



PMCare Capsule

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CAPSULE THEME

QUALITY HEALTHCARE

Charting the Doctor-Patient Relationship

Ethics and the Practice of Medicine

Doctors And Patients Consider Surveys Important to Achieve
Excellence in Patient Care

ABC of Being a Good Doctor

INSIDE

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CONTENTS

PAGE

Charting the Doctor-Patient Relationship	3-5
Ethics and the Practice of Medicine	6
Doctors and Patients Consider Surveys Important to Achieve Excellence in Patient Care	7
ABC of Being a Good Doctor	8
PMCare Wellness Programme	10
GP of the Year 2009 Award	12

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PMCare

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Charting the Doctor-Patient Relationship

“You are feeling better today,” announced the gastroenterologist as he sat down by my hospital bed.
 I was genuinely surprised. “Really? What’s better?”
 “Well,” he sputtered, his face flushing, “in my professional opinion, you are better!”
 I sighed, searching for more conciliatory words. “Look, it is just that it helps me to hear specifics.”
 “Your lymphocytes are better and you look better,” he said after a pause.
 I smiled, privately wondering how I could look better when my hair was one day dirtier, but I knew I could not afford to challenge him again. I needed his help.”

Can you hear the tension in this encounter? Why are doctors and patients so often at odds? Why are both expressing more frustration and less satisfaction? To answer these questions, more and more researchers are putting the doctor-patient relationship under the microscope. What they are finding is fascinating.

Tug of War

If you are wondering why so many office visits turn into a tug of war, it is partly because doctors and patients are on different ends of the rope.

- *To the doctor, illness is a disease process that can be measured and understood through laboratory tests and clinical observations. To the patient, illness is a disrupted life.*
- *The doctor’s focus is more on keeping up with the rapid advances in medical science than on trying to understand the patient’s feelings and concerns. Yet patient satisfaction comes primarily from a sense of being heard and understood.*
- *Many doctors do not see the role of physician as listener, but instead view their function more as a human car mechanic: Find it and fix it. Yet patients often feel devalued when their illness is reduced to mechanical process.*
- *Doctors feel frustrated, even betrayed, when patients withhold pertinent information. Yet patients who use alternative medicine, for example, may not tell their doctors for fear of ridicule or being labeled as flaky or gullible.*



Fault Line

There is the blame factor! Doctors often blame patients when communication breaks down. But researchers have found that many doctors have shaky interviewing skills. For example:

- Doctors do more talking than listening. A new study published this year in Journal of the American Medical Association (JAMA) found that 72% of the doctors interrupted the patient’s opening

statement after an average of 23 seconds. Patients who were allowed to state their concerns without interruption used only an average of 6 more seconds.

- Doctors often ignore the patient's emotional health. A study of 21 doctors at an urban, university-based clinic found that when patients dropped emotional clues or talked openly about emotions, the doctor seldom acknowledged their feelings. Instead the conversation was directed back to technical talk.
- Doctors underestimate the amount of information patients want and overestimate how much they actually give. In one study of 20-minute office visits, doctors spent about 1 minute per visit informing patients but believed they were spending 9 minutes per visit doing so.
- Doctors who cannot communicate are more likely to end up in court. An analysis of 45 malpractice cases found that many of the doctors being sued delivered information poorly and devalued the patient's views.

“While medical science has limits, hope does not. If a patient is ready to be helped, even a little and grateful for the marginal, it enhances the doctor's commitment to fostering a relationship between equals. Only such a relationship, bonded by understanding and respect can deepen into a true healing partnership.”

Pain in the Neck Patients

Patients are not perfect either. In one survey doctors rated 15% of their patients as “difficult.” Disagreements involve everything from expecting an instant cure to demanding prescriptions. While one doctor's difficult patient may be another doctor's favorite, researchers have identified common characteristics of patients that everyone agrees are hard to manage.

Patients described as “frustrating” by doctors

- do not trust or agree with the doctor.
- present too many problems for one visit.
- do not follow instructions.
- are demanding or controlling.



Patients who use the doctor as a scapegoat for their anger at the illness are less likely to get good care. “Doctors are profoundly influenced by the demeanor, comments and attitudes of their patients,” write Debra Rotter and Judith Hall in *Doctors Talking with Patients/Patients Talking with Doctors* (Auburn House, 1992). “A patient who is consistently rude and irritable will almost certainly not receive the same medical care as a patient who conveys more positive attitudes.”

Adapted from <http://www.spiralnotebook.org/chartingthedoctorpatientrelationship/index.html>

Pulling in the Same Direction

In spite of all these problems, there is reason for hope. Yes, doctors and patients will always be on opposite ends of the healthcare system, but that does not mean they can not pull in the same direction.

