The Physician-Patient Relationship Desired by Society

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Abstract
A physician-patient relationship based paternalism is still deeply rooted in today’s Japan. However, it is also true that “patient-oriented healthcare” is beginning to be emphasized in the clinical field here. Demand by patients for the disclosure of medical information is growing year by year.

However, looking at the current situation in clinics in Japan, we are still far from receiving a pass score of “Good enough.” This may be due to the existence of a large communication gap between physicians and patients. Results of a questionnaire of physicians and patients indicate that physicians believe that they display an attitude of respect and consideration for patients, and provide patients with sufficient informed consent, but the patients themselves do not share this view. Thus, there is a large gap between the self-image of physicians and the image of physicians held by patients.

In the first place, there is the wall of “information asymmetry” between physicians and patients. The optimum conditions for medical care are not achieved unless physicians polish up their communication skills and accompany their patients through the treatment process. At the same time, there is a strong need for patients to abandon the attitude of “leave-it-to-the-doctor.”

Key words Patient rights, Communication gap, Information disclosure, Patient responsibility

Introduction
More than one million people die in Japan each year. In fact, a “rapidly aging society” is also a “many-death society.” The number of people requiring healthcare will steadily continue to increase in the future, and the health standards demanded by society are always likely to increase, never decrease.

Behind this are such factors as patients’ increased awareness of their rights, spreading awareness of self-determination manifested in the desire of patients to “decide matters that concern them for themselves,” and spreading awareness of costs arising from increasing co-payment of medical expenses. Demand for information disclosure is also growing stronger.

Changes in the medical environment toward “patient-oriented healthcare” have indeed become a pressing issue. Unfortunately, however, the medical environment in Japan is not sufficiently prepared to respond to such changes. This paper discusses the ideal form of healthcare in Japan focusing on the relationship between physicians and patients.

Communication Gap

The phrase “informed consent” has become firmly established in the clinical field, and it seems that physicians spend more time than previously explaining to patients about their health condition. This is a move that should be welcomed by patients, but the issue remains as to whether or not the physician’s explanation is truly getting through to the patient. A one-way explanation peppered with medical jargon will not be easily...
understood by the patient and will not dissipate their feelings of insecurity.

One study has produced some thought-provoking findings. The Office of Pharmaceutical Industry Research conducted a questionnaire of 1,131 medical consumers and 1,101 physicians on the communication between physicians and patients during medical examinations, etc., and patient satisfaction levels.

According to the survey results published in July 2005 (Research Paper No. 29), some 72% of physicians felt that they were “sufficiently providing informed consent,” but only 45% of medical consumers felt that this was so. Although 81% of physicians said that they “made efforts to create an atmosphere conducive to asking questions,” only 26% of medical consumers felt that this was so; and although a very high proportion (83%) of physicians believed they “respected patients’ wishes,” a mere 30% of medical consumers felt that this was so.

Moreover, 77% of physicians said that they “explained treatment procedures in an easy-to-understand manner,” but only 33% of medical consumers felt that this was so; 76% of physicians said that they “answered questions in detail and respectfully,” but only a mere 32% of medical consumers felt this was so.

Analysis of the survey results shows that “physicians believe that they are highly skilled at interacting with patients and that they display an attitude of respect and consideration for the patient when they are interacting, but this is not recognized to be the case by medical consumers; in other words, there is a large gap between the self-image of physicians and the image of physicians held by medical consumers.”

Patients are vulnerable when their bodies are weak from injury or illness and can be easily wounded psychologically and discouraged by an off-hand remark from a physician. The more serious the situation, such as when they are being informed they have cancer, the more unsettled the patient will be and the more difficult it will be for them to make decisions rationally. At such a time, the patient will only become confused and will not be able to understand if “informed consent” is being given in a rapid string of medical jargon. Even so, if the physician asks, “Do you understand?” the patient almost automatically responds with, “Yes, I understand.”

However, after the patient has returned home and had some time to think and consult with people around them, various questions and concerns surface. When they bring these issues up with the physician, often the response is “I told you that last time” or some other negative reaction. With such a response, it is difficult for the patient to ask further questions even if they have more they would like to ask.

Patients very strongly “want to avoid being disliked by the physician.” It is therefore imperative that physicians are aware that there is a large communication gap between physicians and patients.

Conventional physician training is dedicated to the acquisition of specialized knowledge and skills, but can not necessarily be said to be equally dedicated to the acquisition of communication skills, which enable physicians to listen to their patients and understand their hearts and minds.

