

MAN KI BAAT

FROM PATERNALISM TO PARTNERSHIP: THE CHANGING DOCTOR-PATIENT RELATIONSHIP



1 in every 4 patients who goes to a doctor or to a hospital is unhappy in some way - either with the doctor, with the hospital, or with the treatment that they have received. On the other hand, conversations at doctor lounges and messages shared on whatsapp groups reveal that job dissatisfaction among doctors is widely prevalent and increasing. From being a much sought after profession, medicine today, is no longer the first choice amongst students seeking to pursue higher education.

Why are patients unhappy ?

When patients approach hospitals and doctors, they are usually in pain and are suffering. They are vulnerable and feel helpless. They are seeking an empathetic attitude from the treating doctor and a satisfactory solution to their problems. However, their complaint is that doctors have little interest in listening to us and communicating with us. Lack of attention from the doctor and failure to address their grievances are common patient complaints against doctors.

Why are doctor's unhappy ?

Dissatisfaction with medical practice among clinicians is on the rise. While this dissatisfaction is multifactorial, their changing relationship with patients has hit them the most. Historically, doctors have been like Demi-Gods who had unquestioned authority in deciding the patient's well-being and treatment. Today's patients are more empowered. They know their rights and demand more information and better care, but lack responsibility and are quick to blame doctors for everything. They demand extra time and services, but are unwilling to pay for these. This unhappy doctor-patient relationship translates into an increased risk of litigation and violence against doctors and hospitals.

The Evolving Doctor – Patient Relationship

The doctor-patient relationship has long been a central element in the practice of medicine. Prior to the 21st century, the doctor-patient relationship was inherently paternalistic. Physicians were viewed as figures of authority and expertise, entrusted with making decisions on behalf of patients. This model was built on the assumption that the doctor, by virtue of superior knowledge and experience, knew what was best for the patient. The patient's role was largely passive, expected to comply with medical advice without question. This paternalistic model was reinforced by the limited access to medical information. Patients lacked the knowledge, tools, or resources to participate actively in their care. Cultural norms also contributed to this dynamic, as deference to authority figures, especially in matters of health was deeply ingrained in many societies.

The latter half of the 20th century marked a pivotal shift in the doctor-patient relationship with an increased emphasis on informed consent. Patients began to be seen not merely as recipients of care, but as partners in the healthcare process, who had the right to understand

the risks and benefits of treatment options, and to make voluntary decisions about their care.

The rise of the internet has further transformed the doctor-patient relationship. Patients now have unprecedented access to medical information, allowing them to research symptoms, diagnoses, treatments, and even physician reviews before entering the consulting room. One in every 20 Google searches done is related to health and wellness. Nearly 57% of patients go online first to research their health conditions, understand the disease and arrive with pointed questions. Almost 70% of patients review online feedback, request recommendations and discuss with family or friends before selecting a healthcare provider. While this access has empowered many patients, physicians often encounter patients armed with online information, some accurate, some misleading – who wish to discuss or even challenge medical advice.

Thus over time, patients have transitioned from being passive recipients of care to being empowered (aware of their rights) and enlightened (knowledgeable participants in their own care), collaborating with physicians to determine the best course of action. Patients view themselves as customers and doctors as service providers. When the doctor is unable to measure up to their expectations, patients are unhappy. Most unhappy patients are not trouble makers. They simply go elsewhere. Sometimes doctor and hospitals create trouble makers by their behaviour.

