



Rekindling the Doctor-Patient Relationship



The joy of practice is two-fold: Intellectual and Relational.

The intellectual side of us thrives on the challenge of complex medical decision-making and computational fact-finding. Understanding and applying pathophysiology is what we trained for, and what most of us consider to be a joyful brain exercise.

However, since we do not practice medicine in a vacuum, the relational side of patient care is equally important to job satisfaction. It is, without doubt, the more challenging and frustrating part of practice. The desire to provide “care” to those in need was, for most of us, an overwhelming reason for entering the medical field. Yet, we had little training and preparation for just how to go about this in the most productive way.

The extensive demands on our time make this task even more difficult. The emotional drain of “difficult patients,” “difficult colleagues,” and a dysfunctional healthcare system add to the burden. However, if we don’t find ways to produce positive relational encounters with our patients, we will find ourselves feeling half-empty of the joy of practice.

I’d like to share a few methods I have learned over the years that will enhance your patient relationships, ensure positive patient encounters, and, subsequently, support years of joyful practice.

We all know that a positive doctor-patient relationship is built on trust. In urgent care it is very difficult to build trust with a patient we don’t know in the 10 minutes we have per encounter. It is critical to understand, however, that trust between patient and doctor determines every outcome from that encounter. Trust ensures compliance, risk management, patient satisfaction, and perception of quality. Trust also ensures that the physician gets accurate and useful information which he/she uses to provide optimal clinical care. Additionally, trust ensures an efficient patient encounter, a much overlooked fact.

So what builds trust? Empathy. Patients want you to make them feel like you care.

Take, for example, the hysterical patient, a challenging and emotionally draining encounter for most.

Ask yourself: “What is it that this patient needs?” Answer: Attention.

“Why is this patient screaming so loudly?” Answer: Because no one will listen to them.

Despite gut tendencies to react otherwise, give this patient a little attention and let them know you “hear” them. Consider saying this: “Wow, that must make it really difficult to get out of bed in the morning.” *Nothing* changes the tone of this type of encounter faster. Patients invariably cooperate and let you control the rest of the encounter. End result: Quality, efficient care without the emotional strain.

Consider the mother of three with four days of a flu-like illness. Most physicians will assume she is just here for an antibiotic. If I give her an antibiotic, she’ll be happy; if I don’t, she’ll be angry.

There are two things at play here: “Caregiver” as “patient” and an underestimation of the severity of influenza. Let her know how awful the flu is. Show lots of empathy. Then give her permission to be the patient for once. “You can’t always be the caregiver.” You will be surprised how many leave grateful, with no antibiotic at all.

So what undermines trust? Judgements. Remember, patients come to the doctor to be *cared* for, not judged.

I will address common scenarios that lead to dangerous and inaccurate judgements in a future column. Until then, lay your hand on a patient’s shoulder, look them in the eye and say, “I am sorry that you’ve had to go through this,” and see how it changes your day. ■

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