Dealing with conflict in the doctor-patient relationship: An administrator's perspective at tertiary health care teaching institution of central, India.

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***Abstract**: Very old patient left medical college and hospital due to doctor patient conflict. Media coverage and defamation of institution were the some of the important outcomes. Despite best intentions, junior doctors cannot meet all patient expectations. Junior doctors encounter difficult behaviour and conflict with some patients or patients' families. Communication and manner are paramount. Throughout negotiation of a solution, junior doctors should use non-confrontational vocabulary. Agreeing, acknowledging the patient's and family feeling, active listening, acting as a team and working together without blame or judgment and demonstrating genuine respect for the patient should weave through all aspects of the doctor-patient relationship and may need to be communicated more explicitly: Let's work through this together step by step. Restricted Consultation, easily accessible laboratory facility, good working environment – emergency triage system, maintenance of confidentiality, separate counselling facilities, and conservation of highest level of health care are utmost important for prevention of doctor-patient conflicts..*

***Key words:** doctor – patient relationship, conflict, junior doctors, strike, managing conflict.*

Introduction

In the institution such as hospitals, large number of patients, unwarranted entry of relatives of patient[1], decentralization of decision making, and multidisciplinary and interdisciplinary team work will increase the interaction needed to accomplish the clinical and management task.[2] Learning how to prevent or manage conflict effectively is an important clinical skill for physician. Studies indicate that up to 15% of difficult patient in these encounters may have worse short-term clinical outcomes.[2]

The doctor–patient relationship in general practice is often viewed by practitioner and patient alike as a long-term 'personal' relationship.[3] Such a relationship is a key component of patient-centred medicine[4]DY SUPPERINTENDENT/literatur conlict/Ending the doctorâ "patient relationship in general practice a proposed model.htm - ref-3 and may have positive health outcomes for patients as it allows a 'therapeutic' relationship to develop between general practice(GP) and patient, one in which the GP displays empathy, genuineness and unconditional positive regard to effect therapeutic change in patients.[4] Patient and their relatives may have difficulties in their relationships with physician. This may include ending their relationships with GPs.[3] In particular, the questions of why and how junior doctors choose to end their relationship with patients have been the subject of very limited empirical study and there is only a small literature on patients' termination of their relationships with doctors.[3, 6-8] It does not limited to individual patient but becomes a generalizable phenomenon expressed by means of strikes. Junior doctors plays significant role in catering health assessment and care for 24X7. Availability of junior doctor has positive impact and non availability create negative impact on the quality of health care services. Literature reveals that striking doctors usually have a moral dilemma between to principles of good clinical practice and ethical principles of respect for autonomy, justice and beneficence all come into conflict, whereby doctors struggle with their role as ordinary employees. [9, 10]

It has been documented that striking behaviour had disproportionate deleterious impact on doctors and other HCWs when compared to patients. [11,12]

However, in our set up no such loss have to bear by doctors on strike.[13] Most vulnerable and affected are the patient attend outpatient and inpatient department. Little, however, is known about the root causes of conflict and ending of relationships in tertiary health care facility. With this background present case study was carried out to find out the root causes of conflict and solutions for adverse outcome at tertiary care teaching hospital.

Case example:

Termination of doctor-patient relationship leads to College complaint and strike of Junior Doctors in tertiary health care institution. This paper addresses a neglected area of medical student education--terminating the doctor-patient relationship. During entire processes almost all teaching and learning

opportunities were lost when educators fails to demonstrate the impact of emotional aspect of termination of relationship. We have tried to explore various issues and outcome of conflict between doctor and patient/patient relatives.