The website of the Shizuoka Cancer Center states that, as part of “patients’ rights,” patients may not only see their medical records but also tape-record the physician’s explanations as well as seek a second opinion, explaining the rights of patients, including the right of patients and their families to receive support in their battle against the disease. With such consideration taken, it becomes easy for patients to ask physicians questions about any doubts they may have or to request to see their medical records or seek a second opinion.

The new advanced clinical training program, which became compulsory in 2004, aims to establish better relationships between physicians and patients and their families in addition to providing necessary knowledge, skills, and attitudes for basic medical examinations. It is hoped that the entire medical field will pour its energies into training physicians who really understand how patients feel.

Although it is true that there is “information asymmetry” between physicians, who have specialized training, and patients, who know little about medicine, even prior to this there is a psychological wall lying between the two, and it is the task of medical professionals to break down this wall through day-to-day efforts.

Understanding Patients’ Pain

In Japanese, the kanji character for patient comprises the character for “heart” being stabbed by
the character for “skewer.” How far, I wonder, do physicians understand the pain in the skewed hearts of patients?

The writer Shusaku Endo, who proposed “warm-hearted healthcare” and strongly and consistently called for “patient-oriented healthcare,” included an essay entitled “Know Patients’ Pain” in his essay collection “Nautical Table of the Heart.” Although this was merely based on his impressions upon seeing the film, the American film “The Doctor” (1991) provides much food for thought when considering the relationship between physicians and patients.

“The Doctor” features an elite surgeon who develops laryngeal cancer. Until then he has only encountered illness from the perspective of a physician, but after diagnosis, he must face his illness from the perspective of the patient and for the first time notices various problems with healthcare. Having himself experienced long periods in waiting rooms and physicians’ arrogant attitudes as well as the patient’s sense of isolation, the fully recovered surgeon returns to his profession and insists that the interns under his supervision put on patients’ hospital gowns and experience for themselves intravenous drips, enemas, and various other tests. Using such slightly rough methods, the surgeon teaches the young physicians the importance of understanding the patient’s perspective.

When Shusaku Endo himself underwent a bronchial tube examination, the experience was so uncomfortable he reflexively coughed. He writes that the physician scolded him, saying, “Why did you cough when I told you not to?” Endo also suggested that, like the protagonist in “The Doctor,” young physicians undergo as part of their qualifying examinations (1) a bronchoscopy, (2) drawing of blood from the back of the hand, (3) a rectoscopy, and (4) an intravenous drip (for more than one hour). It is 10 years since Endo passed away, but his deeply felt desire for physicians to “understand patients’ pain” unfortunately cannot yet be said to have sufficiently penetrated the clinical areas.

For example, the spread of palliative care, which relieves the pain of terminal cancer, is lagging behind. In Japan, some 600,000 people are diagnosed with cancer each year. Patients who are told they have cancer must deal with fears of dying and the pain and discomfort of treatment with anticancer drugs. However, there is little psychological support such as counseling available for cancer patients and their families that might lessen their fears. Even though use of the pain-relieving drug morphine has increased, the dosage per patient in Japan is still said to be one-tenth of that in Canada. Although the rate of palliative care being offered is more than 30% in the United States, while in Japan it is less than 10%.

It seems that in Japan the overwhelming belief is that the sole mission of physicians is to cure disease. Consequently, there appears to be a tendency for physicians to disregard the pain and discomfort patients experience during treatment as inevitable and unavoidable. However, there are a number of diseases that cannot be cured, no matter what efforts are made to do so. Medical care may be advancing in leaps and bounds, but there is a limit to human life.

I have often heard stories of physicians who had frequently visited their patient’s hospital room until the patients were diagnosed with terminal cancer, after which the physician avoided making such visits. It may be that these physicians feel they should give priority to patients who can be cured with treatment over patients with terminal diseases. However, patients who cannot be cured need even more psychological support than patients who can be cured. If a patient knows that they will recover, they can better tolerate bad-tempered physicians and unfriendly nurses. In contrast, terminal patients with no hope for the future may despair or lose the will to live at an offhand comment or gesture from a physician or nurse.

In the near future, the Ministry of Health, Labour and Welfare intends to introduce a new medical system for the purpose of implementing at all levels, from early-stage to terminal cancer treatment, palliative care that relieves the physical pain and psychological strain experienced by terminal cancer patients. Specifically, this will involve the establishment of medical teams comprising physicians, nurses, and medical psychology specialists at core hospitals for cancer treatment in each region in 135 locations throughout the country, as well as the initiation of experimental medical treatments, including palliative care, for 5,000 cancer patients selected from model areas.

Applying the latest medical treatments and proactively curing diseases is an important role of healthcare. Further improvement of ad-
vanced medical technology and emergency care is imperative.

