INTRODUCTION

Balint, in his classic book *The Doctor, his Patient and the Illness* (1) introduces the idea of the doctor as a 'drug' - how the doctor communicates with the patient can influence how the patient responds to their illness and their treatment. As outlined in Principle 1B - Holistic Care, we are now beginning to understand the mechanisms that underpin this.

The therapeutic doctor-patient relationship is at the core of being a clinician with the clinician’s role, summarised by Iona Heath in her article *The Mystery of General Practice* (2) described on page 26 as: ‘firstly, to serve as interpreter and guardian at the interface between illness and disease; and secondly to serve as a witness to the patient’s experience of illness and disease’.

NEED TO KNOW

Central to the therapeutic doctor-patient relationship is person-centred care where care is personalised, enabling, and coordinated (3). Patient-centred care involves doctors being caring (4) and treating patients with dignity, compassion and respect. Here, patients are partners who share the decision making and are supported to self-manage their own health and conditions (5). Research has shown that a positive doctor-patient relationship is therapeutic. It benefits the patient, resulting in improved patient satisfaction, adherence to treatment, and health. It also benefits the doctor with better doctor satisfaction, wellbeing, and use of time, as well as fewer complaints from patients (6,7).

The concept of unconditional positive regard towards a patient (8), where a doctor accepts and supports their patient as they are, can be a powerful ‘drug’ in the therapeutic relationship. This does not mean that a doctor must always like what a patient says or does, nor put up with all behaviours. However, it does mean respect for a patient’s right to self-determination and a willingness to do what is right for the patient and those around them.

Patients value being listened to and having their suffering acknowledged (9) and the power of being a witness to a patient’s story cannot be underestimated, sometimes all that is needed in a consultation. The further step of a doctor being thoughtfully positive and offering realistic hope during a doctor-patient interaction is often therapeutic for patients.
When to and how to offer realistic hope is worthy of discussion with peers and teachers:

*Clinical empathy* is another key component of a therapeutic doctor-patient relationship, with empathy being ‘an experiential way of grasping another's emotional states...a perceptual activity that operates alongside logical inquiry’ (10, p3). From a neuroscience perspective, empathy has evolved in the mammalian brain to form and maintain social bonds and includes affective sharing, empathic understanding, and emotion regulation through interacting neural circuits (11).

The specific activity of *emotional regulation* is our ability to effectively manage and respond to emotional experiences, particularly when they feel overwhelming. The emotional labour of consulting with patients and working as a medical student and doctor cannot be underestimated, with the effective regulation of emotion both reducing emotional distress and increasing the possibility of empathic concern.

Strategies for emotional regulation include promoting our own wellbeing as medical students and doctors (rest, nutrition, exercise etc.), developing constructive relationships and social support, and making time for reflection individually and as part of groups. Supportive learning and clinical environments are important protective factors in maintaining empathy and decreasing burnout in medical students and clinicians (12).

Crucial to the therapeutic doctor-patient relationship is *the initial thirty to sixty seconds at the beginning of the consultation.* This is when the doctor and the patient have an opportunity to rapidly develop or re-establish rapport and trust, rapport being the responsiveness to signals, with the doctor demonstrating they understand the patient. Roger Neighbour (13, p113-143) in his book *The Inner Consultation,* describes this first stage of the general practitioner consultation as connecting to the patient by focussing on the myriad of verbal and non-verbal cues, including what is being said, the quality of the speech, what isn't being said, and body language. Furthermore, giving the patient time to talk uninterrupted in this time is not only ‘a matter of kindness, but also improves the diagnostic yield and efficiency of the consultation’ (14, p355).
ACTIVE LEARNING

✓ Write a patient centred history using the patient’s own words and language, their perspective, and what matters to them most.

✓ Reflect on a general practice clinic, either where you were the student doctor or where you were observing a general practitioner (GP), and think about the wider context of the consultations.
  • What external factors supported the consultations and what external factors challenged them? They could be, for example, to do with the environment, the general practice processes and distractions, or the emotional state of the doctor.

✓ Access the ‘BBC Sounds’ Podcast on the Doctor-Patient Relationship in General Practice - https://www.bbc.co.uk/sounds/play/m0005t8m. Listen to first 64 seconds of this 28-minute podcast. This section is on why patients see a GP.
  • List the reasons, as you perceive them, that patients have for seeing their GPs.
  • Listen from ’1 minute 43 seconds to 3 minutes’ of the podcast. This snippet is played by two actors and is based on real, anonymised interactions. One patient knows the GP well and the other patient doesn’t.
  • What does the GP do and say in the first thirty to sixty seconds of each consultation, and how does that affect the development of rapport, trust and safety?
  • What are the differences between the consultation where the patient knows the patient well and the consultation where the patient does not know the GP? What have you learnt from this exercise that you might you try with your patients?
  • What does your GP teacher do that addresses rapport, trust and safety when starting consultations?

✓ The Care Opinion website, https://www.careopinion.org.uk/, is an open online platform for patient feedback and patient blogs.
  • Look at the website to see what patients fed back about the care they received. You could look at this specific piece of feedback - https://www.careopinion.org.uk/opinions/662788.
  • What did the GP specifically do that enabled the therapeutic Doctor-Patient relationship?
FURTHER LEARNING

KEY TEXTS AND PAPERS

‘Reflections on the doctor-patient relationship’ by Moira Stewart (6) - This paper addresses the therapeutic aspects of the doctor-patient relationship and how a doctor can facilitate a patient’s healing.

‘The Inner Consultation’ by Roger Neighbour (13) - As Roger Neighbour suggests, rapport is a fundamental part of the communication process and maintaining this rapport throughout a consultation is crucial. How many students and clinicians pay attention to, and develop, this part of their consultations and practice? Section B2 of The Inner Consultation explores this process in more depth with numerous exercises that can be carried out during consultations. An additional activity, focussing on the beginning of consultations, is included in the learning activities section below.

REFERENCES


The following resources have been developed in conjunction with SAPC Heads of GP Teaching. If you have any queries or questions regarding the resources on offer, please contact Prof. Joe Rosenthal or Prof. Alex Harding, Co-Chairs of SAPC’s Heads of GP Teaching Group.