A junior doctor first saw a 74-year-old male for a chest pain in emergency department; relatives of patient expressed concern. Detailed history and examination reveals the patient's slightly increased systolic blood pressure and family history of stroke. Junior doctors highest efforts were to find out probable cause of chest pain which subsequently help in final diagnosis and management of patient. After some discussion and clinical examination; the junior doctor asked patient to go for Electro Cardiogram (ECG).With the help of attendant patient was immediately shifted for the procedure. While investigation there was some technical delay in recording ECG therefore relatives were very much concern and expressed their displeasure. Concern junior doctor counselled relatives of the patient and advised treatment and other lifestyle changes were also suggested, but the patient's relatives were unnecessary adamant. There was strong altercation between relatives and treating junior doctor. The patient's relative later requested more referrals to other specialists, but because the patient was now settled, the junior doctor did not make these additional referrals. The patient's relative stormed inside the hospital and tried to impede hospital service, slamming the door. At a subsequent situation, another junior doctors and relatives of the patient were physically interacted. Immediately hospital security and police performed their roles and issues were sought and settled. The patient's relative continued to experience issues over time which were addressed in emergency department visits as well as with another junior doctors. The patient's relative frequently appeared quite angry, loudly accusing the junior doctor of never sending her for tests or referrals, or providing treatment. Recognizing the patient's dissatisfaction and lack of trust in the doctor-patient relationship, the junior doctor suggested to the patient that he find a new family physician. A termination letter was drafted, but it was sent immediately. During that stage relatives were not ready to sign on the document and took that patient to another family physician outside the institution against medical advice. In this case, detailed enquiry was done by the Medical College and Hospital authority. Enquiry finding, video record review and patient case report format reveals that junior doctor adequately and timely treated that patient. However, junior doctors behaved in an unprofessional way indicated lack of interpersonal skills. This type of behaviour could be because of safeguarding themselves or protecting government property. Medical College authority was more concern about behaviour and way of termination of services hence reminded the junior doctors. Most important serious lapses were poor documentation of entire process between the junior doctors and patient.

Outcome:

Junior doctor and the patient's relatives subsequently complained to the hospital regulatory authority (Medical Superintendent) and Department of security (police). Similarly doctors on duty also complained to police and hospital regulatory authority. Resident went on strike under the protest of incident hence hospital services were compromised for three days. Media coverage[12] and defamation of institution were the some of the important outcomes. Two people were arrested under Maharashtra Medical Practioners Act 1961[14] in the month of July 2014.

Discussion

Very old patient left medical college and hospital due to doctor patient conflict. Media coverage[12] and defamation of institution were the some of the important outcomes. Similar type of observations have been reported by Lichstein PR et al in the clinics of primary care training programs where resident left their patient. Feeling of anger, guilt, anxiety, and fear may complicate this phase of the resident-patient relationship and threaten continuity of care.[15]

In the Medical Colleges, health care is an interdisciplinary coordination, cooperation and collaborative team work. Whenever one comes across incidences like doctor- patient conflict; majority of the situations patient or relatives of patient expectations are not fulfilled and in certain situation doctors need are not satisfied. This could be delay in assessment, investigation and treatment. Delay in assessment is invariably due to overload, shortage of man power, lack of triage area, poor cooperation from related departments. Agrawal S[16] et al revels that one comes across incidents where inter-departmental cooperation is compromised. It can create an awkward situation for residents and other staff members involved in the healthcare system. In the present case study there was a substantial delay in recording of Electrocardiogram (ECG). This delay was due to timely unavailability of ECG technician. Studies have indicated that failure in "tightly coupled" organisational relationships between hospital departments imposes a threat to patient safety.[17,18]

In health care set-up though in tertiary health care institutions every patients management differ with each treating doctors. There are many issues related to agreement and disagreement of diagnostic and treatment criteria. Even though considering the magnitude of health event or state; it is necessary to design clear guideline stating management of specific situations. It should also include timeline of execution of each step and its outcome. It is equally important

to promote integrated approach and interdepartmental co-operation. In addition, more caution and effort by administrators, residents and faculty can help avoid such incidents. A good example is the shift in what Thomas Kuhn describes as "the ethical paradigm" [19] of the paternalistic relationship between doctors and patients to a new standard of respect for the principle of autonomy.

