

Model



Senior Project
4/16/09

Senior Project Notes #2

How do doctors effectively create healthy relationships with their patients without becoming too attached?

Source	Notes/Analysis
<p>1. <u>Biomedical Ethics</u> by Walter Glannon</p> <p>IDEAL DOCTOR→</p> <p>CONFIDENTIALITY→</p>	<ul style="list-style-type: none">• “Ideally, physicians should be competent in clinical care, compassionate, and knowledgeable about current research. A practitioner who is aware of clinical trails is more likely to know of promising new treatments for his or her patients’ conditions” (42).• “Doctors have professional duties to patients that they cannot discharge as a matter of choice. To be sure, becoming a doctor and thereby entering into a professional relationship with patients is an <u>optional</u> act. Once a doctor enters into this relationship, however, he or she cannot choose obligations” (43).• This makes me think about the article I read earlier about how medical students are taught how to treat patients. Once they enter the medical world as a doctor, they have to be confident with their patient skills because once they get out there, there seems to be no turning back.• The article said “entering into a professional relationship with patients is an optional act”→this makes me wonder if doctors’ personalities affect this or even if the patients’ personalities affect this choice. When I do my interview, I will ask if doctors have the choice to choose whether or not they want to treat a certain patient (in a non-emergency way) and what sort of things keep them from treating the patient? Personalities clash? Morals? Do morals really matter for doctors? Do they leave their morals at the door?• “If Physicians violate confidentiality by divulging information about their patients to third parties, then patients might lose trust in their physicians. They might become reluctant to seek medical care. Also, patients might not be forthcoming in providing an honest, accurate medical history.

great ?

**THERAPEUTIC
PRIVILEGE→**

2. Article, "Doctor-
Patient
Communication"
By Anita Houghton and
Judy Allen
**RECOGNIZING HOW A
PATIENT
COMMUNICATES→**

Without this information, physicians might not be able to make accurate diagnoses and prognoses or to recommend the best available course of treatment" (35).

- A patient has surgery to remove a brain tumor. Post-surgery, the physician doesn't let the patient know what type of tumor it was. "Knowing the differences between these two types of brain tumor can be critical to an affected person's ability to make rational life choices in the light of prognosis. Patients have the right to information necessary to rationally plan the rest of their lives [...] In these cases, a physician has an obligation to disclose ALL relevant info once a diagnosis has been made" (34).
- I chose to put this piece of information in so that I could use it for my background information section of my paper. I want to make sure I define what an ideal doctor-patient relationship is. This quote brings up a really good point that doctors must always keep their patients informed on what's going on because one misunderstanding can change the patient's life forever.
- "When communication is ineffective, patients are not only in danger of being unnecessarily distressed, but they may also doubt your competence."
- Kinds of questions patients ask: "people preferring sensing are more likely to ask for details about their results and diagnosis and want a step by step explanation."
- Sensing what a patient wants from you: "People with a preference for thinking tend to prefer an objective, impersonal approach and may be irritated by what they may see as a touchy-feely approach." "Those preferring feeling will tend to want some kind of personal connection with their doctor, and value attempts to understand how they are feeling."
- I think this is a really important thing for physicians to recognize. They have to be able to recognize how a patient wants to be treated as a human being. When I was in the hospital, I preferred feeling because I wanted to feel cared for. I didn't really get that.
- "In a cohort study of medical students, Clack found

**ALTERING
PHYSICIAN'S
PREFERENCES TO
MEET PATIENT'S
PREFERENCES→**

that over 50% of those entering hospital medicine preferred Intuition (asking for the purpose of an action, asking for current and long term implications, asks "why" questions, talks in general terms and possibilities), compared with only 25% of the general public. Therefore, if you prefer Intuition, there is a 75% chance that the patient in front of you will have a different preference for taking in information to your own."

- "It's easy then to see that once you are aware of your own preferences, finding ways of adapting to those who are different could pay dividends in much of your clinical practice."
- I've never actually thought of it that way. I used to think that physicians are taught to never focus on themselves and how they feel or what they believe, but to focus only on the patient. But, it makes sense for physicians to do this because they have to know how to adapt. I think it's hard completely disregard yourself when you are working with patients, so a way to channel that would be by taking your preferences and altering them to fit that of the patient. That way, you know what to change because there's a possibility that the alteration you make is the key to unlocking something important about a patient. In my interview, I'm definitely going to ask if this sort of method is taught in medical school, and if not, what is. I think it would be a good idea to incorporate what things are taught in medical school about patient care and how they affect the patient.

These are
DENCLAS notes -
Just 75 - thoughts -
analysis -
Any chance I can
keep them as a
model? A