Research Article

Doctor-Patient Relationship Worsening in Indian Context

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Abstract— The research paper deals with the relationship between Doctor-Patient. It is worsening day by day. A possible measure has been taken by implementing strong law against such attack on doctors or their hospitals. But problem remain as it is. Again we are looking into the issue what to do? Here we have consider two period, past and present. Great transformations happen in social, technical, and medical field which again dilute the relationship. All this transformation has consider in studying Doctor-Patient relationship. Concept of family doctor is almost abolishing in today's speedy age. Emergence of Speciality and Multi-Speciality hospital become major enterprise in health care. Age of information open the door of knowledge to the patients which was almost inaccessible. Patient became attentive, got knowledge and start participating in doctor's decision. Right of consumer fuel this. Patient start practicing their right and it ignite relationship between Doctor-Patient. Nurse, Pharmacist and other hospital staff start contributing positively and negatively in patient services. Some unwanted practices come in force both from doctors and patients.

Key words- Doctor-patient relationship, Medical Negligence, Attack on doctors

I. INTRODUCTION

Once or twice in a month we come across the news that relatives attacked the doctor. What is happening countrywide? What is going wrong? One of the most admired profession in our country, now diluting its image. The awesomeness replace by skepticism. Altruism is been replaced by professionalism, nothing wrong in that. As the huge expense beard while studying has to recover. But in return patient and relatives expect good services. Then whose expectations are wrong; was it Doctor or the Patient. Here we have tried to study the all possible facet of Doctor-Patient relationship.

II. OBJECTIVES OF THE STUDY

The Relationship between Doctors-and-Patients has been challenge and questioned recently. In past, there was no question about these philanthropic services. But recently countrywide attacks on the major pillar (Doctors) of the Medical services raise number of questions. This study also raises number of questions, but suggesting possible solutions too. Most of the research papers published on these topics was by the medical people. To some extent it was inclined towards one group (Service Providers). Broad approach should be there to resolve such a sensitive social issue. For social wellbeing rift should be patch up.

Primary objective of this study is to Bring out the changes in Doctors-Patients Relationship.

To study how these changes challenge relationship between Doctors-patients.

To study various factors threatening this relationship.

Suggest possible solutions to bridge gap between Doctors-and-Patients.

III. LITERATURE REVIEW

Truth telling dilemma is address by *G.Swaminath* (2008). Withholding the truth is form of paternalistic approach which needed to practice in few of the cases. Truth could be sabotaged by different ways. Like claiming no Side effects, or offering no information on side effects, misrepresentation, omit important information. In short-term relationship between doctors and patients, where decisions have to be made in a compressed period, there is less opportunity to worry about the impact of truth on the patient. However, in long-term relationship, truth is likely to be withheld for

compassionate reasons. Today, few doctors would take such a risk. Fears of litigation is not the only reason, the reasons

could be the improved technology which has reduced the powerlessness of the healer.

Doctor-patient relationship changes in the information age. Health information seekers on the net have increased from 54 million in 1998 to 110 million in 2002 and are ever increasing. Act of looking for health or medical information one of the most popular activities alone, after e-mail (93%), and researching a product or services before buying it(83%). It became clear that nowadays patient wanted to get involved in decision making activities of their health. *Akerkar SM, Bichile LS* (2004) clearly prove that asymmetric relationship between Doctor-Patient become symmetric in age of information. Keep your clinic open digitally!-technology has enabled organisations provide effective service on a 24 by 7 basis.

A doctor owes certain duties to his patient and a breach of any of these duties gives a cause of action for negligence against the doctor. Negligence is 'tort'. Supreme Court of India brings Medical profession within the ambit of the Consumer protection Act 1986. From various part of country cases of negligence has been rises exponentially. Some important issues about medico-legal are raised in *Pandit M.S. Pandit S.* (2009) that, the death of a patient while undergoing treatment does not amount to medical negligence.

The important of patient perception in Doctor-Patient Relationship has well explained by *Pandya SK* (2001) in his editorial article. In the Past the term 'black sheep' had used to denote a person who causes shame or embarrassment because of deviation from the accepted standards of his or her group. What term do we use when the entire group's standards have deteriorated unacceptably? National-wide medical profession and association bodies have turned blind eyes to malpractices. Doctor had no time to talk to patient or relatives, answer their questions to keep them informed about how the patient was faring. Patient has right to take second opinion, refuse any or all of his doctors suggestions, right to expect that all charges are itemized, right to expect reasonable medical skill and care from his doctor, information, confidentiality etc.

