

## Doctor-Patient Relation

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Mr. Chairman and friends, I consider it one of the most fulfilling and yet humbling experience of my life to have been elected and serve as the President of the NAMS. In that capacity, it is my privilege to deliver the Academy Oration of this year. I have chosen to talk on "Doctor-Patient Relation" a subject dear to my heart. At this time I would like to recall and pay my homage to some of those superb teachers of Medicine and great human beings from whom I learnt the alphabet and art of Medicine. I would like to dedicate this Oration to those inspiring men of Medicine: Dr. K.L. Wig, Dr. R.P. Mehrotra and Dr. P.N. Chhuttani.

Ladies and gentlemen, doctor-patient relation is one of the most unique and privileged relations. The only relation to my mind which can stand above this relation is the "mother and child" bond which of course, is the most satisfying, full of love, kindness, sacrifice and is almost a divine relation. The third relation which I can imagine reaching somewhere near these two would be the "teacher-taught" relation. A patient to a doctor is

at once a dependent child, an eager student, a friend and a person needing advice, help, sympathy, understanding and hope. In the last 37 years and two months of my professional career since I graduated, I have had the privilege of enjoying this relation. I would not wish to have any other profession if I were to live my life all over again.

The doctor-patient relation is based on rich traditions, experience and history of our profession, with some modifications and refinements taking place all the time. But I do believe that the dynamics of doctor-patient relation cannot change in its basic ingredients. We all start with *Hippocratic Oath* enunciated 2500 years ago. The words ring true and pure even today - "I swear by Apollo physician, by Asclepius, by health, by heal-all, and by all the gods and goddesses, making them witnesses, that I will carry out, according to my ability and judgement, this oath and this indenture". And thus it goes on to say about the regard for the teacher, his children, his family, treating the sick according to his ability, not to use poison

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under any provocation or suggestion, not to enter any house except to help the sick and without any intention of wrong doing especially while treating the woman, to treat the patient information completely confidential and so on.

However, we often forget that in our own culture, there is a rich heritage of professional ethics and medical traditions and perhaps even more elaborate and complete. The divine physician Charaka, laid down the qualities of a physician and went beyond the Hippocratic Oath while describing the conduct, behaviour and even personal qualities of the physician. He talked of love and sympathy for the patient. He required the physician to be fearless, merciful to the poor, tolerant to unpalatable words and conquer the very root of hatred. He forbade adultery, disclosure of secrets and defects of the patients. He had elaborate advice for the physicians which included how to dress, how to speak, how to behave with the patients and people. In fact his instructions covered every conceivable kind of activity in the daily lives of men and women. Compassion, however, was the central core of his professional conduct—*"A good physician nurtures affection for his patients exactly like the mother, father, brothers and kins. The physician having such qualities gives life to the patients and cures their diseases"*. He condemned negativism and nihilism as undesirable and urged wise persons to see things properly with the lamp of wisdom.

Galen and his thinking dominated the European Medicine for many hundreds

of years till the dawn of the scientific era starting in the 15th century. With the foundation of modern Medicine laid down by Vesalius, William Harvey, Virchow, Claude-Bernard, Louis Pasteur, Robert Koch and many others, towards the end of 19th century, we entered the beginning of modern era of medicine. As an epitome of this era, I would like to refer to Sir William Osler, a physician, a teacher, a researcher and writer par excellence. His example of doctor-patient relation is perhaps one of the most shining examples for any student of medicine to emulate. If you go through his biography by Harvey Cushing and see his *"Textbook of Medicine"*, you will find endless examples of how he viewed his patients with utmost compassion, understanding, devotion and helping attitude. In fact, one can talk for the next one hour about his qualities as a physician, but I will mention only a few. One of the most touching examples of his love for his patients was about a young English man who had come to Montreal in 1875 on a visit and fell ill. Sir Osler, having diagnosed malignant small pox, moved him into the hospital and looked after him. Since he was a foreigner and friendless, Dr. Osler sat by his bed side holding his hand till he breathed his last. He then went on to write to his family giving minute by minute account of this young man's illness and his last moments so that the family to this man had the consolation that their loved one was cared for and did not die as an abandoned individual in a foreign land. His letter is worth reproducing in full:

"My dear Sir, No doubt before this, the sorrowful intelligence of your son's death has reached you, and now, when the first shock has perhaps to a slight extent passed away, some further particulars of his last illness may be satisfactory. On the evening of Thursday 22nd, and on the following day, I discovered unmistakable evidence of the nature of his disease. On Saturday, in consultation with Dr. Howard-the leading practitioner of our city, his removal to the smallpox hospital was decided upon. I secured a private ward and took him there in the evening.