What can doctors do?

- Cultivate a patient-centered partnership. “The patient desires to be known as a human being, not merely to be recognized as the outer wrappings for a disease,” says Bernard Lown, M.D., emeritus professor at Harvard School of Public Health. Doctors who encouraged patients to talk about psychosocial issues such as family and job had more satisfied patients and the visits were only an average of two minutes longer. Incidentally, doctors also benefit from the patient-centered approach, researchers note, because they feel more job satisfaction and are less likely to burn out.
- Check posture and body language. A fascinating study of time perception found that when doctors sat down during an office visit, the patients always thought the visit was longer than when the doctors remained standing, even though the length of both visits was exactly the same. Other simple gestures, such as leaning forward, have been found to help the patients relax, as well as improve satisfaction and recall.
- Solicit the patient’s concerns and opinions through open-ended questions, such as “What is been going on since you were here last?”
- To improve patient compliance, work on mutual trust. Research confirms that the health of the doctor-patient relationship is the best predictor of whether the patient will follow the doctor’s instructions and advice.
- Develop a system to communicate test results to patients. No news is good news, patients often assume, but according to a survey published in Archives of Internal Medicine, one in three doctors do not always inform patients of abnormal test results, especially if the results are mildly abnormal. About half the doctors surveyed thought it was important to inform patients of normal results but only 28% always did so.
- Respect patients as experts in the experience of illness. Traditionally, doctors have been taught to view the patient as “an unreliable narrator” and to chart patient observations in subjective language that implies a certain skepticism, such as “the patient believes” or “the patient denies.” However, Rotter and Hall argue for a patient-centered relationship that accepts the patient’s unique knowledge as just as important to outcome as the doctor’s scientific knowledge. They conclude, “The medical visit is truly a meeting between experts.”

What can patients do?

- Know how to tell your illness story. Many patients tend to start with interpretation, “I think I have bronchitis” rather than plain facts, “I’ve been coughing for two weeks.” Brief, focused facts will usually get the doctor on the right track, Dr. Lown believes. He also recommends developing a clear description of the symptoms before the visit, not during.
- Use concrete examples to explain how illness affects your daily life. For example, “I’m getting worse” is less helpful than “We are buying milk in quarts because I can not lift gallons anymore.” Everyday details also help the doctor understand how the medical data translates into real life.
- Study your doctor’s individual style. What are his/her likes and dislikes, strengths and weaknesses? Optimistic or pessimistic? Intense or mellow? Organized or absent-minded? Cautious or a risk-taker? The more you understand how your doctor thinks, the more likely you will know which approaches will work and which will not.
- Learn about your illness so you can ask the right questions and help make decisions. Patients who take an active role in their care do better and earn more respect from the doctor. “An informed patient is always the best,” says Donald A.B. Lindberg, M.D., Director, National Library of Medicine, “even though that puts more pressure on us to keep up to date.”
- Be willing to demonstrate the attitudes that you want from your doctor. For example, if you would like more give and take in the relationship, demonstrate your own flexibility by offering to negotiate and make concessions. “Patients can be a powerful agent for change of a physician’s behavior,” says William Godolphin, M.D., professor at the University of British Columbia and director of a physician-patient education program.
- Accept realistic treatment goals. Many chronic diseases can be managed, but not cured. In this age of hype, patients have come to expect the impossible. ,” says Lown. “Doctors frequently grope in the dark, not because they are delinquent in learning, but because the science is not there.” But even when a cure is impossible, healing may be possible, Lown points out.

ETHICS AND THE PRACTICE OF MEDICINE

The practice of medicine has always been fraught with ethical dilemmas. Historically these have mostly been concerned with finding rules of conduct designed to prevent the powerful and knowledgeable doctor from taking advantage of the weak, vulnerable and ignorant patient. This has given birth to a code of ethics which requires a doctor to tell the truth, to respect the autonomy of the patient and to deal justly with patients. It has focused attention on the doctor–patient relationship as the keystone of medical practice and on the importance of sustaining it as a trusting relationship. The doctor is also expected to use his special skills to preserve life, to alleviate suffering and to do no harm.