In the tertiary health care set-up; health care is provided by junior most medical intern to Professor of concern discipline. One of the most important role of hospital administrator and health care provider is to integrate all facilities for assessment and further management of the patient. In the literature it has been mentioned that responsibility of the health care provider to integrate all the sources of medical information and convey to the patient at the time of the consultation. Increasingly however this traditional sole professional filter is being bypassed by the patients who now have access to both external means of procuring health information as also to their health records. The locus of power in health care is shifting: instead of the doctor acting as sole manager of patient care (i.e., "the captain of the ship"), a consumerist model has emerged in which patients and their doctors are partners in managing the patient's care.[20] These changes are already finding resistance from the provider community. Doctor and healthcare worker (HCW) strikes are a global phenomenon with the potential to negatively impact on the quality of healthcare services and the doctor-patient relationship.[10]

This case need to be discussed because strike has become recurrent phenomenon which adversely affecting the health care system at tertiary health care facility. Focus group discussion with relative of young patient reveals" I came from all the way to take treatment for health ailment and necessary charges have been paid. Patient is admitted but further surgical treatment is halted". " I am frighten due to unexpected strike of junior doctors".[14]This indicates patient care was compromised.
Focus group discussion with office bearer of Maharashtra association of resident doctors revels following themes and subthemes. "Lack of Security personnel's while working was the major concerns felt by resident". Some of the resident expressed that "existing CCTV monitoring is inadequate". Unanimously they have demanded more security personnel's in the emergency department and also emphasized strengthening of surveillance system.[1,13]

At this juncture it was warranted to find out exact causes of conflict which in turn terminated the patient care in total. In this case conflict was predominantly with junior resident surgeon and relatives of old patient who had medical emergency

Despite best intentions, junior doctors cannot meet all patient expectations. Junior doctors encounter difficult behaviour and conflict with some patients or patients' families. Such behaviours can include patients not complying with recommended investigations and treatments, repeatedly doubting the doctor's approach to their care, reacting with anger to their doctor's suggestions, or avoiding a therapeutic alliance with their doctor.

Although some patients may have expectations, or even demands, that are medically inappropriate and may complain to the hospital, other local authority and media. Junior doctors are not required to accede to patient demands that are medically unnecessary or inappropriate. Should the patient lodge a complaint, the hospital will generally expect the Junior doctor to have provided sound medical advice, to have presented it in a professional way, and to have documented the discussion in the medical record.

Understanding conflict:

Root cause of conflict: Patient and relatives of the patient may have minimum expectations. Immediate attention, investigations, early initiation of treatment and sympathetic approach from treating physician and paramedics are the minimum expectations. Moreover, patients attending emergency department are serious, high expectations of family members of a patient, ignorance of patient charter, patients agony, and stressed family members. We deal with patient health issues in a casual way rather strong involvement and sincere efforts to fulfil minimum expectations. Focus group discussion with junior doctor reveals that "they are overburden- they have to attend large number of patients". Most of the junior doctors stated that "majority of the patients are very serious needs urgent investigations like X-ray and ultrasonography but these investigations are not easily accessible". All speciality junior doctors shares a common room where all variety of patients directly enters which one is just at the entrance of the emergency unit. It has also been observed junior doctors are very easily accessible to patient and their relatives. In spite of easy accessibility patients' needs are not fulfilled. Sometimes; those junior doctors may not be related to speciality that the patient is in need. Patient is in agony and tense relatives are not able differentiate which one junior doctor is related to their patient. Patient and relatives are directly interacting with the available junior doctor who is not related to speciality which is required for the patient. So, extensive verbal altercation leading to unwarranted communication leading to conflict.

