# The Doctor, the Patient and 21st Century Medicine

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Abstract: The public's perception of the medical profession in Canada has suffered as a result of well-publicized cases of professional malpractice and large-scale healthcare system fiascos. In addition, there appears to be some tension in the regular interactions between physicians and patients. Specific cases of malpractice and healthcare scandals from the provinces of Newfoundland and are described. From early in our clinical training, the adoption of a patient-centered paradigm for interactions between clinicians and patients can help to re-establish patient trust in the healthcare system. Medical school curricula and medical school admission requirements are systematically changing in a directional that places value on the appreciation of non-clinical aspects in the practice of medicine. This will allow for future physicians to be one step closer to meeting the ever-changing expectations of our patients.

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Introduction: As a newly minted medical doctor, I am dismayed when I consider the somewhat tarnished image of physicians in Canada and the United States. When I entered medical school, I was naïve. Having spent four years in the belly of the beast, I can see more clearly. In this essay, I explore some of the reasons this is happening based on my observations as a medical student and trainee.

## Loss of Public Confidence & The Evolving Challenge of Maintaining Public Trust

A catastrophe in Newfoundland resulted in 383 women receiving incorrect test results pivotal to their treatment of breast cancer.[1] The second smallest Canadian province by population, Newfoundland and Labrador has been home to one of Atlantic Canada's biggest public health failures as documented in 2005 by The Cameron Inquiry. This led to the mass resignation of thirteen salaried specialist physicians five years later.[1]

It is an everyday challenge for Canadian physicians to maintain the public's trust. Yesterday's perception of the omniscient, altruistic physician has been supplanted by the doctor who works in a setting with scientific uncertainty and pressures from society, finite financial resources and mercantile pharmaceutical corporations.

The fact that the medical profession is in large part self-regulated contributes substantially to what the public understands as decreased accountability from physicians. There is evidence that the public believes that self-regulation of our profession allows for little deterrence to the cutting of corners in patient care due to insufficient repercussions of doctors by their colleagues.[2]

The medical profession has been under scrutiny for colluding with hospitals and healthcare corporations in masking inadequacies and systematic errors in medical care. One of the most egregious of cover-ups was reflected in the 1994 inquest into a dozen pediatric deaths that occurred during or shortly after cardiovascular surgery performed by a surgeon based in Winnipeg, Manitoba, Canada. During the inquest, it was lernt that a cardiac surgeon, Dr. Jonah Odim, had little experience operating solo. It was agreed that he, with an inappropriately high rate of operative and peri-operative mortality, was unfit to be chief of the division of pediatric surgery at the Winnipeg Health Sciences Centre and it was widely speculated that the move was an act of desperation from the understaffed hospital.[3] In the end, however, both the College of Physicians of Manitoba and the inquiry led by Justice Murray Sinclair concluded that there was insufficient evidence of to pursue charges of professional misconduct.[3]

The threat of a deteriorating public perception of Canadian physicians comes not only as a result of catastrophes like the aforementioned, but also from day to day interactions between physicians and patients. To whit, patients are concerned that.

- Physicians will practice in their community for short periods of time and leave them without medical care.
- Those among them with decreased health literacy will not understand whether doctors are truly doing their best to manage their health and giving them all of the options.
- When, after waiting several hours to see a physician in an emergency department, their loved one is seen quickly and discharged after a cursory history and physical exam.

- What they perceive as an alliance between physicians prevents self-regulating organizations from appropriately enforcing standards of professionalism, physician conduct and patient care.

Medicine, while necessary, is and will always be an imperfect art and science. Like all humans, its practitioners make mistakes. It is the dishonesty of covering-up errors that results in catastrophes of in healthcare that leads to media scrutiny and a subsequent decrease in public trust. The public's expectations from physicians are shaped not only by their individual experiences but also by reports and exposes in newspapers, magazines and television.

**Changing Patient Expectations of 21st Century Medicine**

The 21st century has been marked by a fundamental transformation from physician-centered care and paternalism to patient-centered practice and shared decision-making. As a profession, we should adopt this paradigm shift and try to understand and embrace this challenge.

I believe that a concrete way to increase public confidence in physicians is by providing clear communication to patients about risk, prognosis, illness, and the benefits and consequences of discussing all options in their management. In routine care, patients are often more satisfied if they know why they are taking a certain medication or why a certain test was performed or omitted, and understand their prognosis and therapeutic options. These are examples of fostering health literacy among patients as a means to maintain public trust on a patient-by-patient basis.[2,4]

**Strengthening Physicians Through Medical Education**

Medical education is an avenue to disseminate the importance of patients' expectations and emphasize patient-centered medicine.

During undergraduate medical training, besides learning to effectively communicate with colleagues, residents and staff, a greater emphasis should be placed on learning how to communicate medical information effectively to patients.

