

Introduction

Professional relationships are central to the practice of medicine and to achieving good clinical outcomes. The doctor-patient relationship is depending of the patient and doctor; their ongoing thoughts, feelings and behaviors in response to each other. Most of the patient place a huge amount of confidence in our doctors, entrusting them with our health and, at times, with our very lives. This is why open two-way communication, trust, and mutual respect are so essential in doctor-patient relationships.⁽¹⁾

Interview with patient

The medical interview is the major medium of health care. The interview has three functions and many structural elements. The three functions are gathering information, developing and maintaining a therapeutic relationship, and communicating information. These three functions is closely interact. The structural elements of the interview also affect the therapeutic relationship and important outcomes such as biological and psychosocial quality of life.⁽²⁾

The Structural element :

- Prepare the environment & prepare oneself.
- Observe patient.
- Begin the interview.
- Detect the overcome barriers to communicate.
- Survey problems.
- Establish the life context of the patient.
- Present finding and option.
- Negotiate plans.⁽²⁾



Hallmarks of a Good Patient-Doctor Relationship

Other studies concluded that relationship between the doctors and their patient after the first interview and along with the treatment period must depended on several point summarized as :

- 1-Honest.
- 2-Shared decision making.
- 3-Flexibility.
- 4-Compatibility.
- 5-Respect for patients' wishes.⁽³⁾

During the period of treatment doctors is facing some situation with their patients , how doctor should to deal with this situation perfectly even he don't lose interaction with patient ?



Angry patient :

- Do acknowledge the patient's anger.
- Do not take the patient's anger personally.



Complaining patient: About you or your staff :

- Do speak to your own office staff if the patient has a complaint about one of them.
- Do not blame the patient for problems with you or your staff.



Non-adherent patient:

- Do identify the real reason for the patient's refusal to adhere to or to consent to a needed intervention and address it.
- Do not refer the patient to another physician.



Suicidal patient:

- Do assess the seriousness of the threat and suggest that the patient remain in the hospital voluntarily if the threat is serious.
- Do not assume that the threat is not serious and don't release a hospitalized patient who is a threat to herself or himself.⁽⁴⁾

Conclusion

The practice of medicine and its embodiment in the clinical encounter between a patient and a physician is fundamentally a moral activity that arises from the imperative to care for patients and to alleviate suffering. The relationship between a patient and a physician is based on trust, which gives rise to physician's ethical responsibility to place patients welfare above the physician's own self-interest or obligations to others, to use sound medical judgment on patients behalf, and to advocate for their patients welfare.

References

- 1- Susan Dorr Goold, MD, MHSA, MA1 and Mack Lipkin, Jr., MD2 , The Doctor-Patient Relationship Challenges, Opportunities, and Strategies <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1496871/>.
- 2-The Importance of Healthy Doctor-Patient Relationships <http://fcmcpa.org/The-Importance-of-Healthy-Doctor-Patient-Relationships>.
- 3- The physician-patient relationship , https://www.ncmedboard.org/resources-information/professional-resources/laws-rules-position-statements/position-statements/the_physician-patient_relationship.
- 4- Andrew Connolly ,Philip Pigou ,Steven Lillis , Cole's Medical Practice in New Zealand, published in 1988 by the Medical Protection Society, New Zealand.

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