Salvaging the Troubled Doctor – Patient Relationship

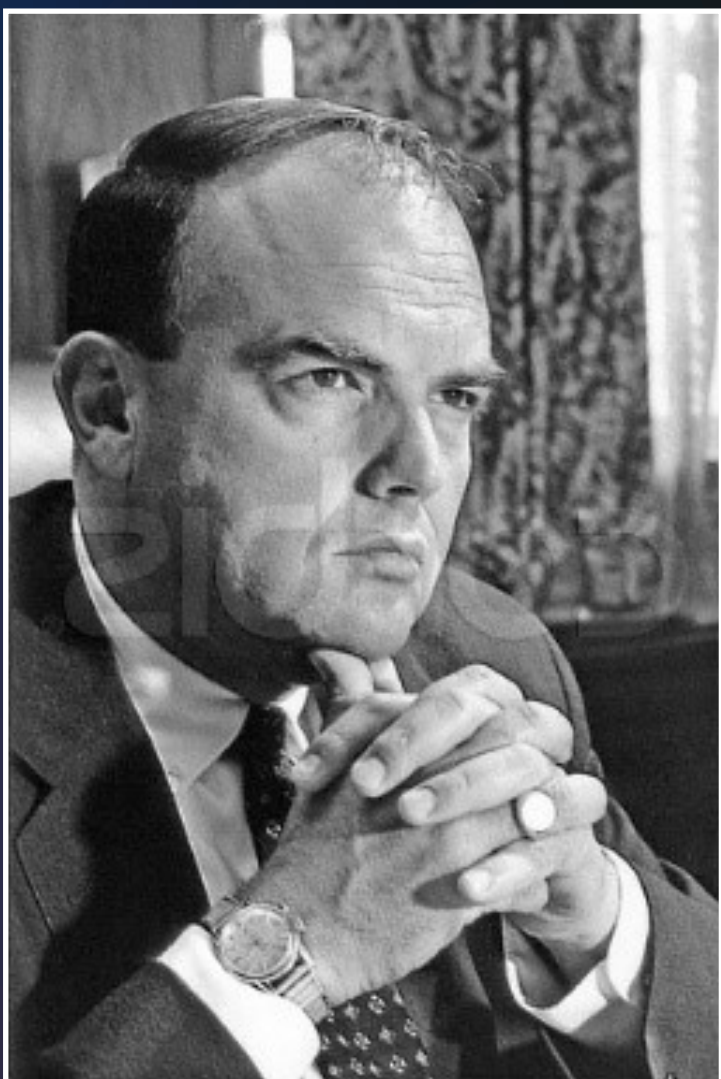
Ultimately, the future of the doctor-patient relationship will depend on how well healthcare professionals adapt to the changed dynamic while preserving the fundamental values of compassion, respect, and mutual trust. Empathy is the ability to understand and

share the feelings of another person emotionally. It is a necessary part of any doctor-patient relationship, and its expression creates an alliance between you and the patient, assuring them that you care about them. It can result in improved doctor-patient relationship and patient satisfaction, as well as increased adherence to treatment.

Treatment and cure of illness comes over time. In order to get time to effect cure, the doctor must meet with the patient's expectations and gain his/her trust. If the doctor is unable to build a rapport, the patient may not engage, be dissatisfied and look elsewhere for treatment. Building a trusting and strong alliance with the patient should be the number one priority for a doctor.

Doctor-Patient Communication Strategies: The Ten Commandments

- Start your interaction by acknowledging the patient.
- Your body language should not communicate that you are rushed, impatient or disinterested. Adopt an open body posture, sit leaning forwards and give full attention to the patient. Avoid being disturbed by phone calls/ distracted by the computer.
- Make eye contact. Convey positive nonverbal signals with nods, facial expression and hand gestures.
- Use a natural conversation tone. Speak with a calm, firm, caring and confident voice. Speak clearly and distinctly.
- Do not interrupt the patient when he/she is narrating their problem. Let the patient know you are listening to them by nodding or paraphrasing what you hear.
- Ask questions. This makes them feel heard and cared for while allowing you to see the whole picture.
- Record details that humanize the patient. Not only will your patient feel connected when you remember to ask them about this next time, but the more you know about their life, the easier it is to feel empathy.
- Explain to the patient in a language that he/she will understand- the nature of the problem, the possible solutions, the uncertainties and probable outcome.
- Patients are not experts. Their understanding is slow and with significant gaps. 75% of oral communication is forgotten, ignored or misunderstood. Hence, it is vital to review whatever has been explained to them, especially the crucial bits.
- Finally, when they are leaving, it would be nice to thank them and fix up the next appointment.



