Reconnecting Doctors and Patients

By Dr Melanie Billings-Yun (PhD)

"I didn’t blame the doctors for what went wrong in there. But I blamed them for acting as if nothing had happened, for stonewalling, for worrying more about a possible lawsuit than about me.”

This actual patient complaint is an example of a typical early stage doctor-patient conflict of the sort I introduced in my article in the October issue of the SMA News, “Practicing Medicine in an Age of Disconnection.” What started out as an easily avoidable communication failure quickly crossed over into anger over “medical arrogance,” and ended up as a complaint of improper treatment, harming the doctor’s record and potentially leading to lawsuit.

According to the report by Dr Wong Chiang Yin, Chairman of the SMA Complaints Committee, presented at the recent SMA 8th Ethics Convention, the most common complaints lodged against doctors in Singapore are (1) overcharging, (2) poor attitude by the doctor, (3) wrong diagnosis, and (4) faulty treatment. Judging from a plethora of stories from all over the world, however, at the root of nearly all of these complaints is poor communication and a sense that the doctor “doesn’t listen,” “never tells us anything” and “just doesn’t care about me.”

In last month’s article, I talked about the importance of moving beyond blame over what was causing the rise in complaints and lawsuits and, instead, working to improve doctor-patient relations as a vital component of medical treatment. This month, I will focus on the practical steps you can take to reduce or resolve conflict with patients, proactively and productively. The key, I believe, is to borrow the tools of a negotiator.

NEGOTIATING DOCTOR-PATIENT RELATIONS

In the early 1980s, a team at Harvard University developed a negotiating method that revolutionized the traditional concept of positional bargaining which, they showed, not only led to unwise outcomes, but badly damaged personal relations in the process. Their seven-step negotiation process started instead from open communication of interests in order to encourage the development of creative options to achieve solutions that were based on legitimacy rather than force, and therefore were more likely to preserve the parties’ underlying relationship.

While all of these are equally important steps in conflict resolution, my experience over decades of negotiating in Asia indicate that good doctor-patient relations must place particular emphasis on establishing and maintaining the relationship.

In Singapore, as in most of Asia, relationships are directly related to trust. People tend to give greater trust to those they know well while generally mistrusting strangers. As discussed last month, one factor in the growing tide of medical malpractice cases is the breakdown in trust between doctors and patients. I believe that there is no better way to rebuild trust than to focus on improving doctor-patient relationships. This month, I will focus on the practical steps you can take to reach this goal, with a focus on establishing, maintaining and rebuilding trust.

In last month’s article, I stressed the importance of good communication, particularly in their openness and clarity. This is a vital component of building trust. In my experience, doctors are often afraid to open up to patients because they fear being sued. But, by being open and honest, you can rebuild trust and lay the foundation for a healthy doctor-patient relationship.

The key to good communication is openness. You should always be transparent about your diagnosis and treatment options. This includes discussing any risks or complications that may be associated with your treatment. By being honest about your patients’ options, you can help build trust and foster a relationship.

Another important aspect of building trust is being accessible. This means being available to your patients when they need you. Patients who feel that their doctors are available to them when they need them are more likely to feel trust.

Finally, it’s important to be respectful. This includes listening to your patients carefully and responding to their concerns in a respectful way. By showing respect, you can help build trust and foster a healthy doctor-patient relationship.

In conclusion, I believe that improving doctor-patient relations is a key component of medical treatment. By focusing on good communication, being open and honest, accessible and respectful, you can help build trust and foster healthy relationships between doctors and patients. In turn, this will help reduce the number of medical malpractice cases and improve the overall quality of care.
The husband told me that he filed the complaint about her at all and, worse, that he must be hiding something. The man’s tone, or feared that if he expressed regret, he might still be hiding something: “It wasn’t important; don’t worry about it.”

In cases of doctor-patient conflict, a first step in re-establishing trust is to show “selfless” concern for the patient. This does not mean making confessions whenever things go wrong. But it does mean being willing to express genuine sympathy and interest in order to show the patient you care – and thereby to alleviate the strong mistrust that can balloon into accusations of negligence. The doctor in the above incident, for example, could have said: “I know it must have felt frightening, but let me explain what was going on and why you have no reason to be worried.” If he did not know the cause of the problem, he might still have shown his concern for the patient by explaining: “We can’t say at this point what caused these spasms, but I want to assure you that it did not affect the successful outcome of the operation.” We are looking into it, but in the meantime, I have already noted it in your wife’s record so that future doctors will be prepared if she undergoes another surgical procedure some day.” Or he might simply have encouraged her to talk about her fears, responded thoughtfully that what her husband feared was not grounds for concern: “There is nothing to worry about.” “That’s not important.”

