

Patients Talk Little But Blame Doctors Not To Listen

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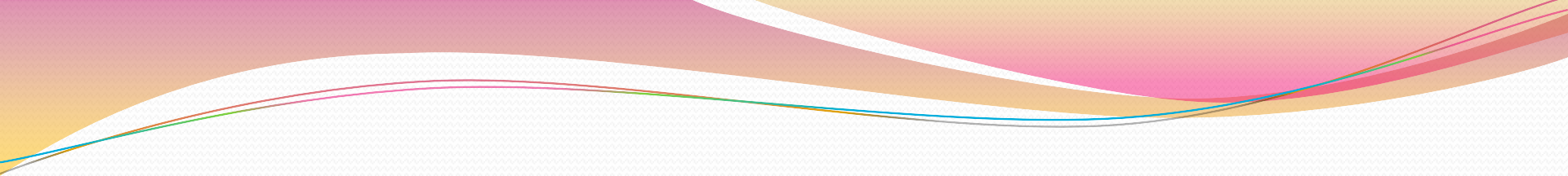
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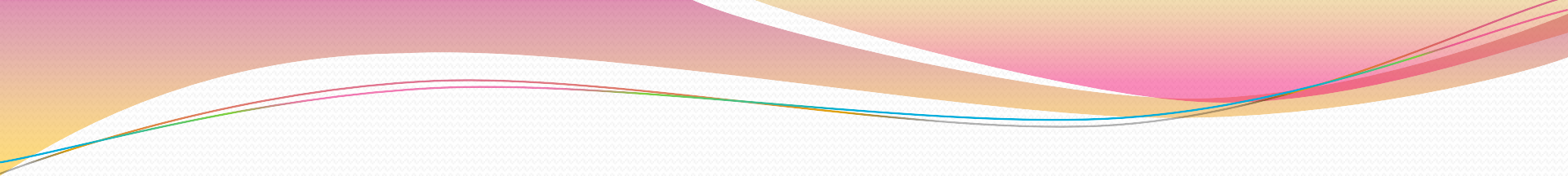
Professor of Medicine

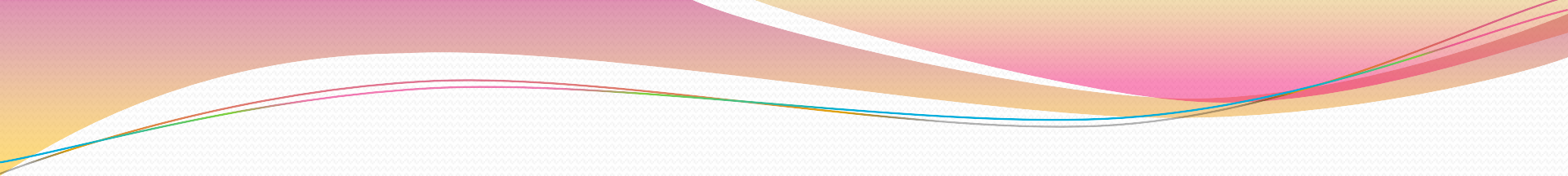
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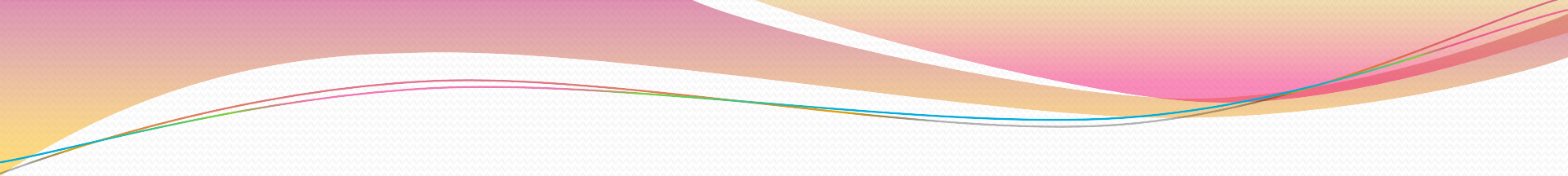
Introduction:

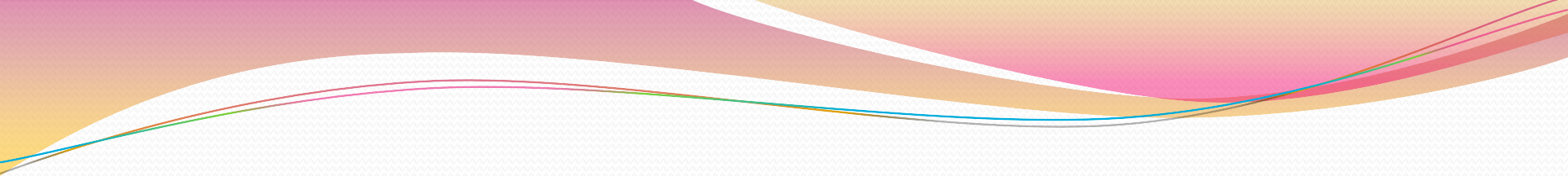
- 'Medical professionalism' has been described by a royal college of physicians working party(2005) as a set of values , behaviors and relationships that underpin the trust the public has in doctors.¹

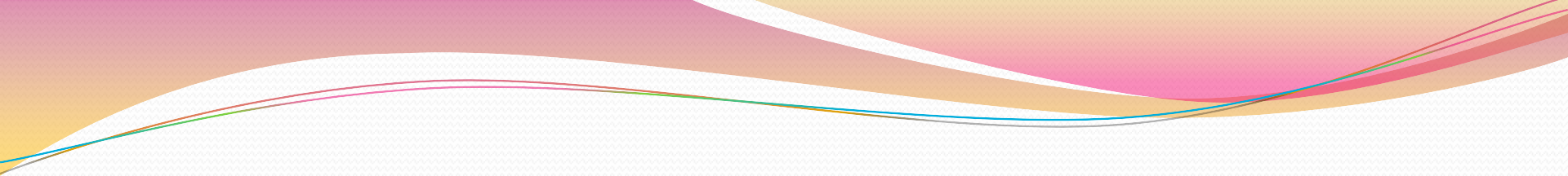
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- Since the time of Hippocrates, the role of the doctors has been evaluated in the field of practice of medicine.

