

# Patients are Patients, not Clients

By A/Professor Goh Lee Gan, Deputy Editor

This commentary is dedicated to the young colleague who called me about a month ago, absolutely riled by the word “client” to describe the patient. He thought the word created havoc in the doctor-patient relationship.

And he is absolutely right. Most doctors, including I, have felt the word “client” is a poor if not harmful metamorphosis for the word “patient”. Yet, no one has done more than just lament. Perhaps, we should do something about it. Hence, this commentary.

Patients used to be called “patients” until the 1980s when the business perspective of healthcare began to get a foothold in the healthcare delivery

system. Today, the word is firmly entrenched in the healthcare scene.

The ill-effect is the relationship that this word “client” connotes and the values it creates in the minds of the user and provider. It connotes a business relationship and it is about consumer right, and buyer’s might. Cliches like “the customer is always right” and “the customer is job 1” have come from the business world gurus.

But healthcare is about getting well and not about business. In healthcare, the customer is often not “always right”. He or she needs the guiding hand of the doctor. Needs and wants may be miles apart. And the wants may have harmful effects too. I shall leave the reader to think of cogent examples.

Perhaps, we should exhort everyone to reconsider the global “search and replace” in our mental vocabulary of the word “client” and change it to “patient”. The word “patient” is also an evergreen reminder both to the doctors and to the patient. Each has to be patient before the healing process can take place.

Just as we have the electron, so we have the thought-tron, quipped one wise colleague of mine. The thought-tron starts the cascade of activities ending with action. A good thought leads to a correct plan to a correct action and to the correct consequence.

So let us get the thought-tron to work. Let us start by calling patients, “patients” and not “clients”. ■

## Reflections on A/Prof Goh Lee Gan’s Commentary -

# A Patient First, but Sometimes also a Client

By Dr Lee Pheng Soon

In his commentary, A/Prof Goh Lee Gan rightly says that within our doctor-patient relationships, we should consider our patients as patients, and not as clients. This is indeed correct. A physician must first and foremost treat his patient appropriately within a well-defined doctor-patient relationship. However, is this the only kind of relationship we need to consider with this person?

It seems to me that a doctor-patient relationship is not always the only consideration when a patient walks into a clinic. Sometimes, he may not clearly segregate his illnesses from the rest of his being, assigning separate relationships to each aspect. Therefore, quite apart from the doctor-patient relationship for his illness, the patient may also have expectations regarding the remainder of his clinic-visit experience - and worse, he may mix up feelings arising from how well the two expectations are

met. For example, he may be turned off because the waiting area is dirty and unkempt. He may be upset because his medical record has been lost, or because he feels he has not been attended to quickly enough, or with adequate courtesy by the receptionist. Telling him that these feelings are not part of his patient-doctor relationship will not help.

Right or wrong, a patient may feel that he should be accorded much the same courtesies when he visits a clinic, as when he visits a cafe or a departmental store. After all, in each case, he has a need, which he intends to meet by paying some money. He knows, as a consumer, that part of the bill is for “goods”, and the rest for “service”. Is he therefore wrong to expect to be treated as a client that matters, when he visits a clinic?

How important is it to treat our patients both with a professional doctor-patient relationship, and with adequate service quality to meet his expectations

as a consumer? I suppose a great deal depends on how much the physician depends on his continuing business for his livelihood. The patient / client has options regarding his present illness: he could switch doctor, move to a traditional practitioner, or even self-medicate, thinking that there are very high standards of competency and care whichever of these choices he makes. I suppose a great deal depends on how much it will hurt, if he indeed chooses to exercise his options.

Fortunate indeed is the physician who practices in an environment where the only thing the patient considers, is the standard of care of his disease, in isolation of his expectations as a customer. Fortunate indeed is the physician who does not need the continued business of his patients. True, it is correct to say that the physician must treat his patient as a patient, but fortunate indeed is he when this is of itself enough. ■