

Reviewing Doctor-Patient Relationship: Where Sociology Meets Medicine

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The doctor-patient relationship forms the crux of the medical encounter and is linked to patient-related outcomes such as patient satisfaction, compliance and health. It has inspired much research interest particularly in the western world. It has become a major research area under medical sociology. This paper attempts to review the literature on doctor-patient relationship by examining it under three broad, inter-related themes: a) power, b) communication and c) social aspects.

In terms of power dynamics, the doctor-patient relationship is considered to be inherently asymmetrical. Traditionally, the doctor is depicted as authoritative, and the patient is submissive and passive. However, the current idea is a patient-centred model, where the patient's voice is not clear given due recognition. Most importantly medical decision making, which used to be the responsibility of the doctor, has become a collaborative process under patient centrism. This attempt of redistributing power, though may be rather difficult to implement, has led to a proliferation of research on patient expectations, empowerment and participation.

Research on a communicative theme focuses on doctor-patient relationship as a process towards achieving medical communication. However, many have depicted it as defective. An often reported reason behind this ineffectiveness is the inadequacy of doctors' communication skills. Institutional and other factors and limitations (e.g. limited resources, large numbers of patients) are also found to impede the communicative goals. The social dimension of the relationship may also affect medical communication, as the social gradient between the doctor and the patient may have an adverse impact. The high social status ascribed to doctors may distance them from patients. On the other hand, when the patients represent an ethnicity or race other than the doctor's, or when they are from low educational or socio-economic backgrounds, the relationship may become strained.

A majority of the global literature on doctor-patient relationship being based on a few countries, the overall picture that emerges from a literature review such as this would approximate the conditions in developed western countries, and hence not a fair representation of the scenario in, for instance, a developing country in Asia. Further research in such contexts is therefore required for a more accurate understanding of the phenomenon and its implications.

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