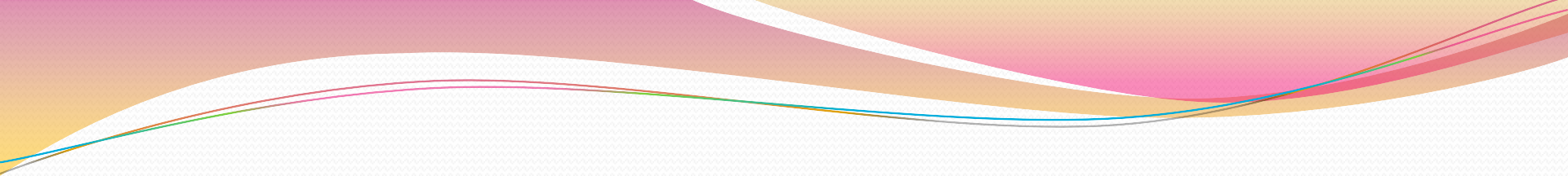
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- Good medical practice or the art of medicine, hinges on recognizing and respecting the breadth of physical, cultural, spiritual and psychological characteristics of each patient and understanding their impact on patient's belief, attitude and expectation¹ .

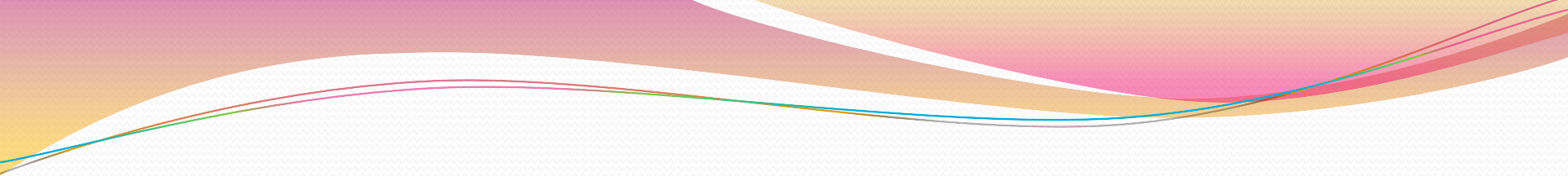
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- Doctors must deliver appropriate care which considers the technical complexities of modern treatment.
 - Evaluation of the length of consultation seems to be particularly sensitive to emotional factors.²

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- A language is commonly heard particularly in developing countries like Bangladesh that doctors have no time and do not listen to the patients.

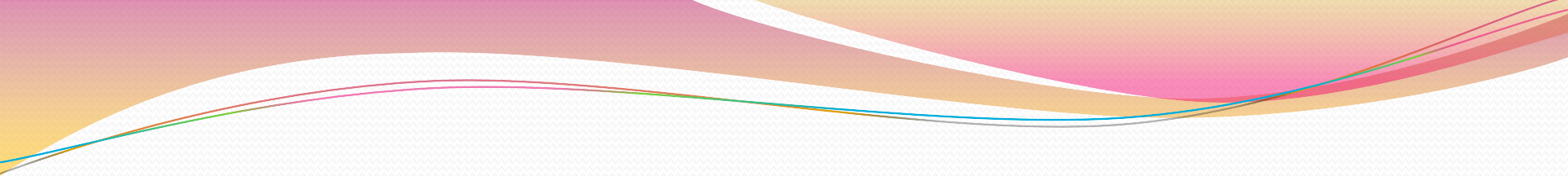
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- They draw this conclusion from various factors including packed waiting room, busy physicians and staff, and the frenzied pace of office function.

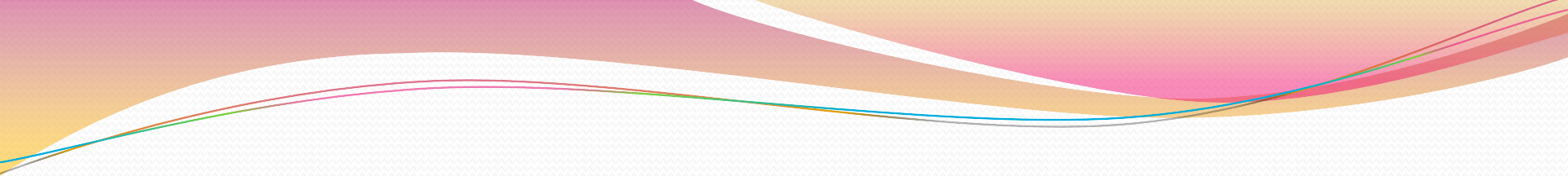
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- When doctors consider “all the tasks that must be carried out during consultation”, it is hardly surprising that doctor feel pressured and try to contain their patients.³

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- Each and every doctor must hear and listen to the patient to create a hypothesis regarding the problem and proceed to examine the patient to make a diagnosis.

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- Whatever brief the history taking, the doctor must acquire information about essential parts of several components of history which vary from case to case.

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- So every doctor should have to spend few minutes to hear the story.⁴

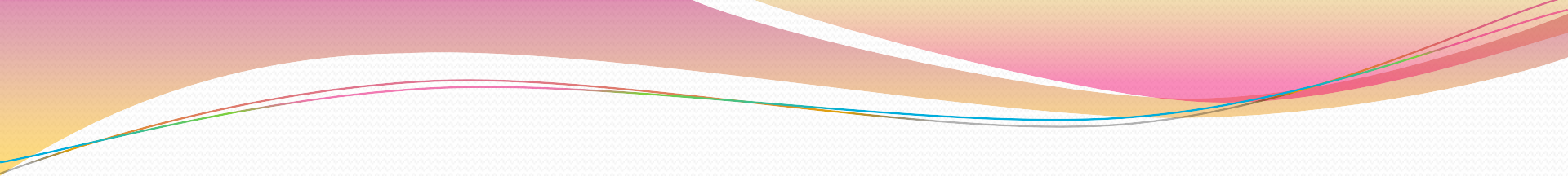
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- Dissatisfaction depends not only on length of consultation but also many factors such as
 - Emotion
 - Behavior
 - Empathy and sympathy.

