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Physician - Patient Relationship in Taiwan in Recent years A Personal Experience

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I. Introduction

Physician-Patient relationship has been the central theme of medical ethics in the pre-modern time. We can trace this emphasis way back to the time of Hippocrates where Do-No-Harm and Do-Good have been the main thrust of ethical consideration in clinical settings. With the development of biomedical technology since the middle of the 20th century, the attention of medical ethics has gradually been expanded from physician patient relationship, to process of decision-making, consideration of patients' autonomy, fairness to all, clinical consultation and research integrity….etc.

In physician patient relationship, paternalism had been used to describe the endeavor of physician to ensure that the patients receive the best possible care. In theory, physician should have only the wellbeing and health of the patients in mind when treating a patient. The trust between patient and physician should be taken for granted and appropriately grounded as the patients without hesitation willing to give themselves to the hands and care of doctor when seeking medical help

In Taiwan the general and commonly acknowledged understanding of medical ethics is it is about medical morality that physician will practice his skill of healing according to his conscience to benefit the patient and try his best to restore his health.

II. The model of physician patient relationship

Bioethicists have used different models to describe the relationship between patients and physician. Along with the dawn of modern technology this relation became more complicated. A.M.A, the Archives of International American Medical Association has

indicated in 1956 that the basic models of physician-patient relationship can have three forms, namely, the model of activity-passivity, the model of guidance cooperation and the model of mutual participation. [1]

The first model of activity-passivity, the physician plays the role like a father to his infant, applying his healing skill to benefit the patient where patient has no idea of what is going on but because of the mutual trust, patient willingly receives what is given. This is based on the assumption that the physician knows best what is the good or the best for the patients. The second model of guidance cooperation refers to the fact that physician would tell patients what to do and patients would cooperate like a student obeying teacher's instruction to learn and do his homework. The third model of mutual participation will involve both parties where physician helps patients to help himself like a partner working together to attempt the best possible solution to restore the health. The first model is just like father-child relationship, the second, teacher and student and the third, trusted friends or business partners.

Ezekiel J. Emanuel, Linda L. Emanuel presented four different model in 1962 that include paternalistic mode, informative model, the interpretive model and the deliberative model [2]. The paternalistic model, also known as priest model is just like the model of activity-passivity where physician plays paternal role using skills and knowledge to determine the patient's medical condition and apply the best possible treatment to restore the patient's health or to ameliorate pain. In the paternalistic model, the physician acts as the patient's guardian, articulating and implementing the best medical-caring for the good of the patient.

The informative model, also known the scientific, engineering model wherein physician informs the patient with relevant

information to let patient choose the medical interventions he or she selects. In the informative model, the physician is a technical expertise, providing the patient with the means to exercise control. This is similar to the guidance-cooperation model

The interpretive model provides an interaction between physician and patient wherein patient's values and desires are considered and patient selects the available medical interventions that match his values and desires. Physician is like a consultant providing the available information to patient . Like the informative physician, the physician explains to the patient with information on the nature of the condition and the risks and benefits of possible interventions.

The deliberative model is to help patient determine and select the best health-related values that suit him the most in the given clinical situation. Coercion is avoided, and the patient must make his or her decision. In the deliberative model, the physician acts as a friend, engaging the patient in dialogue on what course of action would be most ideal.

We can see the interpretive and deliberative model are just like the model of mutual participation. Some bioethicists will argue that the four models classification is more detailed while others prefer the three model understanding, simpler and easier to distinguish.