IV. ORIGIN OF MEDICINE AND DOCTOR-PATIENT RELATIONSHIP

Medicine arose out of the primal sympathy of man with man; out of the desire to help those in sorrow, need and sickness. In the primal sympathy which having been must ever be; In the soothing thoughts that spring out of human suffering. The instinct of self-preservation, the longing to relieve a loved one, and above all, the maternal passion -- for such it is -- gradually softened.

Late Dr. Payne, remark that "the basis of medicine is sympathy and the desire to help others and whatever is done with this end must be called medicine." [1]

Medicine is the most scientific of humanities and it is a discipline combining science with art. [2]

The ancient Ayurveda physician Charaka once said, "A good physician nurtures affection for his patients exactly like a mother, father or brother. The physician having such qualities gives life to the patients and cures their diseases." Years ago, patients were ignorant about their conditions thus solely relying on their doctor.

A. Humanism or Social Transformation in Medical Profession

Humanism is a system of beliefs concerned with the needs of people. Humanism in medicine aims to promote interpersonal care of patients. Patients have clinical care needs as well as interpersonal care needs. Clinical care requires skills of diagnosing and treating. Interpersonal care requires qualities of integrity, honesty, respect, empathy, compassion and altruism. [4], [6]

Patients have following expectations (needs or problems). [3]

1. Patients want to be listened to and understood.
2. Patients want physicians to be interested in them as fellow human beings.
3. Patients expect professional competence in medical science and technology.
4. Patients want to be kept informed.
5. Patients want not to be abandoned.

Clinical care refers to the application of clinical medicine to a personal health problem. [5] Clinical care is oriented to biomedical aspects of the disease. Clinical care requires skills of diagnosing and treating diseases. Interpersonal care comprises the management of the social and psychological interaction between the patient and the doctor. [5] Interpersonal care is oriented to the social and psychological aspects of the disease.

Even in society it is been expected that Doctors, Professor, Journalist and Social activists should be more ethical in their behaviour.

B. Business Transformation in Medical Profession

For the nature of the Doctor-Patient Relationship fiduciary, medicine remaining largely in the hands of the Doctors and their assistance.

Industrial revolution contributed in the transformation of the relation. The mode of communication and transport transformed, the business of doctors expanded to include all strata of society. By the force of circumstances doctors load increases manifold and resulted in a division of Medical care. The first of these divisions was the founding of the Pharmacological industry, with drug Research & Development, trial and marketing, this took away an important element of physician control over the administration of medication and treatment business. The Second development was the advent of Nursing, which caught public's imagination Florence Nightingale (English nurse remembered for her work during the Crimean War (1820-1910). With the technological advances, the medical science accepted laboratory services for Pathophysiology and Radio-imaging technology. Thus the

medical profession diluted the direct role of the Physician and as a result The Doctor-Patient Relationship became multifaceted.

With continuing advances in science and technology, diagnosis and treatment are becoming more and more sophisticated and interpersonal care has neglected.

V. DOCTORS ERA

Throughout India, medical profession was enjoying the respect from every person in the society, which has regarded as one of the noblest professions. A doctor revered as somebody who can give the gift of life. Doctor is nothing but the God. The ancient Ayurveda physician Charaka once said, "A good physician nurtures affection for his patients exactly like a mother, father or brother. The physician having such qualities gives life to the patients and cures their diseases." Years ago, patients were ignorant about their conditions thus solely relying on their doctor.

A. Family Doctor

The concept of a family physician was at its peak. There were only one General Practitioner (GPs) serving around five or more than that villages. These GPs were taking ample time to discuss with patient. Discussion were starting with personal life, once it is over doctor was asking "for what you come here?" Then the actual consultation started.

The consultation involves a chat about the problems, medical examination, description of the diagnosis and a feedback from the patient. During the talk, they build the interpersonal relationship and ensure there is mutual trust.

Most of times a patient were offering some fresh vegetables (which is cultivated in their farm) to the Doctors instead of money, sometimes asking doctor to treat on credit. Charges were very nominal and affordable by all. And in few cases Doctor tend to forget or patient never paid it, but still mutual trust and respect was never lost in Doctor-Patient Relationship. Patients never ever imagine harming a doctor.

In Chronic or Critical situation patients were send to specialists and it is only on referrals. Neither did patients directly approach them nor did specialists see them without a note from family physicians. Some monetary concession or credit is also given to the patient as per recommendation of Family physician.

Doctor were available from morning to evening, even at midnight doctor would not hesitate to visit the patients. As result of all these patient were never questioning, or doubting and having hundred percent trust in Doctors.

Family doctor knew health status of all family members. It became easier for doctor to diagnose and treat. Costing was controllable and affordable.

