Obstacles that stand in the way of partnering with patients

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As a clinical psychologist with a long working relationship with the medical profession, I’ve developed a special interest in the doctor-patient relationship, doctor-patient communication, and, more recently, partnering. As an aging patient, increasingly in need of medical treatment, I now have a strong, highly personal interest in these matters.

Accordingly, I was especially intrigued by the edition of the *Wisconsin Medical Journal* (Volume 106, No. 8) that featured the theme of “Empowering the Patient.” Various articles provided guidance as to how this empowerment was to be accomplished. The development of partnerships between medical professionals and patients is currently a topic of great interest. In this new approach, patients are to assume great, perhaps virtually equal, personal responsibility in establishing their diagnoses, determining courses of treatment, and monitoring the results. Ardent advocates of partnering view this change as inevitable.

In this abstract form, there is no doubt that partnering is a great idea. But, as almost always, there are devils lying in the details:

To what extent will partnering be accepted by patients? How will it play out in the everyday realities of medical practice?

While there may be little question that patients could be better served by their increasing inclusion in partnerships, do they really want to assume this responsibility? To what extent have they been involved in making plans for partnerships?

In considering this new approach, patients may be reluctant to abandon an effective, albeit dependent, doctor-patient relationship and accept greater personal responsibility for their medical treatment. The roots of dependency are deep and not readily amenable to change. Dependency begins in the crib, and continues on in the development of relationships with people—including doctors. Special dependent relationships, balanced with an overall independent maturity, have served patients well. Their lives have been enriched when they trusted and depended on others. Many feel that problems have arisen only when they haven’t made wise choices regarding those on whom they depend. To them, there is nothing abhorrent about dependency—dependence on their physician is good.

The proportion of older people in our population is rising every year. Dependency issues become increasingly important to this population as they age. Many can no longer be as independent as they once could. Some have difficulty performing the basic essentials of living that are necessary to get through the day. They no longer have choices, so they must become increasingly dependent. As one indication of complications, some psychoanalysts have determined that the older populations regress to an infantile state in which there is a reawakening of problems they had during the very early days of their lives. Advocates of partnering would erode a working, dependent relationship with a physician at the very time this older generation is becoming less capable of exercising independent judgment. Such a loss of dependability can be disturbing. If the older population then finds that they can’t hold up their end of the partnering bargain, this will bother them as well, and may confirm their feelings of inadequacy. They have become involved unnecessarily in a no-win situation, good intentions of the partnership advocates notwithstanding.

Many people view the selection of a personal physician as one of the most important and best decisions they have ever made. To exaggerate a bit, the patients have wanted, consciously or unconsciously, to believe that their physician is the embodiment of Marcus Welby, TV’s fictional doctor of the last century who was omniscient, omnipotent, and always available should the need arise. The strength...
of that need to believe, together with a good relationship with their doctor, probably reinforced this belief to a considerable degree. People have depended on their doctors to determine the cause of their problems and initiate appropriate treatment. It has worked. From a patient standpoint, “If it works, why fix it?”

Educating or training the patient regarding the value of partnering would be challenging. Old, well-learned habits die slowly. Even the mere suggestion of a partnering relationship might be met with suspicion and resistance. This new approach does have a considerable countercultural element to it: “It’s not the way things are done. What was good enough for my father is good enough for me!” This view is a strong, well-learned habit. When presented with an opportunity to partner, patients might accept the involvement to please their doctor but may question and reject it on a gut level, or a practical or ongoing basis. This new arrangement could interfere with an effective, albeit highly dependent, doctor-patient relationship. One of the first choices that patients could make as independent partners might be to reject the whole idea out of hand.

Advocates of partnering should not be discouraged by this commentary. It simply represents reality as I see it. I believe that the questions I have raised are important. Significant and legitimate resistance can reasonably be expected from patients and some doctors as well. The process of gaining acceptance should be viewed as a very challenging, long-term venture with many stumbles along the way.
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