There should be greater discourse between patients and physicians (or physicians in training), as patients wish to know not only the basis for a physician's decision, but expect to have their own preferences reflected in management plans. Ideally, physicians should learn to act as science-medical communicators. There is considerable room for the growth of lay knowledge

in terms of patients' health literacy, understanding of their own health and steps in its management. In her article, "Belief, Knowledge and Expertise", Lindsey Prior takes the idea of shared decision-making further by explaining that a patient-doctor interaction represents a meeting between two experts.[7] The patient is an expert in her own symptoms and subjective patient-focused outcomes, while the physician is the medical expert, one of the seven CanMEDS roles of the physician.[8]

As physician-centered practice has been replaced by the modern paradigm of patient-centered medicine, clinical and technical knowledge must similarly be complemented by knowledge of how to communicate complex medical information succinctly and in a manner than patients can not only understand but also be able to manipulate and rephrase in their own terms. Albert Einstein famously stated that "everything should be made as simple as possible, but no simpler."[9]

**Progress: Medical School Admission and Curriculum Changes**

Medical Humanities courses are becoming prerequisites for more and more medical schools in both Canada and the United States. At present most Canadian medical schools have medical humanities courses that are available only as electives. Some studies have demonstrated that students can learn clinical empathy by engaging in medical humanities courses.[11, 12] As well, the revised Medical School Admissions Test (MACT), which will be introduced in 2015 has a new section entitled Psychological, Social, and Biological Foundations of Behavior. This section is meant to test applicants' "knowledge and use of the concepts in psychology, sociology, biology, research methods, and statistics that provide a solid foundation for learning in medical school about the behavioral and socio-cultural determinants of health and health outcomes." The official website of the standardized admission test goes on to describe "understanding the behavioral and socio-cultural determinants of health is important to the study of medicine." Understanding the paths that patients walk will help to earn their trust.

**Moving Forward as a Profession**

Embracing the challenge to maintain public trust is a difficult but worthwhile undertaking. It is important because public perception affects when the sick seek medical help.

As physicians and physicians-in-training, we should devote ourselves to honoring our responsibilities to our patients, to society, to ourselves and to

the profession. Though difficult to wear all of these hats at once, they represent the obligations necessary to maintain our profession and are those we agreed to uphold when we first eagerly donned our white coats and our stethoscopes. Even with the latter symbolic instrument, every now and then we must take a minute to remember that it is not just our ability to hear that matters, but rather also our willingness to listen.

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## References

1 Commission of Inquiry on Hormone Receptor Testing. Volume 1: Investigation and Findings (2009). Government of Newfoundland and Labrador, St. John's, NL.

2 Claridge, S. (2005). Picker Institute Europe. Defining and Maintaining Professional Values in Medicine Response to consultation by the working party of the Royal College of Physicians of London. Accessed 3 February 2012 from http://www.pickereurope.org/Filestore/PIE_reports/project_reports/RCP_professionalism_consultation.pdf

3 Sibbald, B. (1998) Twelve deaths in Winnipeg: judge must ponder 48 000 pages of inquest testimony . CMAJ. Nov. 17, 1998; 159 (10)

4 Shifting Public Perceptions of Doctors and Health Care. EKOS Research. Retrieved 24 January 2012 from http://www.ekos.com/admin/articles/AFMCReport.pdf

5 Medical Council of Canada (2012). About Us. Retrieved 2 February 2012 from http://www.mcc.ca/en/about/

6 Canadian Medical Association Code of Ethics. (2012) Retrieved 14 February 2012 from http://www.cma.ca/index.php/ci_id/53556/la_id/1.htm

7 Prior, Lindsey. Belief, knowledge and expertise: the emergence of the lay expert in medical sociology. Sociology of Health & Illness SHIL Oxford, UK Blackwell Publishing Ltd. Sociology of Health & Illness Vol. 25 Silver Anniversary Issue2003, pp. 41– 57

8 Royal College of Physicians and Surgeons of Canada. (2011). CanMEDS: Better Standards, Better Physicians, Better Care. Retrieved 19 February 2012 from http://www.royalcollege.ca/public/resources/aboutcanmeds

9 Knowles, Daniel. Neoplastic Hematopathology. (2001) Lippincot, Willians, and Wilkins: Philadelphia, PA

10 Newfoundland and Labrador Research Technologies. (2010). Screening Tools. Accessed 1 February 2012 from http://www.nlrt.ca.

11 Memorial planned for breast cancer testing scandal. (2012) . Eastern Health seeking proposals on how to best commemorate hormone receptor patients. CBC News Retrieved from February 20, 2012 from http://www.cbc.ca/news/canada/newfoundland-labrador/story/2012/02/20/nl-scandal-cancer-memorial-220.html

12 Connor, JTH (2005). Is that Robertson Davies at the HELM? Faculty of Medicine. Memorial University of Newfoundland. Retrieved 2 February 2012 from http://www.med.mun.ca/munmed/172/humanities.htm

13 Adrianna Banaszek. A. (2011) Medical humanities courses becoming prerequisites in many medical schools. CMAJ May 17, 2011 vol. 183

14 Sinclair, M. (1994). The Pediatric Cardiac Surgery Inquest Report. Retrieved 22 December 2011 from http://www.pediatriccardiacinquest.mb.ca/pdf/pcir_intro.pdf