I have been trying to work through the problem. Even as I sit here writing this up, they are still trying to sort it out. But I think that it is important for me to Address the issue here in order to show my concern for the patient.

In general, a first step in re-establishing trust is to show concern for the other. Any of those responses would have been better than dismissing the patient’s concerns without explanation (“There’s nothing to worry about.”) or refusing to talk about it altogether.

In fact, studies have shown that people are quick to take retribution against those who appear to betray their trust. If a negotiation game I have developed and played with hundreds of MBA students in Korea, Thailand and Singapore, “The Rice Markets,” has demonstrated that people who are betrayed by their partners are more likely to have long-term relationships nowadays. And as doctor-patient relationships grow shallower and more fleeting, trust decreases.

The woman underwent a very painful back operation and a number of concessions by the “betrayer” – to return the relationship to equilibrium. In short, showing trust, though not always immediately reciprocated, is a necessary step in creating a relationship, while demonstrating mistrust is almost certain to achieve immediate distrust, even retaliation, in return.

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flared along with the pain. By the time the weekend duty doctor arrived, the patient and her sister were threatening to sue the hospital for malpractice. The doctor tried to ease tempers by asking everyone to calm down and apologizing for “the inconvenience.” But that only seemed to make matters worse, especially when he agreed that there was nothing to be done until the pharmacy reopened on Monday.

About then, the patient’s brother-in-law, who had studied negotiation, arrived. After listening to the argument for a few minutes, he stopped everyone in their tracks. “It really doesn’t matter if she has a morphine drip,” he told the doctor. “My sister just needs something to relieve the pain. Is there anything else you could give her?” Astonishingly, a nurse spoke up at once: “Well, we could give her a morphine shot.” It was that simple. Within half an hour, the patient was once again comfortable.

The point of this story is not that the medical staff at this hospital were negligent, but that they may have contributed to the patient’s feeling that they were, through communication failings that progressively worsened as the situation became more conflictual. The doctor’s apology was no doubt well-intentioned, but because it was not matched by any effort to rectify the situation, it came off as insincere – and the reference to the patient’s suffering as “inconvenience” actually crossed over into insensitive. Moreover, the suggestion that the patient and her sister “calm down” merely increased their anger, as it made them feel that he was rebuking them for being upset rather than listening to their justifiable complaints.

However, the greatest error was to argue over positions (“Give me a morphine drip!” / “You can’t have a morphine drip!”), rather than to listen closely to the interests of the patient (“I am in pain! I need help!”) and to communicate a range of options for achieving that interest in a medically justifiable way. By getting stuck in a yes/no positional battle, the parties were completely unable to reach a resolution, resulting in increasing anger, stress, recrimination, and great discomfort to the patient. Worst of all, no one could win such a positional argument without the other side losing.

Positional thinking is what leads many in the medical profession to believe that there are only two options: insisting on patient submission or letting every squeaky wheel run over you. Thankfully, nothing is ever so simple. By listening actively to your patients, finding out about their needs, wants and fears, and not just their medical symptoms – even when their feelings are communicated in angry tones – you can achieve both greater understanding of and a better bond with those under your care. By communicating your concerns, beliefs and judgments in a clear and reasonable, yet sensitive manner – rather defensive nor over-conciliatory – you show both patient trust and compliance.

Strong two-way communication at the level of interests, rather than positions, opens the door to finding creative solutions that actually improve medical care. While, admittedly, this is easier said than done – especially given doctors’ already overstretched schedules – communication and negotiation skills can and should be developed just as easily as any other skill in the physician’s medical bag, through a training program followed by dedicated practice. While one might argue that it is not necessary in Singapore’s still largely paternalistic culture, those on the front lines know that patient expectations are changing. A recent letter to the editor of the Straits Times spoke more eloquently than I, when he urged hospitals to be more open in providing information, because medicine is not just about disease and injury: “Healthcare, ultimately, is all about the patient, his fears, struggles and subsequent recovery.”

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