It will immediately be evident that these objectives frequently pull in different directions. Is life to be preserved no matter what its quality and even when the patient no longer wishes to go on living? What if the alleviation of suffering is likely to shorten someone's life? And if a treatment carries a significant risk of doing harm, does that risk rule it out from further consideration or should the possible harm be weighed against the possible benefit and a judgement made as to where the balance of advantage lies? Who should make that judgement: the experienced doctor or the frightened patient? Does respecting the autonomy of the patient mean that the patient should be told the whole truth and given full responsibility for the decision and its consequences? Or if telling the truth is likely to add to the patient's anxiety and distress, is the doctor ethically justified in trying to avoid this by discreetly assuming responsibility and quietly getting on with things?

What about dealing justly with patients? Does that mean treating cases which are clinically identical in exactly the same manner without showing any favouritism because of a patient's personal circumstances or should a patient who is being kept off work and losing money because of a condition be given priority over someone in a job where the same condition has a less severe impact?

Is it right to take grandma into care, when she would rather stay with her daughter-in-law but the daughter-in-law has had enough and for the sake of her marriage and her children's welfare, wants grandma out. Whose interests are paramount?

It can be catalogued as common dilemmas to demonstrate that inherent in medical practice is the task of resolving ethical issues and that these particular ethical issues have nothing whatever to do with economics. They arise because medicine has many different objectives, none of which can be pursued single-mindedly, so compromises have to be made. Different doctors, appealing to the same code of ethics, may come to different conclusions in comparable circumstances. So we may expect considerable variation in practice policies from one doctor to another, even when they are equally knowledgeable about the science of medicine and equally conscientious individuals. They need only differ in the weight they attach to the different principles of medical ethics.



Doctors and Patients Consider Surveys Important to Achieve Excellence in Patient Care

Report For Doc (www.reportfordoc.com), a company that provides patient satisfaction surveys to healthcare professionals in the USA, has interviewed doctors and patients about the usage of patient satisfaction surveys. Highlights of the findings are:

- *When a doctor pro-actively asks patients to fill out a survey, patients feel that the doctor genuinely cares about them.*
- *Patients appreciate having a channel where they can share their honest opinions with their doctors. They feel it enhances the patient-doctor relationship, which helps doctors increase patient loyalty and referrals and decrease risk of patients changing providers or pursuing litigation for perceived malpractice.*
- *Patients prefer to take a survey shortly after a medical encounter, while the visit experience is still fresh in their minds. Therefore, patients prefer to respond to a web survey rather than wait to receive a paper form in the mail.*
- *Patients feel that only a small percentage of doctors currently use patient satisfaction surveys.*

Doctors recognize the importance of pro-actively listening to patients in order to achieve excellence in patient care. However, they perceive the process of designing and managing professional surveys to be time consuming and often expensive.





ABC of being a good doctor

Some of the qualities that a good doctor should possess are measurable, others are not. A good doctor should be:

A: attentive (to patient's needs), analytical (of self), authoritative, accommodating, adviser, approachable, assuring

A

B: balanced, believer, bold (yet soft), brave

B

C: caring, concerned, competent, compassionate, confident, creative, communicative, calm, comforter, conscientious, compliant, cooperative, cultivated

C

D: detective (a good doctor is like a good detective), a good discussion partner, decisive, delicate (don't play "God")

D

E: ethical, empathy, effective, efficient, enduring, energetic, enthusiastic

E

F: friendly, faithful to his or her patients, flexible

F

G: a "good person," gracious

G

H: a "human being," honest, humorous, humanistic, humble, hopeful

H

I: intellectual, investigative, impartial, informative

I

J: wise in judgment, jovial, just

J

K: knowledgeable, kind

K

L

L: learner, good listener, loyal

M

M: mature, modest

N

N: noble, nurturing

O

O: open minded, open hearted, optimistic, objective, observant

P

P: professional, passionate, patient, positive, persuasive, philosopher

Q

Q: qualified, questions self (thoughts, beliefs, decisions, and actions)

R

R: realistic, respectful (of autonomy), responsible, reliever (of pain and anxiety), reassuring

S

S: sensitive, selfless, scholarly, skilful, speaker, sympathetic

T

T: trustworthy, a great thinker (especially lateral thinking), teacher, thorough, thoughtful

U

U: understanding, unequivocal, up to date (with literature)

V

V: vigilant, veracious

W

W: warm, wise, watchful, willing to listen, learn, and experiment

Y

Y: yearning, yielding

Z

Z: zestful.

PM CARE HEALTH INITIATIVE

PM Care Wellness and Preventive Programme conducted throughout Malaysia as at April 2010.