It was not matter how many patients they have seen. What matters is how well he treats them and how good they feel. Both the types of Patient needs (Clinical and Interpersonal Care need) were attaining from Doctor. It was Win-Win Situation; both were enjoying one another company.

B. Transformation Phase

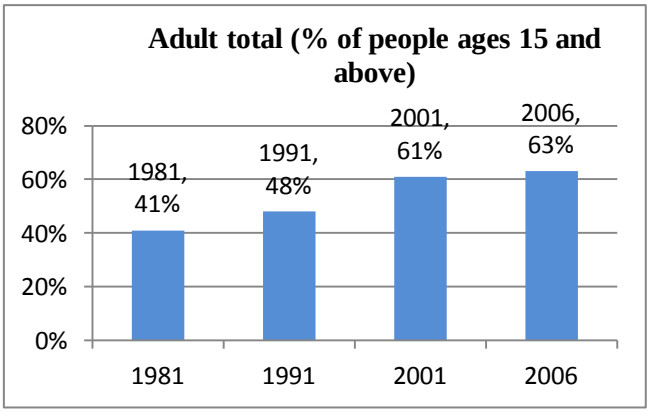
Doctor was occupying space in news for his success in complex procedure and altruistic service. Even in today's scenario they are not lagging behind, Dr. Ranjit Jagtap, a famous Cardio vascular surgeon in Pune, Dr. Tatyarao Lahane Professor and Head of Department of Ophthalmology, Grant Medical College & Sir J.J. Hospital, Mumbai is a representative example, but nowadays negative side of their profession are in news. And this is not good for a medical fraternity as well as society too.

Ethical practices of the Doctor remains unnoticed in Doctors era. Reasons are the Doctors were actually practicing and following rules and fulfilling expectation of the Patients. Serving humanity was the prime goals in becoming Doctors. Second reason was the lack of Knowledge, Lack of information, No Consumer movement, Patient unaware about their right, less income, Strong faith on Doctors, professor etc., Less number of Specialized Doctors, Non-accessibility of Specialized Doctors (as they were practicing in City only).

Literacy rate was very less, whatever told and asked by the Doctors was the final word for patient. Patient had "blind faith".

In whole life patient never heard of Medical Terminology, never ask the doctors what is antibiotics? What it do to my body? Paternalistic approach was followed, where physician makes treatment decision with little input from the patient, based on what they believe to be the patient's best interest. Patient who prefer this decision making style value the physician's expertise and believes that clear recommendation protect them from harm. Lack of knowledge always put patient on second bench; they have never interfered with decision of the Doctors.

FIGURE I. LITERACY RATE OF INDIA



SOURCE: WORLD BANK DATA

Medical books, and information related to Medicine was accessible to Doctors and student of Medicine only. The patient's role in his or her Physician's office was simply to listen and follow. There was no technological advancement like Internet or any electronics devices available for accessing information. Here is very interesting story of those days when Alexander Graham Bell invented Telephone, much opposition to it was generated by Physicians who doubted and complained that answering call could diminish the time available for in-person interaction with patients. Some Physicians worried that the telephone might destroy the Doctor-Physician Relationship. [10]

Consumer movement is recent activity in India, still today patient are not much aware of this. And in few of the cases no one wanted to practice it, a trust was the main key. And the same with the awareness of their Right.

Specialized Doctors were practicing majorly in city area; it was not easily accessible in those days. Again specialized doctors were less in number. There were no other people (Pharmacist, Nurses, other Hospital staff) coming in-between Doctor-Physician Relationship. Mutual trust was foster by these long processes.

Another reason of was the poverty. If you look at 1980 era, per capita income of a person was around Rs.419 per month in India. [11] Expenditure was again very less on a health.

Physician ruled this Doctors era because of the aforesaid reasons; these transformation phases now enter in state of confusion.

VI. STATE OF CONFUSION ERA

The Doctor patient relationship in our country has undergone a sea change in the last decade and a half. The lucky doctors of the past were treated like God and people revered and respected them. Todays a fast pace of commercialization and globalization on all spheres of life and the medical profession is no exception to these phenomena. As a result, the doctor-patients relationship has deteriorated considerably. Earlier too, doctors were covered by various laws, i.e. the Law of Torts, IPC etc., but since the passing of the Consumer Protection Act in 1986, litigation against doctors is on the increase. The medical profession is definitely nervous by this and a rethink is necessary on standards of medical practice.