Relieving patients’ pain and providing psychological support for terminal cancer patients and other patients whose diseases can no longer be treated are also important tasks in healthcare.

**Limitations of Medical Treatment and Patient Responsibility**

What kind of physician do patients desire? A national opinion poll published in the Yomiuri Newspaper in February 2006 provides some clues.

According to the poll results, of the 50% of respondents who said they “had a physician they could trust,” the reason given for this from among multiple choice answers were “Because they explained properly about my illness and treatment methods” (82%), “Because their words and attitude encouraged me and gave me courage” (30%), and “Because they respected my opinion and opinion of my family regarding treatment” (28%).

In contrast, of the 42% of respondents who said that they “distrusted their physician,” the reasons given for this were “Because they did not properly explain my illness and treatment methods” (55%), “Because their words and/or attitude were hurtful and/or unpleasant” (41%), “Because they misdiagnosed my illness” (26%), and “Because they did not respect my opinion and opinion of my family regarding treatment” (19%).

The poll also found that people who “distrusted their physician” tended to feel that “the burden of medical costs was heavy” more than people who “had a physician they could trust.”

With regard to the kind of information patients wanted when choosing a hospital or physician, 43% of respondents wanted to know “If and how informed consent was implemented,” 38% wanted to know “the hospital/physician’s medical care policy,” 33% wanted to know “evaluations of the hospital or physician,” 29% wanted to know “the response and attitude of physicians and nurses to patients,” 29% wanted to know “the hospital/physician’s performance record, such as the number of operations performed and recovery rate,” and 29% wanted to know “the hospital/physician’s specialties.”

The poll results show that patients want a response from physicians that provides sufficient information and understanding, and that when they do not receive this kind of response they tend to feel distrust and dissatisfaction. An increasing number of medical institutions are disclosing their performance records for treatment, etc., but still there is a strong demand among patients for medical professionals to more thoroughly disclose information and improve their communication skills.

Behind the distrust of and dissatisfaction with physicians is the reality that patients hold excessive expectations of medical care. Patients tend to demand “perfection” from medical care, which is by nature imperfect, and so clashes are inevitable. The larger the gap between the level of expectations the patient holds and the reality of their medical care, the greater their distrust of and dissatisfaction with their medical care will be.

In order to realize patient-oriented healthcare, good communication between physicians and patients is imperative. Physicians must make efforts to improve “accountability” and to “assure transparency,” but patients also must acknowledge the limitations of medical care and not hold such excessive expectations.

The Consumer Organization for Medicine and Law (COML) has compiled a list of “10 Points On Consulting a Physician” for patients, which presents the kind of desirable relationship between physicians and patients that not only patients but physicians should also think about.

1. Prepare notes on what you want to say to the physician.
2. Begin the exchange with a greeting.
3. As the patient, you also have responsibility for creating a better relationship.
4. Subjective symptoms and clinical history are important information that you must tell the physician yourself.
5. Ask about the prognosis.
6. Make efforts to keep the physician informed of any changes in your condition.
7. Make notes of important things and check them.
8. When you are not satisfied, keep asking questions until you are.
9. Understand that medical care has limitations and is fallible.
10. You are the one who decides your treatment method.

The above 10 points require patients to “make efforts to understand” their medical condition,
have the “will to make decisions for themselves,” and “improve their skills of communicating with health professionals.”

**Conclusion**

The relationship between physicians and patients is not antagonistic and should not be so; it should be a three-legged race with the physician and patient battling the disease together hand-in-hand.

Recently in Japan, some medical institutions have begun to refer to patients not as “kanja (patient)” but “kanja-sama (respected patient).” Simply adding the suffix “-sama,” though, will not create patient-oriented healthcare. What is important is that patients and physicians leave behind “paternalism” and “leave-it-to-the-doctor” attitudes about treatment, respectively, and build a cooperative relationship based on mutual trust.

To achieve this, there needs to be a complete revision of physician training, from entry to medical school to post-graduate training, specialist training, and then continued education, so that a system for nurturing “good physicians” with excellent communication as well as technical skills can be implemented as quickly as possible.

Revision of the nominal specialist program also cannot wait. Clarification of evaluation standards for treatment methods and results and the standardization of medical care, as well as the creation of a computerized database for medical information are all issues that must be addressed immediately.

The challenge is for us to see how far Japan’s healthcare—which has been described as a “black box”—can be made more transparent and how much its quality can be improved. “Medicine should begin with the patient, continue with the patient, and end with the patient.” These are the words of Sir William Osler, the man who built the foundation for modern medical education, and they should be deeply engraved on the hearts of all professionals involved in healthcare.

**References**