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- Length of consultation depends on both doctors' and patients' factors⁵.
 - The aim of this study is to see the patients' factors for fruitful consultation.

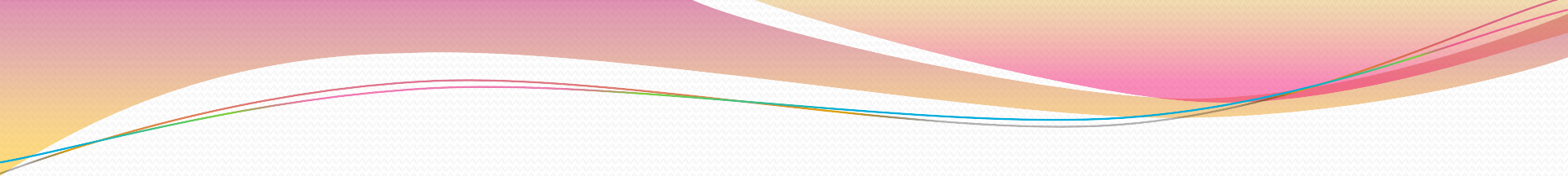


Method:

This is an observational study conducted in chambers of private practitioners in Barisal division during January-June 2016.

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- Two professors, three associate professors, three assistant professors and seven graduate doctors of Sher-E- Bangla medical college, Barisal have participated in this study.

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- 4408 patients were enrolled in this study.

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- Questionnaires were supplied to the doctors and non-bias observers recorded the time of spontaneous (without interruption) and facilitated (with verbal or nonverbal cues) history given by patients or attendants.

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- All information gathered were put up in a tabulated case record forms.

Result:

Among 4408 patients of age ranging from 15 to 93 years,

- Male - 2184(49.54%)
- Female - 2224(50.46%) (Fig-1).

Fig-1: Sex distribution

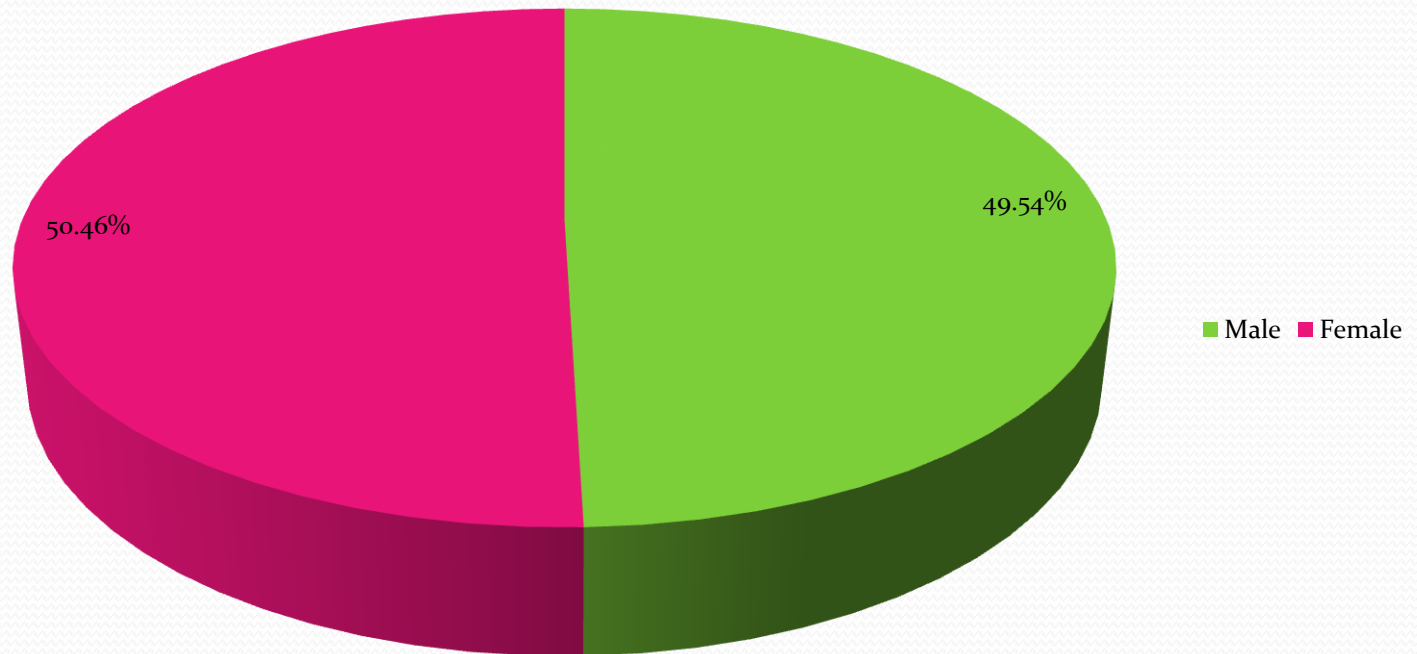
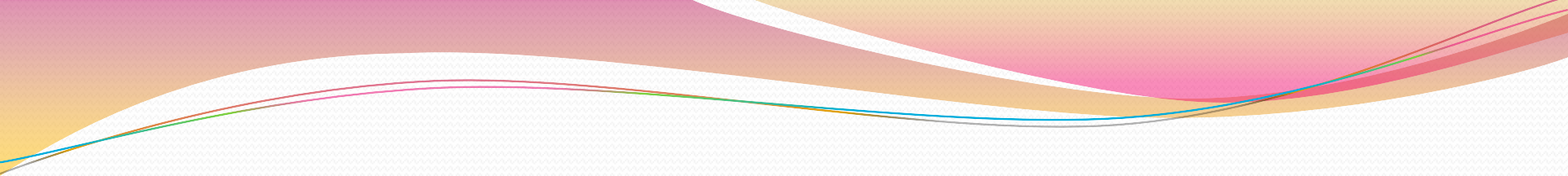


