less about earning money and on the other side, patients feel that they are concerned more by medical workers.

At last, Chinese medical resources unevenly allocated and incomplete social health care system are because of the incomplete laws and systems. Therefore, the health care system should be improved quickly to solve the problem of difficulty of seeing doctors. At the same time, the health care system should be established in remote areas to evenly allocate medical resources, which makes people in remote areas have access to doctors and have ability to pay the medical expenses.

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