Date	Clients	Venue/Event	No. of Participants
7 January	TNB	Terengganu	120
8 January	Carrefour	Penang	130
14 January	Carrefour	Tun Hussein Onn, KL	150
19 January	Carrefour	Kuantan	110
21 January	TNBD	Alor Setar, Kedah	138
22 January	Carrefour	Bangsar	120
22 January	TNBD	Melaka Tengah	105
26 January	Carrefour	Klang	120
28 January	Carrefour	Melaka	110
28 January	TNBT	Bangsar	120
29 January	TNBD	Jasin, Melaka	80
2 February	TM	Sg Way, Selangor	180
4 February	Carrefour	Jalan Peel, KL	130
5 February	TNBD	Masjid Tanah, Melaka	95
9 February	TM	Datuk Keramat, KL	150
9 February	Carrefour	Subang	110
11 February	Carrefour	Ampang	120





Date	Clients	Venue/Event	No. of Participants
11 February	TN BG	Bangsar	200
12 February	TN BD	Alor Gajah, Melaka	100
23 February	TN BD	Perlis	80
26 February	Carrefour	Sri Petaling	100
16 March	TN BG	Cameron Highlands	125
23 March	TN BD	Kuala Lumpur	280
7 April	CIMB	Kuala Lumpur	320
8 April	TN BG	Pasir Gudang, Johor	140
12 April	TN BG	Paka, Terengganu	80
13 April	TN BG	Sg Perak	150
14 April	TN BG	Gelugor, Pulau Pinang	120
15 April	TN BG	Putrajaya	120
20 April	TN BG	Kenyir, Terengganu	29
22 April	TN BG	Manjung, Perak	140
24 April	TN B HQ	Bangsar	50
28 & 29 April	TM	Kuantan	140



PMCare GP OF THE YEAR AWARD

Primary Care is the first entry point in a healthcare providence system through what that is known as GP (General Practitioner) clinics. In the present scenario GP clinics either exists stand-alone clinics (usually owned and managed by an owner doctor) or a chain of clinics (of various numbers and distribution) managed centrally as a group or some form of franchiser-franchisee arrangement. Doctors acting as principal care-givers have different background and exposures; and so are the support staff, some of which might be non-permanent. All these are bound to effect service and (the perception of) service quality.

PMCare is a believer and endorser of quality care at all levels of services. When we appoint Panel GP clinics, they are called for an Induction Program and aspects of quality care are emphasized. Even well before this, a committee goes through a pile of applications and signs that quality care can be given are considered along with request or endorsement of our clients.

PMCare has a strong network of more than 2,200 affiliated medical providers located throughout Malaysia. These medical providers comprise of General Practioner (GP) clinics which have shown commitment to provide quality services to our members since 1995.

Service quality is not easy to define and this is more so in healthcare. To some it is the ultimate outcome while to others it is the total experience starting from the time the clinic door is pushed open. It is largely perceptional and therefore highly subjective.

When we decide to show our commitment towards quality care by coming with an award as "GP Panel Clinic of The Year" way back in 2008, we grappled with the question of how to make a choice. While we agree that the most important criteria is member perception, which aspect that matter more is not an easy choice. Agreeing upon which particular ones to choose over another to determine weightage resulted in long discussion until a compromise is met.

For the coming award (2009), a selection committee comprising of representatives from various departments was formed in April 2009. The committee started by selecting the top clinics by reviewing feedbacks from members. These feedbacks were gathered from the yearly survey reports compiled by us. The committee then had set a time frame of 3 months to select and review the top 100 clinics. These same clinics were subjected to constant review and were gradually reduced in numbers to 50, 25 and 5 during the 3 month period. Throughout the entire selection process, clinics that had showed active involvement in programs organized by PMCare were given extra points.

The following criteria are the first consideration:

1. Doctors' professionalism including valuable time spent with patients
2. Patients' satisfaction level after visiting the clinics
3. Knowledge level, courtesy and friendliness of clinic's administrative staff
4. Compliance to stipulated opening hours
5. Location and accessibility of the clinic
6. Cleanliness, comfort and neatness of the clinic and
7. Compliance to our Working Guideline including medical claims requirement (*Mediline* on-line submission)

The final stage of selecting the winner from the top 5 finalists, strong consideration was given to clinics that submit their medical claims on a daily basis rather than weekly or monthly basis. In addition, clinics with a high volume of members and yet able to maintain a reasonable cost per visit are given top priority.

The winner will be announced during award presentation ceremony to be held on 12 May 2010 at Petaling Jaya Hilton which will be officiated by our Deputy Minister of Health Malaysia, YB Datuk Rosnah bt Hj Ab. Rashid Shirlin.

While we can only choose one winner for the award, we find many are just about as deserving. We at PMCare are proud to be associated with care providers so committed to providing quality care to our members.

we manage because we care