

CH. 10: DOCTOR-PATIENT INTERACTION ↴

3-MODELS → 1) active passivity → seriously ill, treated on emergency basis: Doctor in charge ^{almost entirely}

2) guidance cooperation → acute, infectious illness (flu), phy. makes decisions

3) mutual participation → management of chronic illnesses

↳ nowadays most are like this

* non emergency situations → patients don't often act passively (Lower class tend to)

* NOW = patient-centered care

* communication problems → cause dissatisfaction

But if done properly → 1) reduces uncertainty, 2) provide basis for action,

3) strengthen doctor-patient relationship

* poorly educated → most likely questions ignored

* upper/upper middle → receive more personalized service from phy.

↳ WAITZKIN: doctors don't usually withhold info, but communicate more info if doctor from upper middle. lower doctors = less comm.

↳ similar doctor patient = best comm.

* MALE DOCTORS → FEMALE PATIENTS

↳ lack of sensitivity

↳ misdiagnose heart attacks as stomach/anxiety problems

→ ESTROGEN protects women from heart attacks until menopause

* female doc = more attentive to patient's comments

Both paid more attent. to male age related disease

* **Women physicians perceived as less of an authority figure by male patients**
↳ Today → women are entering male dominated specialties

* interaction w/ doctors can be difficult and cause misunderstandings for patients w/ diff cultural persp.

* **PATIENT COMPLIANCE** = important **SPENCER ↓**
↳ no longer the term → **ADHERANCE**

* belief that "doctor always knows the best" no longer virtually accepted.

- intruded by 3rd party payers → **INSURANCE COMPANIES**

Other factors = 1) shift in state's role of protecting med profession to protecting corporate interests to reduce costs

2) proliferation of commercial products (patients can use/buy themselves)

3) rise of chronic disease

* **NEW MEDICAL TECHNOLOGY:**

↳ **internet medicine:** apps, fitness trackers, youtube

↳ provides electronic support groups too (ESGs)

* **TELEMEDICINE:** (new)

↳ doctor in clinic/office, patient at home (zoom) → **COVID**

* **GENE THERAPY:** treat/cure disease by giving patients healthy genes to replace defective ones

"designer" or "precision" drugs to match DNA

↳ genes used for research faced ethical/privacy challenges

* **CLONING:** **therapeutic** → cloning of human organs for transplantation in sick people

reproductive → cloning of people themselves

↳ widely criticized for being immoral, illegal in some countries (USA)