After 11 PM, he began to sink rapidly, and I dared not to leave him. He did not speak much, but turned round at intervals to see if I were still by him. About 12 PM, I heard him muttering some prayers, but could not catch distinctly what they were. Shortly after this he turned round and held out his hand, which I took, and he said quite plainly, 'Oh thanks'. These were the last words the poor fellow spoke. From 12.30 he was unconscious, and at 1.25 AM passed away, without a groan or struggle. As the son of a clergyman and knowing well what it is to be 'a stranger in a strange land', I performed the last office of Christian friendship I could, and read the Commendatory Prayer at his departure. Such my dear sir, as briefly as I can give them are the facts relating to your son's death".

Thirty years later, when he went to Oxford as a Regius Professor of Medicine, the sister and mother of the young man after having heard his name enquired whether he possibly could be the same physician who wrote them that letter. He then visited the old mother and presented

her the photograph of her son's grave which he specially obtained from Montreal before he called on the mother. Ladies and gentlemen, in this story there is no science, there is not even a diagnostic miracle. This is a moving story of deeper qualities of compassion, love and true feeling for the patients, which cannot be taught, but can only be demonstrated and felt.

It is amazing how he saw what would be coming with much greater intensity, i.e., our tendency to refer the patient by his disease or sometime by bed number rather than as a human being-"But to care more particularly for the individual patient than for the special features of the diseases... Dealing, as we do, with poor suffering humanity, we see the man unmasked, exposed to all the frailties and weaknesses, and you have to keep your heart soft and tender lest you have too great a contempt for your fellow creatures. The best way is to keep a looking-glass in your own heart, and the more carefully you scan your own frailties the more tender you are for those of your fellow creatures".

He had a great deal to say about the sense of cheerfulness, hope and optimism with which a physician should go round even among the seriously ill and even dying patients-"Amidst an eternal heritage of sorrow and suffering our work is laid, and this eternal note of sadness would be insupportable if the daily tragedies were not relieved by the spectacle of the heroism and devotion displayed by the actors. Nothing will sustain you more potently than the power to recognize in your humdrum routine, as

*perhaps it may be thought, the true poetry of life-the poetry of the commonplace, of the ordinary man, of the plain, toil-worn woman, with their loves and their jobs, their sorrows and their griefs. The comedy, too, of life will be spread before you, and nobody laughs more often than the doctor at the pranks Puck plays upon the Titania's and the Bottoms among his patients. The humorous side is really almost as frequently turned towards him as the tragic. Lift up one hand to heaven and thank your stars if they have given you the proper sense to enable you to appreciate the inconceivably droll situations in which we catch our fellow creatures. Unhappily, this is one of the free gifts of the gods, unevenly distributed, not bestowed on all, or on all in equal proportions. In undue measure it is not without risk, and in any case in the doctor it is better appreciated by the eye than expressed on the tongue. Hilarity and good humour, a breezy cheerfulness, a nature, 'sloping towards the sunny side', as Lowell has it, help enormously both in the study and in the practice of medicine. To many of a sombre and sour disposition it is hard to maintain good spirits amid the trials and tribulations of the day, and yet it is an unpardonable mistake to go about among patients with a long face".*

My dear friends, times have changed further. A scientific and technological explosion has taken place. In addition to the personal qualities and art of medicine, science has entered the practice of medicine in a big way. The traditional doctor-patient relation has been complicated or shall I say modified by- (i) the escalating cost of medicine; (ii) the role played by technology in the diagnosis and

management of patients; (iii) multiple consultations with various specialists; (iv) movability of patients from place to place and hospital to hospital; (v) the increasing awareness of patients of their legal rights and the element of greed; and (vi) finally our hospital working on commercial basis and almost like a factory. The doctor-patient relation is, therefore, modified and changed greatly. However, I have no doubt that the basics and fundamentals would remain the same.

The basis of this relation remains the same as enunciated by Charak, Hippocrates and as practiced by Sir William Osler. These, however, need to be modified with the introduction of technology which has introduced new elements of diagnostic and therapeutic help as well being a source of error and commercialism. I don't think I should give a list of do's and don'ts in today's talk but based on my own experience would make mention of a few guiding principles and some areas of potential hazards.

Doctor-patient relation is a triangular relation with each having two way relation with the other two. This triangle consists of the doctor, the patient and the disease and enclosed in the triangle are the cultural, ethical, social and economic background both of the doctor and the patient. Sometime we forget that the doctor's own background greatly tempers his ability to deal with the patients and his capacity to handle various situations arising out of it, whether he comes from the urban background or the rural, originated from the middle

class, poor or the neo-rich, convent educated class. You can see the difference of behaviour in these classes. The same is true of the patient. His expectations and needs will also vary according to these factors and anybody who does not recognise this is bound to falter. It is, therefore, imperative for the practising physician to know the full background of the patient. The personal history of the patient so much emphasized to a medical student is precisely for this reason. "*Know thy patient*" is thus the basic cardinal principle of a good doctor-patient relation. I wish we could also tell our patients to "*know thy doctor*". That however could be a risky proposition. Many of us would be left with no patients!