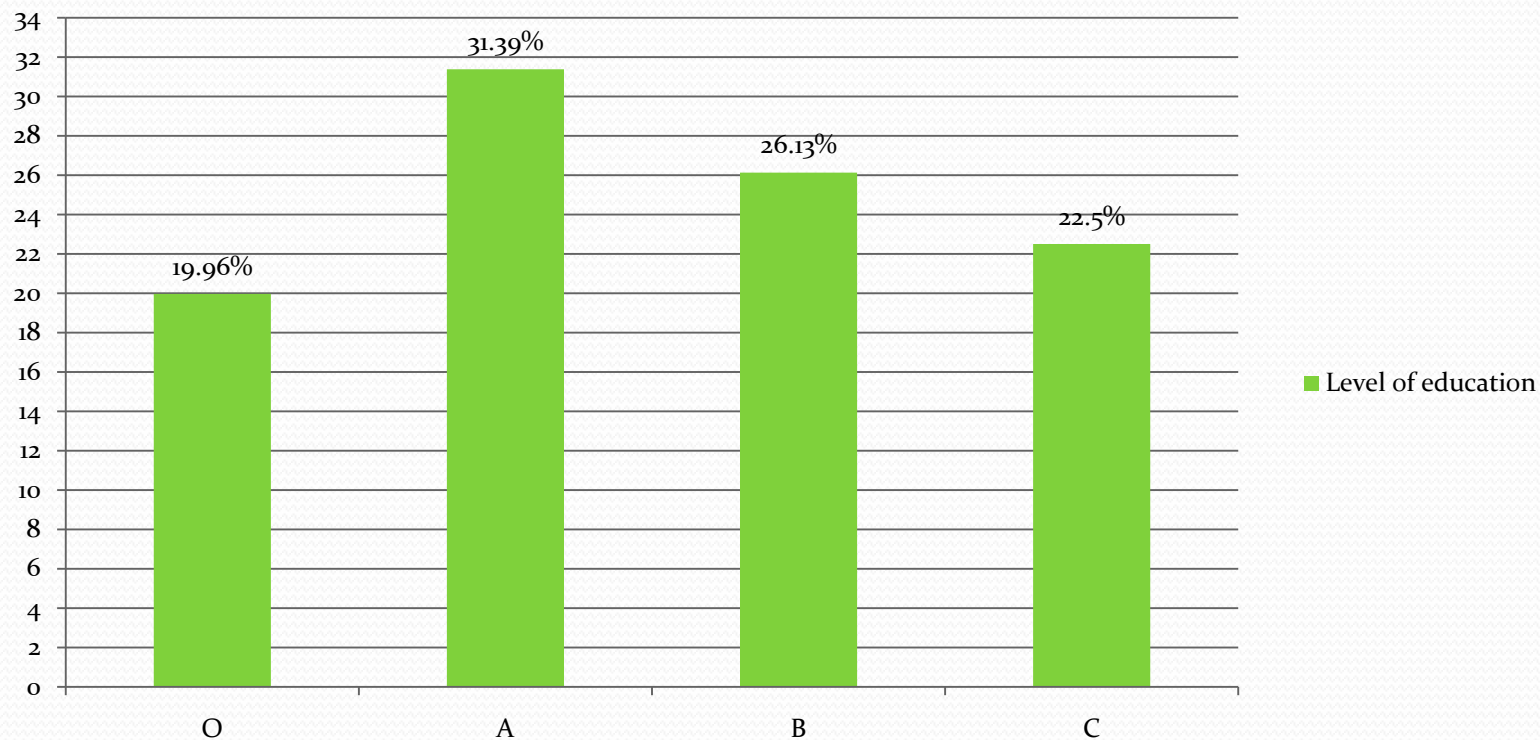
Fig.1-Sex distribution

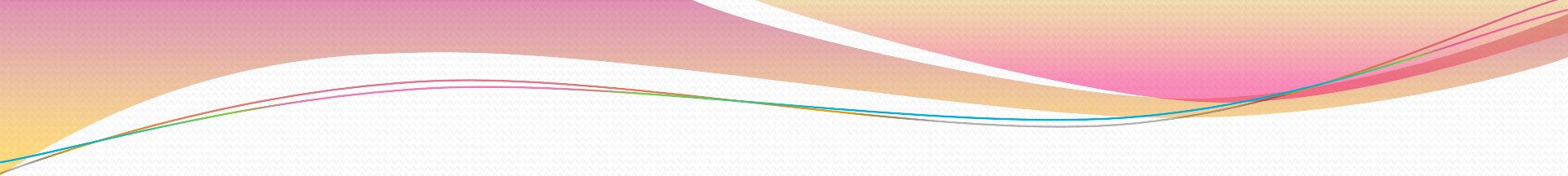


Educational status (as graded in this study) :

- ‘O’ level (non-educated)- 880(19.96%)
- ‘A’ level(primary education)-1384(31.39%)
- ‘B’ level(secondary education)- 1152(26.13%)
- ‘C’ level(higher secondary and above) were 992(22.50%) (Fig.2).

Fig.2-Level of education



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- 81.10% of patients gave history themselves and 18.90% by attendants because of inability (Fig.3).