Conclusion

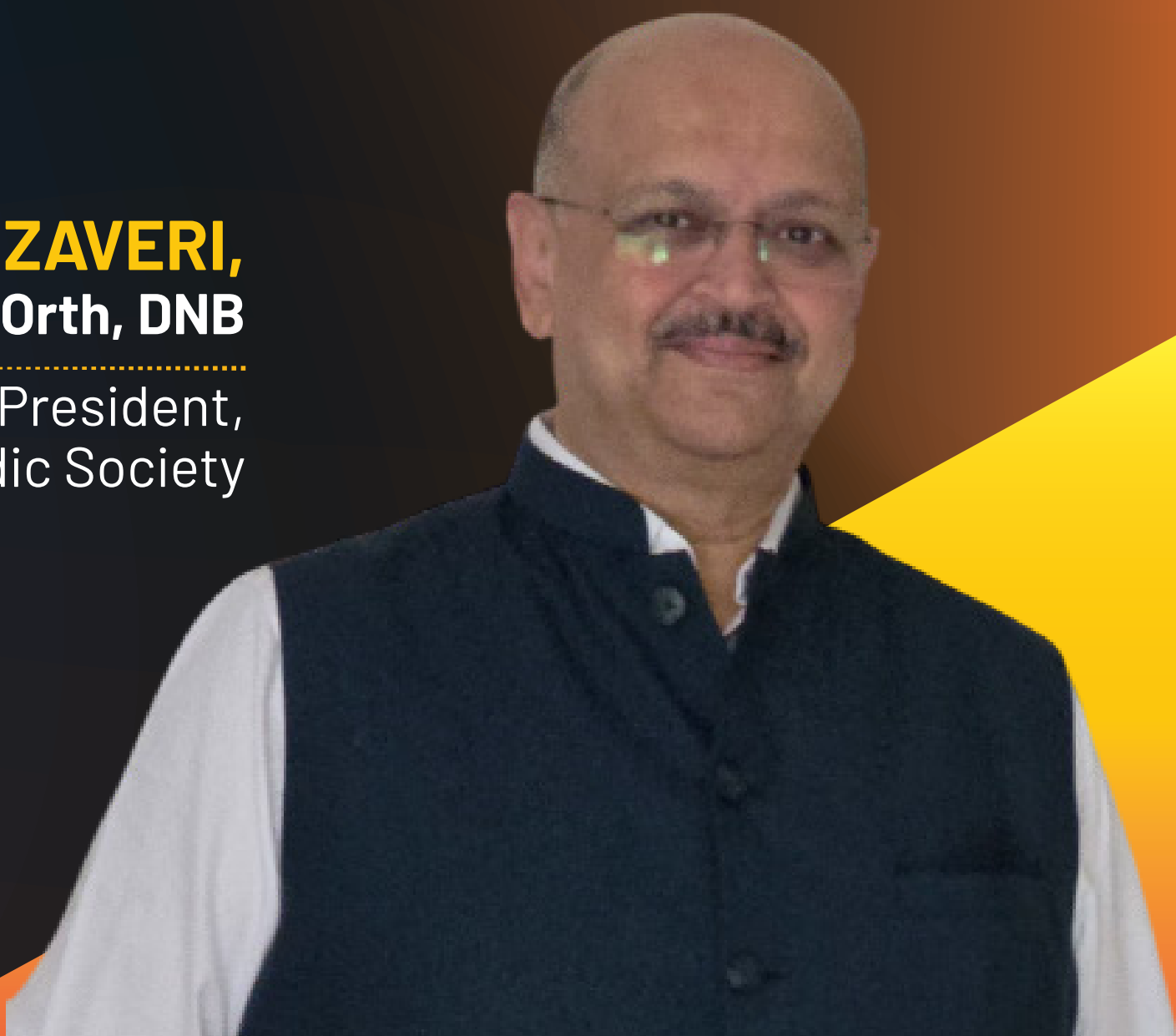
The doctor-patient relationship has undergone profound changes. The traditional provider-centric medical model has evolved into a patient-centric approach. Patients are now principal figures in their care continuum. They are transitioning from being passive followers to being active influencers empowered to make informed decisions about their healthcare journey. Doctors now guide patients through their healthcare choices in collaborative discussions to determine the best action.

While advances in technology, shifts in cultural norms, and changes in healthcare delivery have brought both opportunities and challenges, the essence of the relationship remains rooted in human connection. Doctors must not only be skilled technicians but also attentive listeners, empathetic communicators, and ethical guides. Patients, in turn, must be empowered to participate actively in their care, armed with information and supported by trust.