Every hospital has unique needs, and every conflict management process must be tailored to individual rcumstances.[9],[22] Therefore; restricted Consultation, easily accessible laboratory facility, good working environment – emergency triage system, maintenance of confidentiality, separate counselling facilities, and conservation of highest level of health care are utmost important.

To avoid misunderstandings that can lead to conflict, clear communication is essential. Junior doctors should always let the patient know their intentions, whether asking personal questions, performing a physical examination or procedures, or responding to patient requests. Conflict is normal, understandable, and inevitable. Conflict cannot be avoided at all times and when it does occur, care should be taken to understand the situation properly without taking it personally. Conflict that is addressed before it becomes unmanageable may present an opportunity to better understand patients and their needs. Conflict that is allowed to escalate, however, may become destructive.

Difficult patient behaviours may evoke negative reactions in junior doctors. Junior doctors need to be acutely aware of maladaptive responses to which they may fall prey. Rather, junior doctors must strive to remain calm and focus on understanding the patient's behaviour and considering how to best respond.[2]

Junior doctors should try to understand patients' behaviours in the context of their medical conditions. Conflict arises when expectations are not met. Conflict resolution requires junior doctors to focus first on patients' needs, and later on solutions. Initially, junior doctors should listen to patients to determine their needs. It helps if the junior doctor confirms awareness of a patient's concerns and viewpoints by verbalizing and stating their understanding of the issue back to the patient. This approach demonstrates empathy and is reassuring to patients.

Arbitrary actions such as termination of striking doctors or threats of unjustifiable disciplinary action by regulatory authorities, will not encourage speedy resolution of junior doctor, and may lead to undesirable consequences such as brain drain.

Managing conflict[5, 16, 23, 24] :Managing conflict is particularly challenging when the other individual is angry, aggressive, intimidating, or threatening. Anger is always a secondary emotion. By understanding what is underlying a patient's anger, junior doctors can learn to confidently negotiate many of these situations.

Communication and manner are paramount. Throughout negotiation of a solution, junior doctors should use non-confrontational vocabulary. It can be helpful to use "I-statements," as illustrated in the examples below, to verbalize observations, thoughts, feelings, and needs.[5] Such verbalizations help clarify the perspectives of the individuals in conflict. When a patient or relatives are agitated and confrontational, remaining calm and speaking politely in a soft voice often helps to diffuse emotions. Excellent communication skills are needed to de-escalate conflict. The environment must be safe and the discussion non-judgmental.

Five useful steps junior doctors can take in de-escalating the conflict include:

Active listening[23], Agreeing[24], Acknowledging the patient's feelings[23], Acting as a team and working together without blame or judgment[16], Demonstrating genuine respect for the patient should weave through all aspects of the doctor-patient relationship and may need to be communicated more explicitly:**.** Junior doctors should give patients their full attention and use verbal prompts and nonverbal behavior (e.g. body language) to encourage patients to share information. They should listen to patients and informants. Junior doctors should confirm what patients have said through reflection or summarizing. Public health ethics has been receiving increasing attention to recent years. Frequently, public health Practioners have to confront complex decisions, with numerous and often conflicting ethical implications.[26] Present case study also imply need of teaching public health ethics in tertiary health care facility.

Summary: Despite best intentions, junior doctors cannot meet all patient expectations. Junior doctors encounter difficult behaviour and conflict with some patients or patients' families. Junior doctors should try to understand patients' behaviours in the context of their medical conditions. Communication and manner are paramount. Throughout negotiation of a solution, junior doctors should use non-confrontational vocabulary. Therefore; restricted Consultation, easily accessible laboratory facility, good working environment – emergency triage system, maintenance of confidentiality, separate counselling facilities, and conservation of highest level of health care are utmost important. Agreeing, acknowledging the patient's and family feeling, active listening, Acting as a team and working together without blame or judgment and demonstrating genuine respect for the patient should weave through all aspects of the doctor-patient relationship and may need to be communicated more explicitly: Let's work through this together step by step.