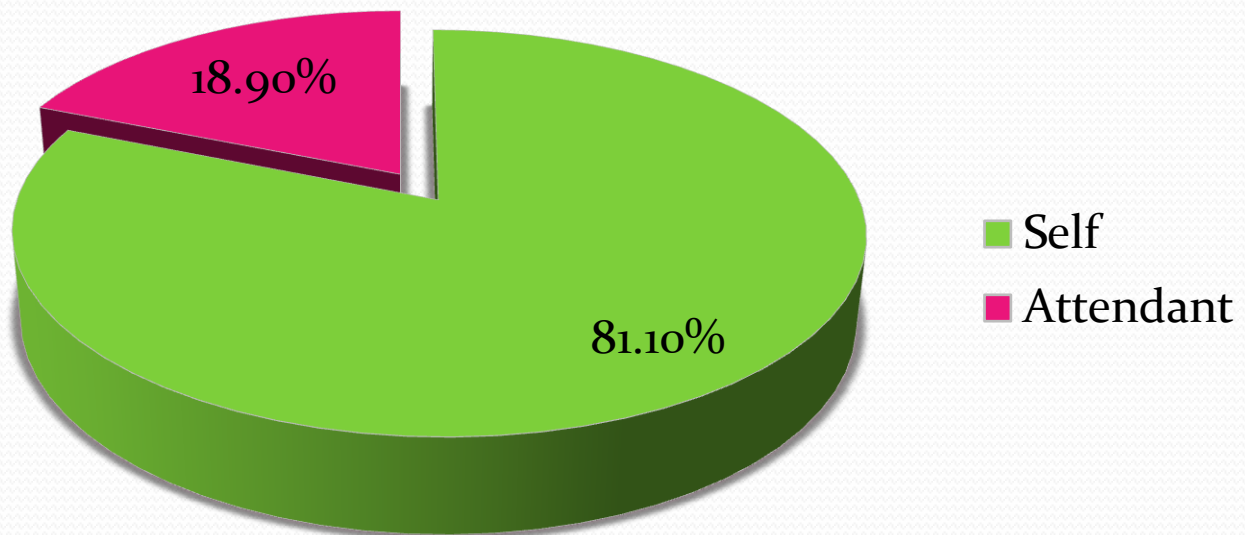
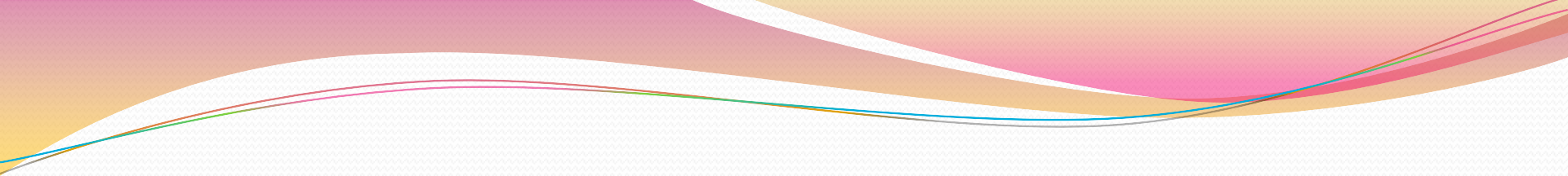


Fig.3- History given by patients or attendants

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- The mean duration of the history given by patient spontaneously and after facilitation are 1.23 minute and 1.17 min respectively with total duration 2.40 minutes.



In this study, we have seen that **History giving time** (mean duration) varies on

1. Sex(Fig.4):

- Male patients - 2.27min
- Female patients - 2.91min
- M:F ratio - 2.27: 2.91.

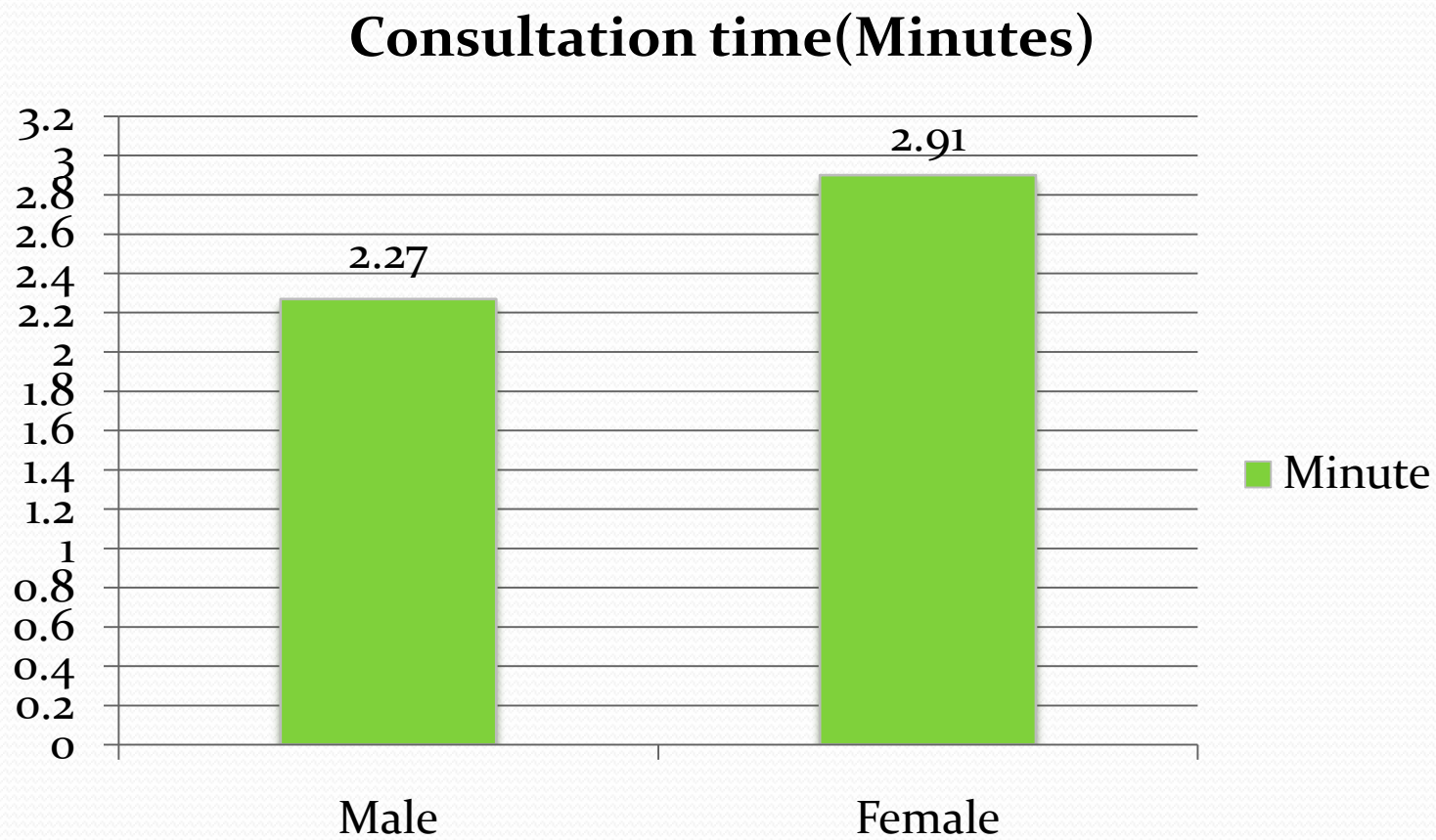


Fig.4-Consultation time (Minutes) as per sex



2. On the level of education (Fig.5):

- ‘O’ level - 2.59 min
- ‘A’ level - 2.27 min
- ‘B’ level - 2.26 and
- ‘C’ level - 2.94 minutes