Ethical behaviour (not the legal requirement) is, however, at the core of this relation. A lot has been written about this, as I referred to earlier. Only when something goes wrong here, the doctor-patient discord arises and the problems of the Consumer Protection Act start. A lot is available in the legal form as defined under Tort's law, Helsinki Code of the World Medical Association of 1964 and revised in 1975, the Nuremberg Code of 1945, Code of Medical Ethics of the Medical Council of India of 1970 in our own country, the Guidelines by the Counsel for the International Organisation of Medical Sciences of 1984 and so on. Recently the Indian Council for Medical Research have circulated elaborate ethical guidelines in our country.

One of the important and central considerations of these guidelines is the true and honest communication with the

patient offering him all the information, advice and finally the choice. Informed consent has not been defined to everybody's satisfaction. It is primarily a legal shape of a true and sincere communication between the doctor and the patient. Devoid of that sincerity and true desire to offer patient a choice, this consent has no meaning and that is why often does not hold water under close scrutiny. I am convinced, on the basis of my own experience and my observations of the practice of medicine in various places, that a sincere, sympathetic and compassionate advice to the patient describing both the potentialities and limitations of a particular therapy or procedure is the best antidote against any potential breakup of relation or legal maneuver. The modern practice of medicine does have limitations and constraints of time and attitude in establishing and maintaining this communication.

At the Postgraduate Institute of Medical Education and Research, Chandigarh we have been lucky that we have not had too many consumer-oriented legal cases. But whatever cases have arisen, I can say, almost all of the cases were because of basic lack of communication, lack of patience, respect for the family and sometime sheer pressure and stress of work. There would be vicious and misguided claimants, as a person demanding money for the failure of vasectomy operation claiming Rs. 10 lakh. But I have no doubt Courts and the concerned agencies can quickly sift through these cases and this case was thrown out promptly.

Let me mention the groups of patients, who, inspite of all your good intentions, would pose problems and anybody who has been practising medicine for some length of time can quickly recognise these patients. They include chronic demanding patients with vested interest in their ailments, one of the variants being the Munchausen syndrome, rich neurotics demanding attention for their money, highly educated but ignorant persons who will try to tell you that they know everything and would be most uncompliant, V.I.P. patients of all varieties, the hospital employees and finally let me admit, the doctors are most difficult of the patients. I would suggest that there is only one method of dealing with these types of patients. It needs utmost degree of patience, detailed communication, well kept record and polite but firm handling of their demands. One should neither yield to the oppression nor show any undue attention or repulsion. Collective consultations and bringing in an experienced colleague often helps in resolving the problems created by this category of patients. I hardly need to add here that the examination of a female patient needs all the precaution, care, dignity and grace. No person should run into any difficulty if he follows the ordinary social norms in this respect.

Conversely, let us not shy away from the poor, the unkempt, the demented, the helpless and the rogue. He perhaps truly tests the doctor's inner core, his professional commitment and human qualities. It is hard to emulate Mother

Teresa or Bhagat Puran Singh of Pingalwara (Amritsar) but it is worth trying.

I do wish to mention another group of patients now being seen more and more in the modern tertiary care hospitals, intensive care units-acutely ill patients suffering from malignancies and other incurable diseases. Here again a good communication with the patients, their family and offering them the choices often resolves the conflicts which seemingly arise and often puts a young professional in dilemma. The cardinal principles of this relation are: never to abandon the patient and the family, not to withdraw, never to take the hope away (as Sir Osler said-*eternal hope which comes to us all*) and perhaps to make an attempt to put yourself in the position of the patient's family and offer them the advice as you would see from their side.

Ladies and gentlemen, the subject is such that one can go on perhaps indefinitely much longer, but I would like to end here and at the end, quote what I consider the best portrait of a doctor. This lyrical description from the first edition of the Textbook "Harrison's Principles of Internal Medicine" must have been quoted by me to my students, God knows how many times.

*"No great opportunity, responsibility, or obligation can fall to the lot of a human being than to become a physician. In the care of the suffering he needs technical skill, scientific knowledge, and human unders-*

tanding. He who uses these with courage, with humility, and with wisdom will provide a unique service for his fellow man, and will build an enduring edifice of character within himself. The physician should ask of his destiny no more than this; he should be content with no less.

Tact, sympathy and understanding are expected of the physician, for the patient is no mere collection of symptoms, signs, disordered functions, damaged organs, and disturbed emotions. He is human, fearful,

and hopeful, seeking relief, help and reassurance. To the physician, as to the anthropologist, nothing human is strange or repulsive. The misanthrope may become a smart diagnostician of organic diseases, but he can scarcely hope to succeed as a physician. The true physician has a Shakespearean breadth of interest in the wise and the foolish, the proud and the humble, the stoic hero and the whining rogue. He cares for people".

Mr. Chairman, ladies and gentlemen, I thank you for your patience and indulgence.

