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SMA NEWS

Practicing Medicine in an Age of Disconnection

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As a professor of conflict resolution and a professional negotiator, I feel dismayed when I witness cases of easily avoidable discord, in much the same way a doctor must sigh when reading about people succumbing to preventable diseases, such as Trachoma or AIDS. Both conflict and disease cause unnecessary suffering for the victims. Both are seemingly so easily averted. And yet, because they are rooted in environmental factors beyond our control – and because we are poorly trained in understanding and dealing with them – these modern "diseases" remain a constant drain on our societies and ourselves.

I was brought to this thought while reading a doctor's commentary in a past issue of the *SMA News*, in which he described an unhappy run-in with one of his patients, a woman who had recently undergone a hemorrhoidectomy.[1] The encounter ended with the patient throwing a tissue box at him and the other attending physician, and shouting: "I am never coming to this hospital again!" The young doctor clearly felt hurt, angry, victimized and deeply demoralized by the incident, which he attributed to a hospital culture in which patients have become customers and customers are kings.

Yet even from his brief account, it was apparent that this was a classic case of conflict arising from miscommunication – in which each side saw itself as the injured party and could make a valid case supporting that viewpoint. That is the frustrating reality of most conflict. Both sides see the situation from the perspective of their own background, perceived needs, fears and feelings – and fervently believe that that is the ***right*** (and often the ***only*** possible) perspective. Only in cartoons does one side champion with relish that "I am the most evil man in all the world and I will make the rest of you suffer!"

MOVING AWAY FROM BLAME

The real question is not who is right or wrong, but rather why such incidents arise in the first place and what can be done to deal with them productively. In this, the first of two articles on doctor-patient conflict, I will delineate some of the factors that are putting increasing strain on this age-old relationship. The aim is to break away from the tendency to blame someone – whether it be demanding patients, discourteous doctors, or unfeeling hospital administrators – or even words such as "customer" or "client." Understanding that conflict (like disease) is no one's fault is the first step in allowing you to lower your natural defense mechanisms and accept that, whatever the cause of the problem, you do have control over how you manage its manifestations and maintain your (and your patients') mental (and physical) health.

There is no doubt that conflict between doctors and their patients is on the rise in Singapore as throughout the

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developed world. Indeed, statistics suggest a brewing crisis. The number of medical negligence claims in Singapore tripled between 1997 and 2000.[2] In turn, ballooning awards and settlements have pushed up malpractice insurance premiums to a high of more than S$9,500 per year, with no end in sight.[3] Confronting this "increasingly hostile environment," accused of everything from "arrogance" to "insensitivity" in their dealings with litigious patients, doctors have suffered a "palpable" drop in morale.[4] On the patient side, study after study has shown a decrease in satisfaction with their doctors. In a Harris Poll conducted earlier this month, 28 percent of American respondents (and a full third of all females interviewed) reported having changed doctors in the past five years, in nearly all cases because of perceived communication failures or relationship problems.[5]

This unhealthy trend simply cannot be ignored or brushed aside in futile finger-pointing. Good doctor-patient relations are a vital ingredient not only in avoiding lawsuits, keeping down insurance costs, maintaining doctor morale and retaining patients; they are absolutely central to the performance of a physician's basic duty: to "benefit the sick." Yet the world has changed considerably since Hippocrates laid down that famous dictum. And therein lies the root of the problem.

CHANGING EXPECTATIONS

Until the past few decades, doctors were prominent members of more or less stable communities. They knew the patients who came to them as whole beings – understanding their family backgrounds and personal problems every bit as well as their bumps and bugs. In turn, doctors were respected as unique repositories of wisdom, scientific knowledge and healing arts. There were few, if any, competing sources of medical information. Moreover, patients called the doctor only when they were feeling sick, whether for medical or psychological reasons. It was a relationship in which dependency was tempered by neighborliness, comfort and, as a result, a high degree of trust.