A Countrywide, attacks on doctors have risen considerably. Here are few the examples. 15 people assaulted medics after one Magdum Kasam Ashrafi (35) died at JJ hospital.
Senior resident Doctors Preeti Gupta and Prashant Bhand were allegedly attacked by an unruly mob of relatives of Shahid Momin (50), who died in the JJ hospital ward. In August 2010, Mangala Ekhande (55) died due to renal failure a day after being admitted to KEM hospital. When her son Arun heard about her demise, he went to the ward with a group of 10 people and attacked resident doctor Tushar Dhakte (25), who was treating Ekhande. [12]

Topping the list has been the brutal assault on Dr. Kashyap, medical officer in Tiloi, Rai Bareli in February. The miscreants who broke into his official residence hurt him grievously, fracturing both his arms and legs. Kashyap has not yet fully recovered.

The medical officer Tamkuhi Deoria was attacked and robbed in January and so were medical officers from Mehmoodabad and district hospital, Lakhimpur. The attacks on the two eminent doctors all within a month had sent a shock wave in the district and had led to a local strike in Lakhimpur.

Similarly, Dr Anil Rao posted at Mandi Tateri PHC in Baghpat was roughed up and looted in his house in May, while Dr O.B. Srivastava, deputy CMO and his physician son were killed by unknown miscreants in Meerut. [13]

Two crib deaths on Thursday at the B C Roy Memorial Hospital for Children (BCRMHC) blew the lid off horror stories of apathy and negligence at the premier campus. Seventeen crib deaths in 36 hours are perhaps the highest in the history of BCRMHC. In 2002, 14 infants admitted in the hospital died in 48 hours. In 2004, there were seven crib deaths in a day. Two years later, in 2006, 22 infants died in a span of three days. [28]

Whole nation experience this rift in Doctor-Patient Relationship. Few point come in light against which we are trying to find certain solution to patch up this rift.

A. Emergence of Speciality and Multispeciality Hospital

At the time of independence only about 8 per cent of all qualified modern medical care was provided by the private sector. But over the years the share of the private sector in the provision of health care has at about 80 per cent of all outpatient care and about 60 per cent of all in-patient care. [21]

If you look two decade back, particularly in Pune city there were few such Hospitals like Ruby Hall Clinic, KEM Hospital, and Jahangir Hospital etc. Today Pune city crowded with such Speciality and Multispeciality hospitals, Nobel Hospital, Deenanath Mangeshkar Hospital, Sancheti Institute of Orthopeadics, Surya Hospital, Sahyadri Hospital, Aditya Birla Hospital etc. Two or more specialized doctors joining together to establish Multispeciality Hospitals. This trend has seen in almost every city of India.

Patients benefitted as number of Hospital increases. They have wide choice to opt for treatment. He has right to choose among them for best possible treatments.

Most of the Specialised Drs. start working in collaboration with all possible hospitals. Working in shifts, hours or with as many as Hospital possible has started. Simultaneously running own private practices. Result of all this specialized Drs. didn't find time for listening to patients carefully.

Diagnosis and treatment also become speedy affairs. There is less communication between these Drs. and Patients or relatives. Who is wrong…? What went wrong…?

B. Age of Information

Patients are arriving clinic armed with information they found on the web. They want to actively participate in therapeutic decisions and want all decisions to be informed and intelligent. Traditionally, the relationship between Doctors and the patients was asymmetrical. Doctors had significantly more information about medical conditions than their patients. The locus of power in health care is shifting: instead of doctor acting as sole manager of patient care, a consumerist model has emerged in which patients and their doctors are partners in managing the Patient's care. [17]

Internet uses has been increases rapidly. In 1995 around 250000 peoples were using internet, just in decade this reaches to 8 crores. Internet has opened up the doors of information like never before. More than 70,000 websites disseminate health information.

TABLE II. INTERNET USERS

Year	No. of Users
1992	1,000
1995	2,50,000
2000	55,00,000
2005	4,20,00,000
2007	8,10,00,000

Source: The World Bank Data

Not just the basic information, the e-patient has easy access to latest developments, various different treatment models available for the conditions and can make an intelligent choice. In a poll, found that E-patient search for specific medical condition (63%), medical treatment or procedure (47%), diet and nutrition (44%), exercise and fitness (36%). [14]

Williamson's study (1997) for example, shows that 98% of her respondents offer the view that doctors as well as other health professionals were the most authoritative and used sources of health information. [15] Look at the recently conducted study by RAND Corporation 2005, found that among those looking for information about health, 69% mentioned the internet as a source, compared to 59% who mentioned their own physicians, and 39% who cited other health care professional. [16].

Most of the 20th Century, due to lack of information, was the era of "Doctor Knows the best". However, come the information age and patients are empowered with information. "Blind trust is being replaced by "informed trust". The immediate fallout is the replacement of trust by skepticism and weariness.