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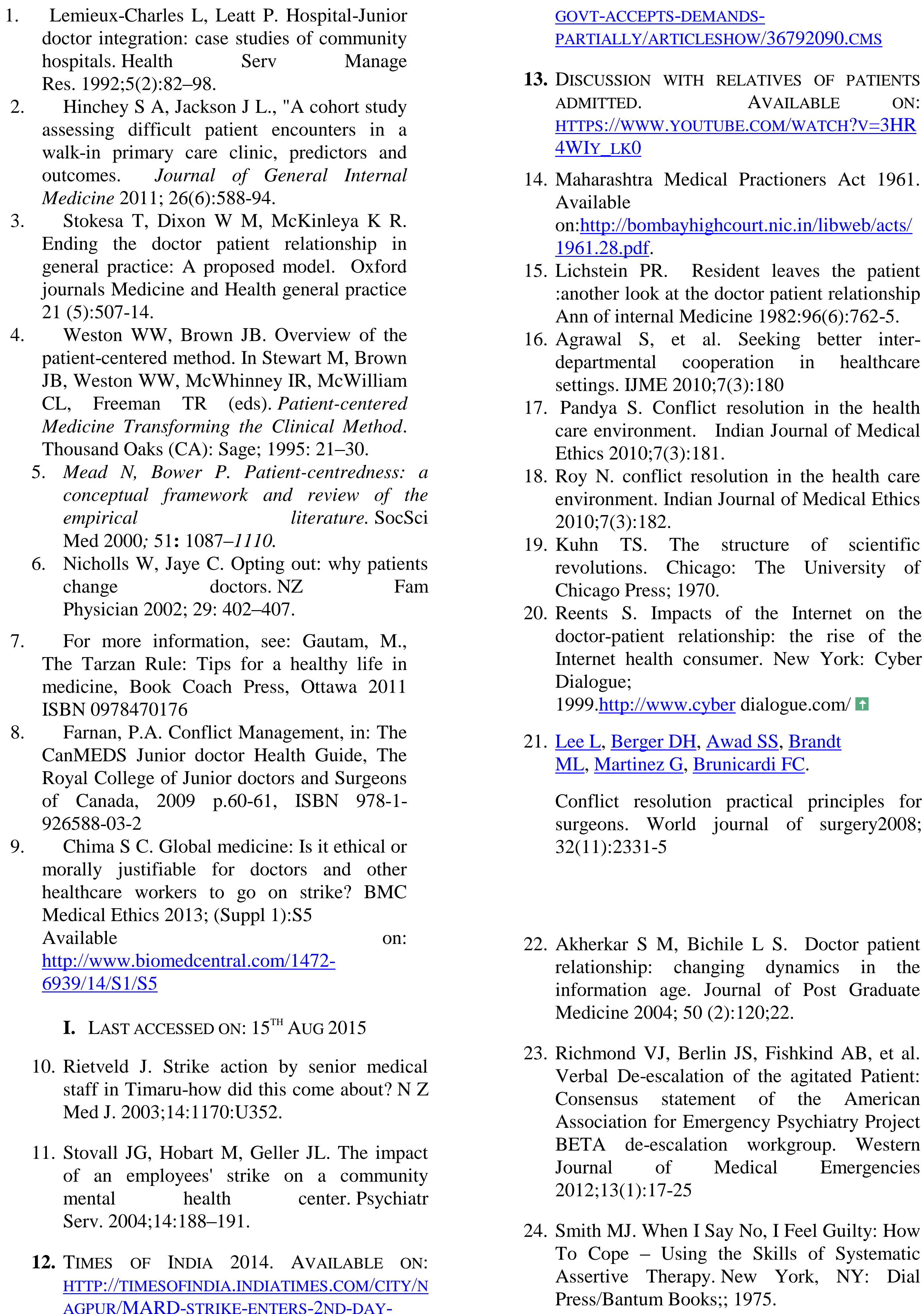

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