

Doctor who? Are patients making clinical decisions?

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Doctors are adjusting their bedside manner as better informed patients make ever-increasing demands and expect to be listened to, and fully involved, in clinical decisions that directly affect their care.

In a study just published in *Clinical Orthopaedics and Related Research*, Dr. J. Bohannon Mason of the Orthocarolina Hip and Knee Center in Charlotte, NC, USA, looks at the changes in society, the population and technology that are influencing the way patients view their orthopaedic surgeons. As patients gain knowledge, their attitude to medicine changes: They no longer show their doctors absolute and unquestionable respect.

Demographic change, education, affluence, availability of information via the Internet, patient mobility, direct-to-consumer marketing, patient age, patient activity demands, cost pressures and physician accountability are converging to present the practitioner with a patient who is more informed and has higher expectations than any prior generation of patients.

Today's patients do not simply have a medical complaint, they desire a particular operation and sometimes even a particular implant. The doctor is no longer the sole source of medical information. Patients have enough snippets of information to stimulate a dialogue and clearly express their expectations for a particular outcome and technique to achieve that outcome. They are also demanding quicker recovery, return to higher-level sport activity and earlier discharge from the hospital.

“Patients have come to expect miracles in medicine as the norm, yet these miracles are not without inherent risk,” cautions Mason.

Providing true patient-centered care relies on doctors’ ability to supply patients with accurate, evidence-based information and to improve communication. However, patients are not necessarily motivated by evidence-based medicine. They are often willing to adopt the promises of direct-to- consumer marketing.

In Mason’s view, the doctor’s responsibility is “to maintain control of validated information sources and of the exchange of information with the patient. [Doctors] need to be interpreters and balancers of scientific information to help guide [their] patients through the maze of medical hyperbole. [They] need to discuss new treatments and technologies openly and honestly.”

And crucially, they must also understand that although patients’ demands are changing, the surgeon’s accountability and responsibility for their patient’s safety and care have not.

Source: Springer

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