Introduction: the physician-patient relationship and healthcare management

“Illness is the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place”.

Healthcare systems are designed to deliver healthcare services to citizens of that “other place” and to consume limited resources in an appropriate manner, balancing the good of the greater society with the needs of the single patient. There are many indicators that the real managers of these resources are not the health systems themselves but the patients and their families. The following paragraphs will explore how this happens and why the doctor-patient relationship is critical in the “assumption” of management roles on the part of patients and their families. How to bring management back into the health system will be explored using the blended relationship model described in the previous chapter.

The purpose of this chapter is to reread the doctor-patient relationship as a product of the organizational context rather than a problem of interpersonal communication. The person, the individual with a specific character and personality, in the blended relationship model discussed in the previous chapter, has significant implications in managing physicians as well as patients. The examples in the previous chapter show how the blended relationship model adapts management tools to the needs of the people in the roles: there is no one best solution, but there is a way to read the problem. The complexity of healthcare management does not lie in producing huge quantities of information, but the key information for
facilitating the blended relationship at hand. The outcome of patient care, that is, patient compliance, is a particularly important indicator of effective health system management.

Management in the hands of the patient

Assumed power, according to French and Raven, is the power that people acquire by taking it without being specifically authorized to do so, and no one stops them. A terrorist who takes hostages, for example, has assumed power. There are many driving factors which bring the patient to manage healthcare resources. These include literacy of the patient, compliance, hypochondria, and malpractice. These will be explored below.

Medical care has grown dramatically in complexity for the patient. Just one example might be a patient with congestive heart failure. In the past these patients were prescribed two medications, digoxin and diuretics. “Today they are asked to take up to five different medications and to undertake a series of complex and repetitive self-care tasks: weighing themselves daily, reporting weight changes to their physician, controlling sodium and fat in their diets, etc...” Physicians themselves worry about the increased complexity in the content of the messages that get passed to patients. This complexity affects patients in almost every area of medicine, from diabetes to asthma.

This obviously becomes even more critical if the patient has any kind of trouble understanding what is to be done. Illiteracy is a very big problem and the results of the National Adult Literacy Survey in the United States indicate that 22% of the population cannot find a street on a map, find two pieces of information in a sports article or fill out a form asking for their background information. Another 27.5% of the population cannot write a brief letter explaining an error on a bill or identify information from a bar graph. These two populations, the first “functionally illiterate” and the second, “marginally illiterate”, account for nearly half of the population in the United States and these literacy impediments create a great barrier to understanding basic health information. For example, 26% of patients at two public hospitals did not understand when their next appointment was and 42% could not understand what it meant to take “medication on an empty stomach”. This is a particularly difficult issue to overcome because people with limited literacy tend to hide their difficulties, even from their families. In a study in which patients were asked to declare whom they never told about these problems, 85% hid the situation from coworkers, 75% from healthcare providers, 68% from their spouses,