

The patient's autonomy and doctor's responsibility

'Doctor, you know best, I trust you, just get on with it' used to be the doctor–patient relationship. But times are changing and Shima Gyoh contemplates the 'new diplomacy' that the doctor needs to develop



How much do you like your doctor? We like people who tend to support our ideas, let us have what we want and generally agree with us. We tend to have reservations about those who appear to be too sure of themselves and who deny us what we want and expect us to bend to their own ideas. Should this apply in our relationship with our doctor? It naturally does, and the way we react depends on our personality and the doctor's style.

The problem is that we do not discuss on equal terms with the doctor. We may be very enlightened about health matters, we may even be doctors ourselves, but by going to another doctor, we place upon his shoulders the responsibility of using his knowledge, training, and skill to get us well. In the past, many doctors thought that the patient must be entirely passive in order to achieve the best results; you simply told the patient what you were going to do. Some did not even bother to do that, and many patients did not want to be depressed by the knowledge of a frightening diagnosis or the dangerous procedure they had to undergo. The blind trust of *'Doctor, you know best, I trust you, just get on with it,'* is all but gone, and very few people accept the principle that when you cannot control fate, ignorance is bliss.

Modern medical practice obligates the doctor to impart to the patient all the information necessary to make a correct and informed decision, revealing all the available alternatives and their consequences. The doctor must avoid intimidating professional jargon. A paternalistic attitude is no longer acceptable. He must use the language the patient understands. The patient may lack the background knowledge to understand the little we know about disease but we must find a way of imparting that information to explain the radical approach treatment often necessitates in some conditions.

The more frequent interactions that may influence patient's attitude to his doctor often occur in the lighter mood. The diabetic who has been advised to cut out sugar from her drinks substituted it with honey and wants the doctor to sanction that. The overweight hypertensive patient has been advised lose weight by

cutting down food intake and increasing exercise, but each time she comes, the weight is still creeping up. She insists she is 'religiously' carrying out the instructions, but it is not working, and the doctor should find an explanation for that. The patient with hepatic cirrhosis has been advised to avoid alcohol but insists the doctor should agree that the occasional glass of wine would do him no harm. Drug addiction often results from a doctor's less than strict approach to prescriptions, often for emotional problems. Doctor-hopping patients soon discover the 'kind' one who would listen to his psychosomatic complaints, and insists he should believe the superstitious explanations.

You would make such patients happy if you went along with their ideas. One newspaper publication (*The Independent, UK*, p 27, Feb 2012) put it rather graphically, *'Do you like your doctor? It could be the death of you!'* The article said that US researchers found that the more satisfied patients were with their medical care, the more likely they were to die! This brings to mind the extraordinary happenings that led to the death of Michael Jackson from intravenous infusion of a powerful anaesthetic drug in his bedroom at home! Indeed it is the highly placed patient that tends to lean on the doctor to modify his professional principles to accommodate the convenience of the patient. The publication quoted above said the British Health Secretary's thrust was to increase satisfaction by boosting patient involvement in care – *'no decision about me without me.'* Nigeria's Abiola would have put it even better: *'you cannot shave someone's head in his absence!'*

It all goes to show that doctors must develop their diplomatic skills to please patients without endangering their lives. They must tell the truth without depriving the patient of hope; they must not be lured into forecasting the future like crystal gazers. They must learn to tell the patient as much as he or she wants to know and no more. Doctors whose patients are not literate must develop analogies that explain scientific advances for which their patients' vernacular lacks the vocabulary. Patient autonomy is a human rights issue and every human being can understand what any other does; it all depends the choice of language and approach. If doctors get them correct each time, patients will have their full autonomy and the doctors their popularity without danger to any lives.

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