Consultation time(Minutes)

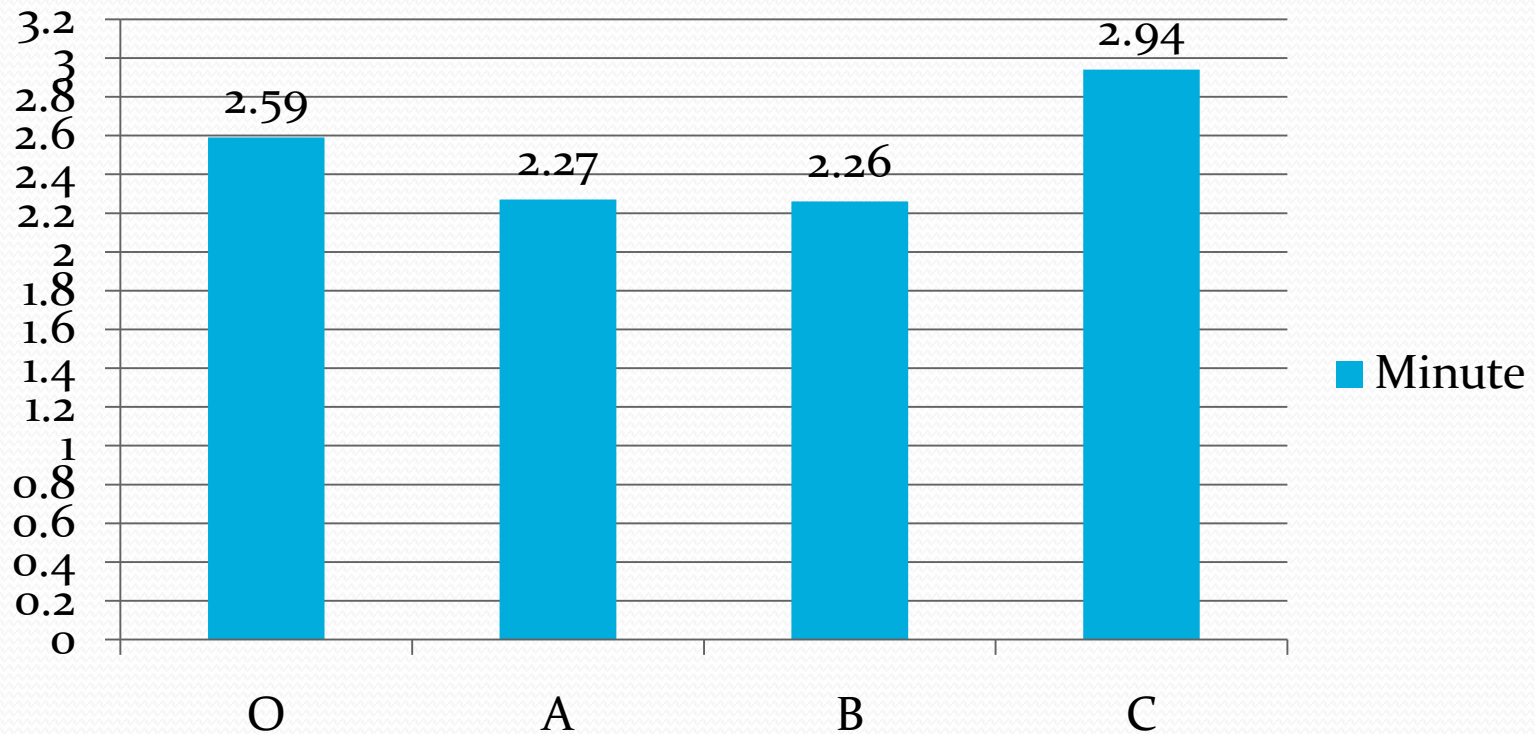


Fig.5- Consultation time (Minutes) as per level of education



3. Level of doctors (Fig.6) :

- Professors - 1.27 min
- Associate and Assistant professors - 2.59 min
- Graduate doctors - 3.11 minutes.

Consultation time(Minutes)