Today the very term "patient" is under fire. Doctors are being exhorted by consumer groups, hospital administrators, and even some of their peers to think of patients as "customers", and to augment the Hippocratic Oath with such dubious marketing slogans as "the customers is always right."[6] It is ***wholly reasonable*** for doctors to feel assaulted by this trend toward commercialism and to react emotionally against what they perceive as the degeneration of a noble calling into hucksterism. But it is not reasonable to blame the patient and to see him as an adversary.

Similarly, with the biggest growth area in medicine today being in elective procedures and medical tourism, coinciding with the growth and impersonalization of healthcare institutions and the explosion in treatment options and medical costs, it is also ***wholly reasonable*** for patients to see themselves as valuable healthcare consumers and to seek to be valued accordingly. But it is not reasonable to treat a doctor with disrespect or to blame him for being unable to bring us perfect health and happiness.

Yet we leap from reason into unreasonable behavior because of two phenomena of modern life: the loss of trust with a concomitant impoverishment of communication.

WINNING THE PATIENT'S TRUST

Negotiators know that the key to creating any successful relationship is trust. Trust is the necessary foundation for fair treatment, confidence, even open communication and willingness to listen. Hospital studies have corroborated this link, finding patients' trust in their doctor to be the most important factor in their adherence to treatment regimes as well as in overall satisfaction with the quality of medical care they received, increasing both by around 2.5 times.[7] Yet trust takes time and repeated interactions to develop. When patients encounter a new doctor every time they visit a clinic, it never has a chance to form naturally. Mistrust, then, becomes the first, and biggest, hurdle a doctor must overcome in order to lower conflict levels and increase patient cooperation. Why is this the doctor's duty? Not because he is the cause of the problem, but because he is the one who can best fix it. And, more importantly, because winning the patient's trust is a necessary step in the curative process.

So how can a doctor jump-start a sense of trust on the part of his patients? Surprisingly to many, displaying technical competence ("I"-orientation) is not nearly as important as connecting with patients on a human level and treating them with respect, openness and visible concern ("you"-orientation).[8] Laymen are not able to judge technical quality, but they do have a strong sense of what constitutes indifference – and find the latter no less frightening than incompetence. It is, after all, only natural to want to believe that the doctor in whose hands you may be literally placing your or your loved one's life truly cares about you. To doctors who argue that they do not have an extra five minutes to spend on connecting to a patient, and learning about his concerns and constraints, I would reply that time pressures, while a serious concern, are a separate issue that need to be considered from their own cost-benefit analysis. Developing trust with your patients is not a luxury, but a vital component in their treatment, promising great benefit in terms of patient health and well-being, doctor morale, and mutual reduction of conflict.

Once we develop a foundation of trust, the next step is to shore up the structure through open, two-way communication, moving beyond didacticism based on assumptions of what the other party wants or is thinking to sharing perceptions, listening, learning, explaining and hopefully agreeing on what needs to be done. Study after study has shown the benefits of active communication. These range from increased patient satisfaction to a significant reduction in medical errors. A national survey in the US, for example, found that patients who reported difficulty

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communicating with their doctor were far more likely to find fault with medical service quality in general and to claim that they had experienced a medical error within the past year.[9] Still more compellingly, a close examination of primary care errors reported in Stanford University's *Annals of Family Medicine*, found that a full 80 percent started with a communication problem, even though the ultimate error may have been mistreatment or misdiagnosis.[10]

Conflict is a naturally occurring phenomenon, especially in times of stress, such as illness or overwork. Yet the way we handle it can lead toward productive synergy or into a destructive spiral of blame, confrontation, and ultimately either abdication of the doctor-patient relationship on the one hand, or complaints and litigation on the other. Only by moving our focusing beyond conflicting perceptions of who is right and wrong and toward shared interests and legitimate concerns will we open the way to mutual trust, insightful communication and deeper understanding. Next month I will follow up with the practical steps to improve trust and communication and reduce or resolve conflict, without becoming a victim of aggressive individuals or giving in to unreasonable demands. ■

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