In a world of machines and data, the doctor-patient relationship is a reminder that medicine, at its core, is still a profoundly human endeavour.

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BOS NEWS

From the President's Desk...

DR. GAUTAM ZAVERI



BOS EVENTS HELD IN SEPTEMBER 2025

SEPTEMBER 7 L. N. VORA MASTER CARES & MASTER SHARES SERIES

Venue: **KEM Hospital**

Conveners: **Dr. Pradeep Nemade, Dr. Mohan Desai**

Topic: **Failed Fracture Fixation - Lower Limb**

Delegates: 135

Sponsor: **Aareen Healthcare**

SEPTEMBER 12 - 18 BOS BASIC TRAUMA COURSE

Venue: **Sion & Apollo Hospitals**

Conveners: **Dr. Sachin Kale, Dr. Abhijit Kale, Dr. Shaligram Purohit**

Delegates: 26

7 day course lectures, case & technique discussions, cadaver workshop, saw bone workshops, visit to OT

Sponsor: **Intas Pharma**

SEPTEMBER 13 BOS WORLDWIDE WEBINAR

Venue: **Bhubaneswar**

Collaborating Association: **British Association of Spine Surgeons**

Topic: **Lumbar Disc Prolapse - Unusual Situations**

Conveners: **Dr. Samir Dalvie & Dr. Rajat Varma**

Viewers: 1000

Sponsor: **Torrent Pharma**

SEPTEMBER 14 **BOS LIVE ANKLE FOOT SURGERY SYMPOSIUM**

Venue: **Jupiter Hospital, Thane**

Conveners: **Dr. Ashish Phadnis, Dr. Pradeep Moonot, Dr. Abhishek Kini**

Faculty: **Dr. Rajiv Shah, Dr. Dhruvin Sangoi, Dr. Pascal DeNise, Dr. Shyam Thakkar, Dr. Samarth Thakkar**

Delegates: **300**

14 common ankle - foot procedures demonstrated by nationally acclaimed ankle - foot surgeons and telecast to 11 different centres across India.

Sponsor: **Intas Aquila**

SEPTEMBER 21 **BOS OUTREACH PROGRAM**

Venue: **Rajkot**

Conveners: **Dr. Gautam Zaveri, Dr. Nishit Sanghavi**

Collaboration: **Rajkot Orthopaedic Association**

Topic: **Pathologies of Wrist & Hand**

Faculty: **Dr. Pankaj Ahire, Dr. Parag Lad, Dr. Rohan Habbu, Dr. Bipin Ghanghurde**

Delegates: **100**

Sponsor: **Intas Aquila**

UPCOMING BOS EVENTS IN

OCTOBER 2025

OCTOBER 5 **DR. K. V. CHAUBAL CLINICAL MEETING**

Venue: **P. D. Hinduja Hospital**

Conveners: **Dr. Samir Dalvie, Dr. Sanjay Agarwala**

Sponsor: **Intas Inara**

OCTOBER 12 **BOS SESSION AT MPOACON 2025**

Theme: **Surgical Site Infections**

Convener: **Dr. Gautam Zaveri**

Faculty: **Dr. Mangal Parihar, Dr. Aditya Menon, Dr. Sitaram Prasad, Dr. Siddhanth Shetty**

OCTOBER 17 BOS WORLDWIDE WEBINAR

Collaboration: **SICOT**

Theme: **Potpourri in TKR – Surgeon's Dilemma**

Convener: **Dr. S. S. Mohanty**

Faculty: **Dr. Harish Bhende, Dr. Nilen Shah, Dr. Pradeep Bhosale**

Sponsor: **Torrent Pharma**

OCTOBER 26 BOS OUTREACH PROGRAM

Venue: **Indore**

Collaboration: **Indore Orthopaedic Association**

Topic: **Musculoskeletal Tumors**

Convener: **Dr. Gautam Zaveri, Dr. Arjun**

Faculty: **Dr. Chetan Anchan, Dr. Manish Pruthi, Dr. Mischil Parikh, Dr. Manit Gundavda**

Sponsor: **Intas Aquila**

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