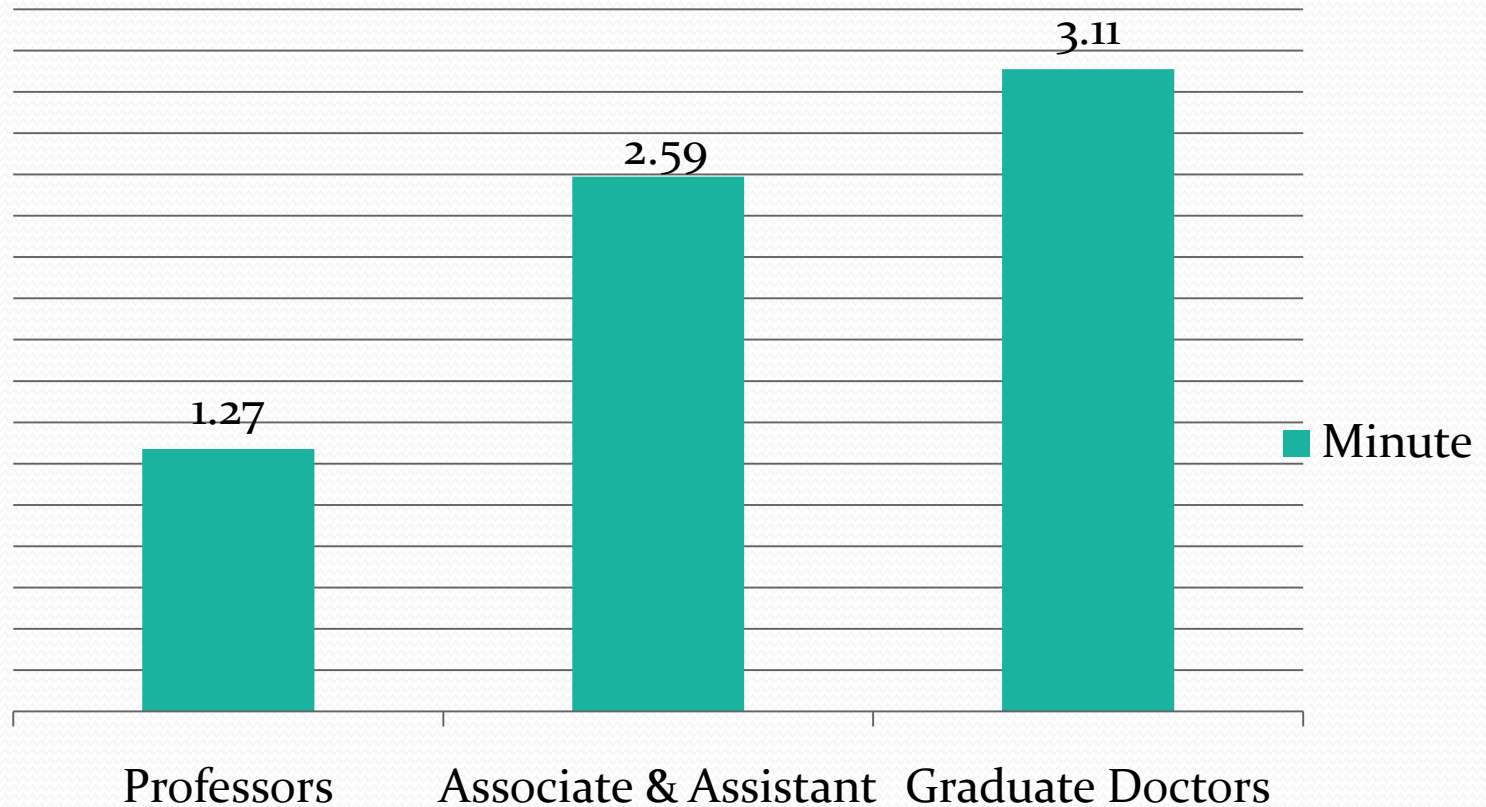


Fig.6- Consultation time (Minutes) as per level of doctors

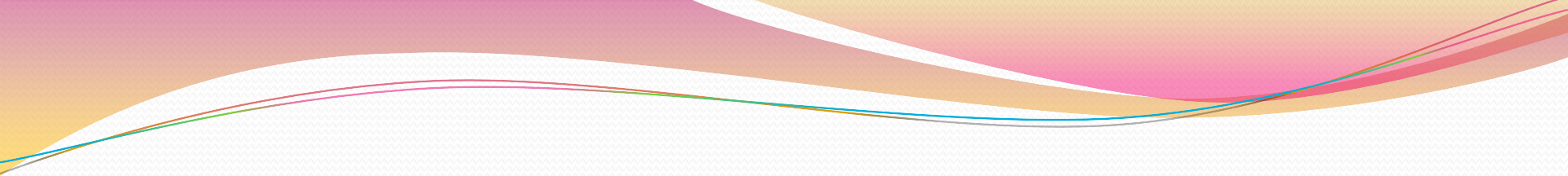
Discussion :

Consultation time usually means the total time the physicians spend for their patients which includes time for taking particulars, history taking, physical examination, insurance coverage, and also briefing and finally prescription.



But in our study ,

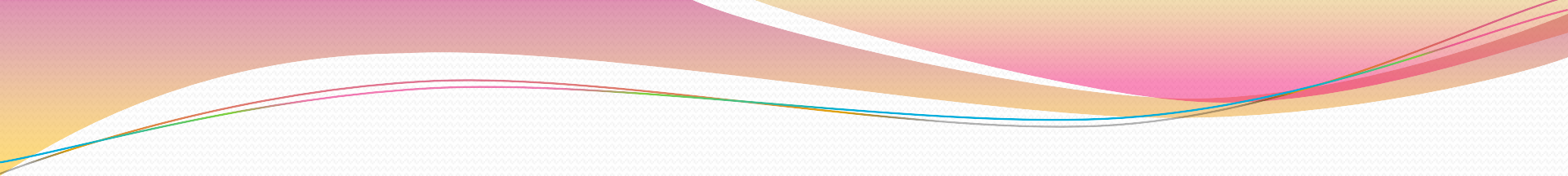
Consultation time we assess how long patients can tell spontaneously and even after facilitation because people vaguely blame doctors not to hear them.

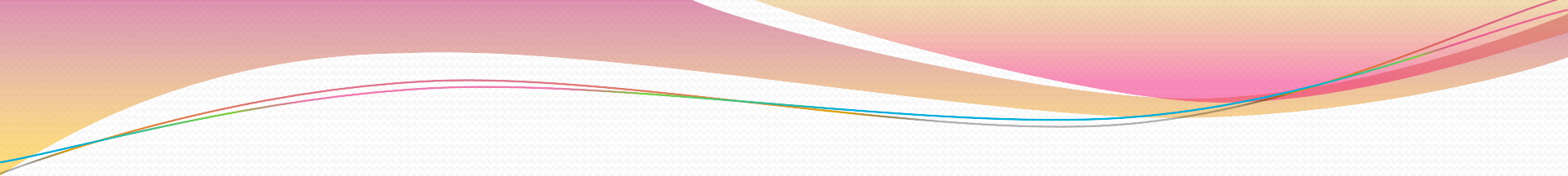
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- In this study, mean time is 2.40min.
 - Patients tell very little about their problems even after giving time and after facilitation.
 - Women talk more than men (2.91min versus 2.27min), which is consistent with previous several studies⁶.

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- The level of education attained by the patient influences the length of consultation^{7,8}.

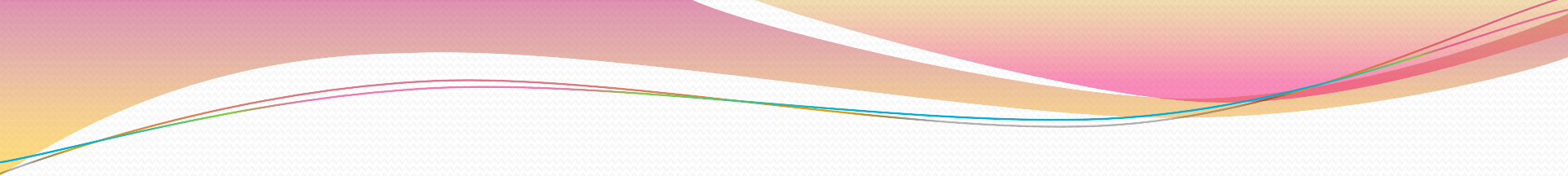
In our study,

- Group C talk more than other groups.

