

# The patient-doctor relationship: What do patients want?

SGAIM Health Symposium 18th November 2021

#### AGENDA

PATIENT PERSPECTIVE PATIENT EXPERIENCE Two realities «SAY» AND «MEAN» TECHNICAL JARGON **COMPETITIVE THINKING** A QUESTION OF RELATIONSHIP TO ERR IS HUMAN CONCLUSION



## Patient perspective

Catalyst for health care?

#### Role of a patient organisation:

- Contact point for negative experiences with the health care system.
- Negative experiences often correspond to wishes/needs for professionals.
- Every patient has their own story and yet many are similar.

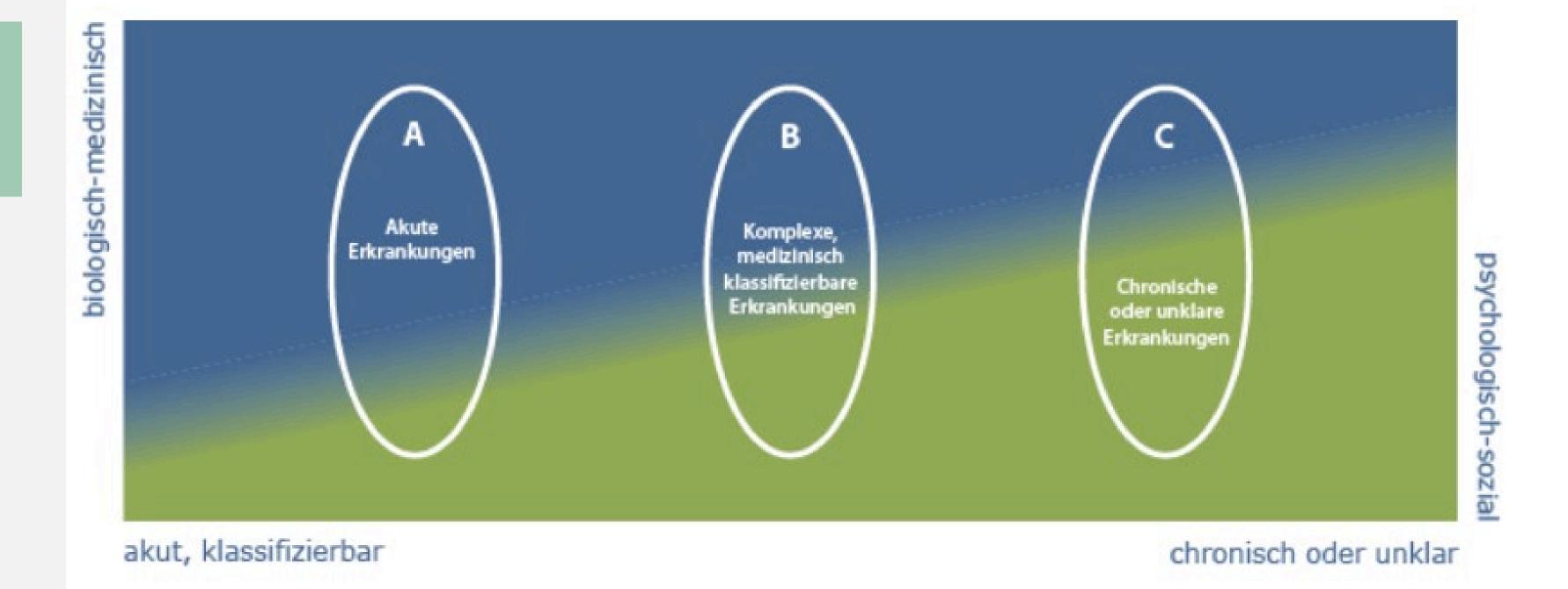
We know a lot about the medical treatment of patients - less about the interaction.

What do patients want in terms of interaction?

## Patient perspective

Health care is primarily acute care:

Scheme



Two realities

### ⇒ What is medically right can still be wrong for the patient.

«The doctor told me that I could take the cast off. That was medically right. She said I should be brave, that it would be good for me. [...] But I also know myself what is right for me. I am afraid at night [...] the head has to go along. In the end, I apologise to her for not taking her advice.

«say» and «mean»

### ⇒ The patient's biography is very important for the treatment.

«I asked the surgeon: Which therapies support the healing process after the operation? But what I actually meant was: Should I be afraid of paralysis? Because I experienced exactly this complication with the person next to me in hospital. And because I depend on my job.»

Technical jargon

### ⇒ Patient education is more than a compulsory exercise.

«I often had the feeling that I was not informed or that some crucial information was missing. It was not so much a particular person as the whole environment: I got the feeling that asking was undesirable. That made me feel very insecure.»

Competetive thinking

### ⇒ Competent patients do not want to compete with the doctor.

«When I asked the doctor before entering rehab what therapies they had available, she simply said to me: That's none of your business. She had already found out everything for me. Did I know better than she did? I would have been happy if she had said: We have that on offer. What would work best for you?»

A question of relationship

⇒ The majority of patients want a good relationship with their healthcare professional.

«The doctor said to me: You are here for me to make you well, not to make you feel good. I see it differently. It was always a great feeling when someone was nice to me.»

To err is human

### ⇒ Patients don't want an all-knowing expert.

«The doctor said he could see that I was not doing well with the medication, that it was not working or not working very well, and that the side effects were very strong - he did not know why, but he would try something else. If anything, that boosted my confidence.»

Conclusion

#### General:

- Patients want to be taken seriously as individuals and treated as "subjects".
- Patients often have many years of experience with their illness and can bring this into their own treatment process.

#### Context-specific:

- The more acute and classifiable a (somatic)
  disease is, the more important is the medicalbiological part (PROMS).
- The more chronic and unclassifiable a disease is, the more important the psychosocial dimension becomes (PREMS).

Conclusion

- The difference between the patient's perspective and the medically defined outcome must be more strongly perceived.
- Successful «management» of this difference in perspective can only be achieved through dialogue between patient and professional.
- The communicative adaptation of patients towards professionals must be more strongly appreciated.
- Professionals should become more aware of the importance of different settings for patients and act / communicate accordingly.