

Trust and Respect in the Doctor–Patient Relationship

By A/Prof Chin Jing Jih

DOCTORS FROM Singapore have always enjoyed a good professional reputation. They are trusted not just locally, but around the region and possibly worldwide as well. Most patients walk into our clinics and hospitals with high levels of confidence that the doctors are technically competent, and will deliver the required cure and care respectfully and ethically. This high degree of trust is present even when the doctors and patients are meeting for the first time. As one commentator puts it, the peculiar thing about the doctor-patient relationship is that the patient will, within minutes of meeting this complete stranger (the doctor), voluntarily share the details of his innermost secrets, undress for a physical examination, and even thank the doctor afterwards!

Of course, such confidence in the profession, in general, does not emanate from any natural charm exuded by the doctors. Instead, we owe much of this special relationship to the pre-existing level of goodwill and trust for the medical profession that has been built over many years by the unceasing good work of our predecessors. Through a

credible system of professional training and accreditation, and an ethical code that respects patients' vulnerability and puts their interests first, society has come to trust and appreciate the reliability and consistency of the profession. Patients generally take for granted that any practitioner who possesses the appropriate degree and registration can be trusted. We owe much of the special status accorded to Medicine to doctors, both past and present, who have worked hard to preserve the standards and integrity of the profession.

Medical professions in most other countries enjoy similar high regard as well, often polling among the top professions in terms of trustworthiness, respectability and contribution to society. In Australia, doctors have been ranked consistently among the top ten most trusted professions over the last few years. The latest Roy Morgan Image of Professions Survey 2013 (also from Australia), which asked respondents to rate or score people in various occupations for honesty and ethical standards, found nurses and doctors occupying the top two spots.¹ In the US, online men's portal AskMen ranked doctors second in their list of the ten most respected professions for 2013, only behind astronauts and ahead of firefighters.² America's Pew Research Center polled 4,006 adults from across the country in 2013, and doctors were ranked third (behind military personnel and teachers) in a list of top ten jobs that contribute most to society.³

Unfortunately, the same cannot be said for some other countries.

Plight of healthcare professionals in China

Doctors in China, for example, have been going through a particularly challenging time. The outward expressions of distrust for doctors and medical institutions have escalated beyond verbal abuse and litigation to physical assault of doctors and nurses by families of patients who failed to respond to treatment. Some relatives have also resorted to forcefully setting up funeral wakes within hospital grounds as a form of public protest to demand for compensation and public apologies. The saddest thing is that many of these families honestly and genuinely believe that they are doing the right thing and advocating for justice.

According to a *China Daily* newspaper article, attacks on Chinese medical staff, mostly by angry relatives, have killed seven people and injured 28 in 2012.⁴ A survey released by the Chinese Hospital Association (CHA) in August 2013 also revealed that the annual average number of assaults on doctors per hospital rose from 20.6 in 2008

to 27.3 in 2012 – a worrying increase.⁵ Another official agency in China found that cases of abuse inflicted on doctors have occurred in more than 70% of hospitals surveyed as well.

Such worrying statistics have not gone unnoticed by the academics and professionals from the healthcare community in China. I was recently invited to attend the Chinese Medical Association's annual Medical Science Congress, held in Beijing earlier this month (Editor's note: read about the congress in next month's issue). One of the keynote lectures, delivered by the highly respected Prof Wang Yifei of Shanghai Jiaotong University, dealt with this issue and highlighted some of the key factors leading to such a complete breakdown of the doctor-patient relationship.

According to Prof Wang, such a breakdown in the doctor-patient relationship is due to a combination of historical, systemic, professional and societal factors. To begin with, the level of trust in Chinese society has been low, and drops even lower when it comes to medical treatment, which has complexities and uncertainties that are often beyond the cognitive grasp of the ordinary citizen. Patients are generally passive and tend to hold their doctors fully responsible for all their health outcomes. This notion, coupled with a greater, if not blind, faith in drugs and technologies (referred to by Prof Wang as a form of "superstition"), leads to an unfounded conviction that all treatment failures, adverse events and undesirable outcomes are due to a lack of either effort or competency on the part of medical staff. In tense and emotional situations where lives are at stake, this misconception of doctors often leads to loss of control in patients and their families, and consequently, physical abuse of medical staff involved.