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- But group O talk more than group A and B, which contradict with results from several studies those reported an influence of social class on consultation length.

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- Consultation length also depends on the characteristics of doctor and work load.

- In this study, patients talked with doctors of different level which show variation of consultation time such as-
 - Professors- 1.27 min
 - Associate and assistant professors- 2.59 min
 - Graduate doctors- 3.11 minutes respectively.

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- Higher the level of doctor , less is the consultation time which is consistent with other studies.



? Now question arises-

Why is this dissatisfaction of patients?



Satisfactory consultation depends on many factors-

1. Patients' factors-

- Age
- Sex
- Level of education and perception.



2. Doctors' factors-

- Approach
- Attitude
- Manner of questioning and examination
- Sympathy, empathy and smooth disposal.

3. Time and quality of consultation-

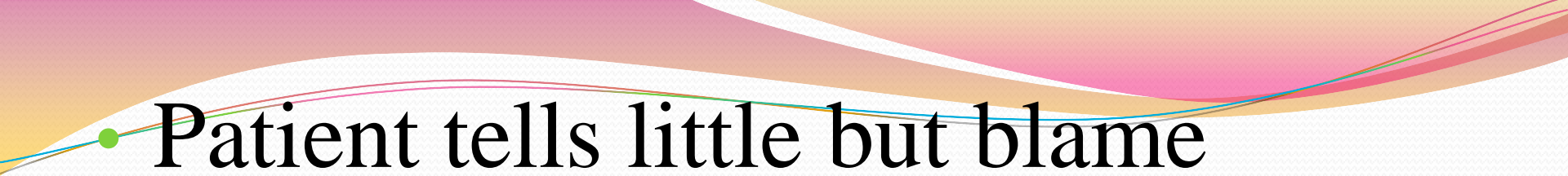
- Patients' satisfaction depends less on actual time of consultation than quality time.
- Our study shows that patient can tell a very few minutes which every doctor, even busy doctor spent with their patients⁹.

Limitations:

- Other variables like psychiatric, surgery and gynecological consultations and place of residence (urban and rural) were not included in this study.
- Number of doctors and sample size are small which do not represent the whole country.

Conclusion:

- Length of consultation is the main source of dissatisfaction for patients.
- But our study shows that patient can tell a very few minutes; so patient's dissatisfaction depends more on quality time than actual time of consultation.

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- Patient tells little but blame doctors.
 - This dissatisfaction arises due to many factors like
 - Lack of quality consultation.
 - Present general attitude towards doctors.
 - Direct financial involvement in private practice etc.

- Doctors should try to get rid of this blame by providing good medical practice
and
- People on their part should try to realize the fact and refrain from unreasonable comment about doctors.
- Both will improve national health services.




Thank you

● **Acknowledgement:**

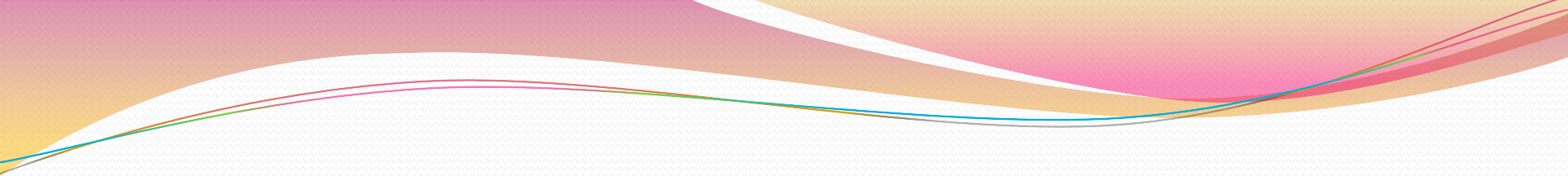
I am grateful to all the patients and doctors.
I thanks

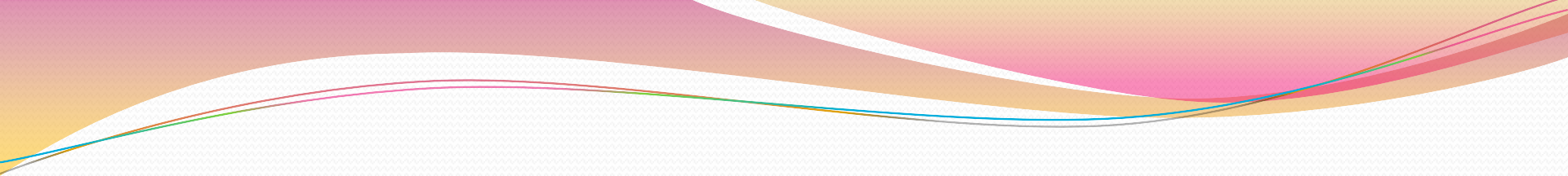
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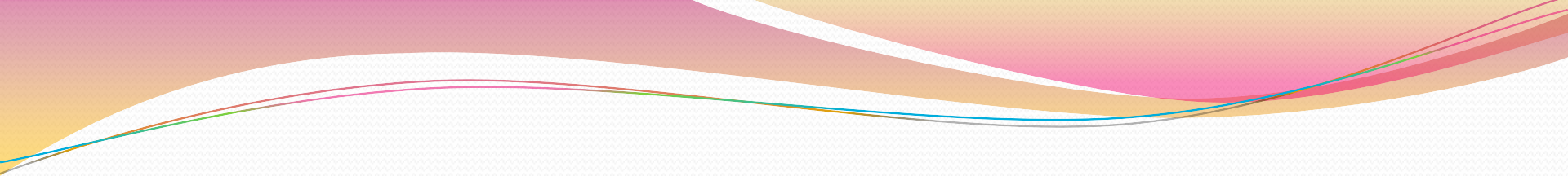
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