III. The physician patient relationship in contemporary Taiwan

Taiwan is still a very traditional society in terms of patients' medical decision-making practice. Patient usually has one only one goal in mind when seeking medical assistance that is to cure the disease or to alleviate the suffering so that a normal routine life can be restored and continued. The modern medical ethics has been introduced to Taiwan since the early 1990's and medical students are taught about these different models of physician patient

relationship[3]. Mutual participation or deliberate model has been emphasized to students as the ideal relationship they must pursue in respecting patient's autonomy. Patients however, despite the fact that the literacy in Taiwan is close to 100%, still believe, at least majority of them, that physician knows what is best for patient thus he/she will yield the decision-making right to physician or at least will favorably consider and consent to the treatment recommended by physician. In many instances the paternalistic model has prevailed while the model of guidance-cooperation is in the rise due to the fact that physician will seek patients preference as a result of the emphasis of medical ethics in medical education and in health professionals' continuing education requirements. Besides, we can also tribute the rise of respecting patients' autonomy to least two more other reasons, namely, to avoid possible medical dispute leading to law suit and to respect patient's preference according to the teaching of medical ethics[4]. The medical law in Taiwan has stated clearly that physician's privilege to practice medicine can be revoked if medical ethics is violated.

In my personal observation since returning from North America to assume the teaching of medical ethics about a quarter century ago, the trend of patient-physician relationship in Taiwan in recent years remains paternalistic or semi-guidance-cooperation. The majority of medical professionals know in mind that they must give patients choice of medical procedure for treatment, patients, however will always ask physician what is the best course of action for them and willingly consent to the recommendation given by the physician.

Empathy is a beautiful word that has been stressed in many instances and it plays an important part in medical decision-making. World Medical Association has listed compassion, competence and autonomy as the most essential clinical values in medical practice

[5] This compassion is expressed through empathy of health professionals.

Patients' backgrounds however also partly determine the application of different models of physician-patient relationship. There is no single model that is adopted rather all models are applied and considered according to the situation such as patients' geographical, educational and social backgrounds. We can say all three or four models have been in existence in Taiwan simultaneously. Though the paternalistic model is not as popular as the model of guidance-cooperation, patients seem prefer physician to make decision for them. All models have been mixed and applied together depending on situation and patients' needs.

IV. Personal experience vividly encountered

We can say that the physicians in Taiwan are kind and willing to accommodate patient's need to improve physician patient relationship. Four instances are listed here from author's personal experience to corroborate.

The first case took place when this author was diagnosed with a tumor in 2012 that he was puzzled where to find the best care. He phoned to check around and a well respected physician and also a superintendent of a cancer institution assured him that his hospital will provide the best care and counseled the author to ease the worry just letting the expert to do the care. Dr.Hwang said "we will try our best to provide the necessary care and treatment" [6]. This assurance calmed the uneasiness of this patient and he was treated there. Five years later this patient still talks about the patient-centered medicine he experienced there. Healing is more than physical. Medicine cannot cure all diseases but when the medical

professionals provide the patient with heartily care, it hastens the recovery and relieve patient's anxiety.

The second case is about a patient who was diagnosed as having a liver tumor needing the immediate surgery. A gastrointestinal specialist was consulted who after checking all the records called the surgeon that operation perhaps was not necessary as the case seemed to be just a benign angiomas. This particular physician and the hospital could have charged the patient a large sum of fees for the services provided for the patient was ready to undergo the suggested surgery. This patient was eventually spared of the operation and have recovered extremely well later

The third case showed an ophthalmologist who operated on this author for cataract. This author witnessed how this doctor responded to an old lady who happened to be in the same clinical room while he was checked by a nurse. The doctor kindly told the old lady with a caring voice: "you use the drop as I gave you. But if you feel pain, come back to see me right away. I will help you." This old lady smiled and happily went home.

Has the physician patient relationship changed and improved in Taiwan during the last two decades? The answer is positive. We find the emphasis of medical ethics and the teaching aiming at improving physician patient relationship have resulted in a much positive way.