Many popular media outlets in China have not been helpful in shaping a fair and objective counterview. Instead, in the name of advocating justice, they tend to sensationalise their reports, which further aggravate angry and negative emotions directed at the doctors.

To make matters worse, the already thin level of confidence is further eroded with each expose of financial exploitation by an errant doctor. Systemically, there is also a lack of communication and engagement channels designed to build trusting relationships, as well as a scarcity of avenues for conflict resolution, such as mediation and arbitration. Rapidly escalating costs of medical care and the practice of unofficial monetary gifts to doctors have also led to the belief that profiteering and financial exploitation are rampant in the healthcare sector. Hospitals and medical staff are also feeling defenceless as there is hardly any statutory framework that criminalises such violent behaviours and abuse by patients' relatives.



Against this harsh backdrop, many Chinese patients and their families begin a medical engagement on the default basis that their doctors cannot be trusted until proven otherwise. Such a tense and discomforting relationship, besides causing the widespread practice of defensive Medicine, has contributed to significant exodus of doctors from the profession. There are trends to suggest that fewer and fewer people are willing to become doctors and that more and more qualified doctors are choosing to leave, with some reports claiming that only one in six medical students trained in China each year would go on to become practising doctors. This statistic was echoed in a survey conducted by CHA, which showed that "nearly 40% of the medical staff surveyed at 316 hospitals said they planned to give up their profession because of the increase in violence".⁶ Sadly, many are unable to perceive that ultimately, such violent conduct against medical staff will turn around and negatively impact patients themselves and the larger society.

Doctor-patient relationships in Singapore

Will such distrust and violent behaviour towards medical staff happen in Singapore in the near future? I know that many of us are inclined to believe that the chances are quite remote. But while the medical profession in Singapore presently enjoys relatively good doctor-patient relationships, we must never take things for granted. Patient expectations have risen rapidly



need our doctors to be well equipped with communication skills and styles that enhance the confidence our patients have in us. We need a popular media that is fair and works hand in hand with the profession to cultivate trust in doctor-patient relationships. We need to manage conflicts of interests proactively to prevent any erosion of confidence in doctors and medical institutions. We should continue to develop our conflict resolution platforms, and avoid the adoption of litigation as the default means of settlement.

Taking proactive steps to preserve trust and respect for the medical profession is obviously a far better strategy than the desperate move of teaching self-defence martial arts to doctors and nurses in some parts of China, so that they can ironically protect themselves against violent and threatening relatives. It is therefore my earnest hope that in 2014, doctor-patient relationships, not just in Singapore but worldwide, will improve and grow in a way that ultimately benefits patients, the profession and our society. **SMA**

in recent years. Those who are discerning among us have already noticed every now and then subtle signs of superficial cracks in the once solid social compact between doctors and patients. Cases of verbal abuse, formal complaints to Singapore Medical Council, and threats of civil litigation are no longer rare.

We should therefore learn from the situation in China, which is both insightful and instructive. At the root of the trouble which doctors in China face is an issue regarding the lack of trust and respect. We have to proactively preserve and grow the existing trustworthiness of doctors and medical institutions in Singapore, via both systemic measures and educational efforts that advocate a high level of professional accountability and a culture of respectful engagement in our doctors.

How can such trusting and respectful doctor-patient relationships be achieved? As professionals, we need to ensure that we are always able to give reasonable accounts for the fees that we charge, even when the SMA's Guidelines on Fees have been prohibited by the Competition Commission of Singapore. We need to make sure that basic medical care remains accessible to our patients, and that we prioritise them appropriately in terms of urgency and needs, and not their ability to pay. We should see quality of care beyond mere treatment outcomes, but to also do our best to provide a comforting therapeutic experience that is free from unnecessary frustration and anxieties. We

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A/Prof Chin is President of the 54th SMA Council. Like most doctors, he too has bills to pay and mouths to feed, and wrestles daily with materialistic desires that are beyond his humble salary. He, however, believes that a peaceful sleep at night is even more essential.