一位大老問我說：你回來台灣推廣醫學倫理已經快 20 年了，到底近幾年來台灣醫療生態及醫病關係進步了麼？時間過得真快，當初回來時還是一位壯年，如今已變成一位弱邁多病的老人了．在還沒回國之前，我從未為台灣納過一分稅，或做過任何貢獻，剛出國時對國府的戒嚴一直很驚恐，在未婚妻出國後才敢在海外參與台灣人的活動．直到有一天，一位素面平生的同鄉說，你們這些獨派份子，有種就回去奮鬥吧．其實面對國民黨的脅迫我從不敢反抗，後來終於突破恐懼，也在 1997 年決定以贖罪之心毅然返鄉了。但本來已通過要聘請我的大學後來卻因為黑名單的原因，猶疑再三終不敢將聘書給我，後來另外一所大學想推廣醫學及研究倫理就請了我過去從事醫學倫理的教學．

20 年來台灣的醫療生態因為全民健保改變了許多，而醫病關係也因為衛生當局對醫學倫理的強調，而有不少的進步，至少在知情同意及醫病態度上已經與 30 年前有很大的不同．我以三個親身體會的經驗來分享．台灣的媒體好像對負面的報導特別有興趣，我希望我們能多從肯定面來看台灣．這三個經歷都是正面的，也使我對台灣醫病關係的進步感到驕傲．

2011 年底，一位我的學生因即將升任主治醫師來看我，感謝我的教導與啟發，也順便為我做了簡單的檢查，他，陳景祥醫師當天告訴我說：“老師你要去做進一步的檢查”．我心想我一直很健康何必浪費醫療資源，但幾週之後他來電催促，我終於去了．檢查的結果必須開刀，我開始煩惱了，會是終結的開始麼？我一生從未進醫院，那裡去呢？也到處查詢資料，我打電話請教黃達夫教授．他聽完我的病歷後，跟我說：“ 你放心．你來，我們會盡力照顧你．” 他的話堅決有力，馬上安定我的心．和信的醫療團隊為每一個案由專家會診互相探討才做出做好的醫療決定，也向病人清楚說明病情減少不必要的猜測，在那裡我得到現代醫療團隊的照顧以及護理人員親切的關護．這個照顧模式很值得在台灣推廣．就是因為那位學生的關心及醫院醫療團隊的照護，使我能繼續在過了退休年齡之後還能在醫學教育上繼續貢獻所學．感恩不盡．

第二個經歷是我曾有一友人在一家醫院被發現有肝腫瘤，必須切除，為了就近照顧，家屬把他轉到我剛好認識的陳滋彥醫師住診的醫院．陳醫師是肝膽胃腸專長，因之我請他關照一下．他本可把這事忘了，但他與外科會診，發現其實只是肝血管瘤，並不必動大刀．因為他的細心與專業，這位病人免去了一個大手術．陳醫師本可以不必理會我的電話，但他關懷每一能救治的病人，用心診治，這是醫學倫理上切莫傷害的身體力行．也是醫學鼻祖希波克拉底的強調．醫師難道只為賺錢麼？這個案例清楚的告

訴我們，台灣的醫師知道他們的職責是救人，有令人尊敬的一面.

第三個經歷也是我親身經驗的. 剛過去的聖誕節前夕的禮拜五晚上，我忽然牙痛無比，而且牙根腫脹，疼痛異常，我熬到第二天，但剛好是週末，我的牙醫師休診，我自行服了止痛藥，想找一位牙醫師處理. 忽然間想到一位剛從美國留學回來不久的李醫師在台北剛開了雅客牙醫診所. 我用 line 聯絡到他. 他聽我陳述後馬上告訴我說可能是牙周病在我免疫力下降時發作了. 他臨時把我安插在週一去看他. 他用整個午休的時間為我診治，因為情況嚴重，須要開刀根本修補已經漸漸衰弱的牙根. 他不但手藝輕熟，而且關心病患的感受. 最令我感動的是李鴻文醫師在美國已經得有美國醫師執照，也有大學要聘他去做教授，但他考慮之後還是回到台灣. 為了更進一步照顧台灣的須要，他又去加拿大深造，擁有美國及加拿大牙周病及值牙雙重的學位. 他可以在新大陸發展，但台灣的須要他回來了

台灣的醫療生態與醫病關係改變了麼？很明顯的，台灣在進步當中. 身為台灣人，我以台灣為榮. 有好的事跡我們要好好述說，讓大家知道，這樣台灣才能進步. 台灣的臨床醫療已據有世界水準. 希望台灣的醫病關係也繼續提升.

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