This generation also makes up the intolerant patient. They are used to Mobile, ATM, broadband access, net banking. They are used to the convenient, personalized services provided by the other sectors like travel, finance tec. They want quick, convenient and personalized approach to their health problem too.

The main concern of the Medical fraternity about variable and unreliable nature of medical information on the net can't neglect. Doctor perceives this informed patient as the problem patient.

C. Increase in Population and Disposable Income

India has a huge middle class population (households with annual incomes of US$ 4762 to US$ 23,810 at 2001-02 prices), which has grown rapidly, from 25 million people in 1996 to 153 million people in 2010.

The middle class population is rapidly acquiring the purchasing power necessary to afford quality western medicine due to an increase in disposable income. The Indian population spent 7% of its disposable income on healthcare in 2005; 14% in 2009-10, this number is expecting to nearly double, to 26%, by 2014-15. [18] [19]

With these trends people are ready to pay even higher amount for saving lives of their beloved. In return they are expecting best possible services (i.e. high probability of survival of the patients). Poor services and any of negligence flare-ups the emotion of patients and relatives.

One thing we all should keep in mind that is the Doctor-Patient ratio in India. India has an average 0.6 doctors per 1000 population, the number of qualified doctors in the country is not sufficient for the growing requirements of Indian healthcare. Moreover, rural "doctors to population" ratio is lower by 6 times as compared to urban areas. [20] Around 70% populations living in rural areas, 80% of doctors, 75% of dispensaries and 60% of hospitals situated in urban areas. These discrepancies are self-explanatory for the scarcity of health care services in rural areas. By all the way patients approaching to urban dweller Doctor for accessing Medical services to save life of dear one.

D. Growth of Health insurance

Since the past two decades, there has been a phenomenal surge in acceleration of healthcare costs. This has compelled individuals to have a re-look on their actual monthly expenditures, spending patterns and simultaneously allocate a proportion of their income towards personal healthcare. This has resulted in individuals availing healthcare insurance coverage not only for themselves but also for their family members including their dependents.

Almost all the cost incurred in and out of the Hospitalization covered by health insurance. Medicine bills (before/during/after Hospitalisation), Room Charges, Doctors Charge, Nursing Charges, Operation cost, consulting fees,

almost all elements taken care by health insurance. To avail this premium is also affordable. You can get individual, or your whole family insured at affordable premium.

Major benefits are the;

- Solution of uncertainties and risks of medical problem.
- Provides *financial stability* in life by Prevention and minimization of unforeseen financial losses.
- A *tax-saving instrument* that significantly contributes in reduction of tax deductions.
- Access to *quality healthcare*.

Looking into benefits of health insurance majority of the individuals opted for health insurance; moreover their all family members were included in cover. In some of the private as well as public limited, government companies offering health insurance to their employee. In general minimum at amount of premium Rs. 3000-4000, coverage of Rs.200000-300000 is given.

The cases of charging extra amount or billing on higher side for insured patients become common trends in Hospital management. Patients or relatives never mind of high charges, as it is been bear by Insurance Company but in proportion they expect utmost care and services from Doctors and hospitals. Here Doctors find easiest way of earning money.

E. Advancement in Medical technology

Medical technology extends and improves life, alleviates pain, injury and handicap. Continuous medical technology innovation enhances the quality and effectiveness of care. The X-ray was accidentally discovered in 1895. Since then, the field has expanded; giving us Computed Tomography (CT scan), Positron emission (PET scan), Magnetic Resonance Imaging (MRIs), and ultrasound. Wheelchairs, pacemakers, orthopaedic shoes, and contact lenses, insulin pens, hip prostheses, surgical instruments, bandages, syringes, life-support machines: more than 500,000 products (10,000 generic groups) are available today.

Changes in medical technology, including special ventilators, artificial pulmonary surfactant to help infant lungs develop, neonatal intensive care etc., helped decrease mortality to one-third its 1950 level, with an overall increase in life expectancy of about 12 years per low-birth-weight baby. [22]

Nowadays technologies become so advance that early detection of medical complexities become possible. Accuracy in detection, diagnosis is the salient features of this technology.

On one side this advancement in technology resulting in better clinical outcomes, less invasive procedures and shorter recovery times, and thus improving overall health of people. Also in several cases reduced the need for hospitalisation. But on other side patients and their relatives perceiving that advancement in medicine will surely save life of the dearest. Early and accurate detection doesn't mean 100% surety of life saving, patients and relatives must understand this. And it should be communicate clearly from doctors' side.

F. Consumer right awareness

The consumer movement in India is as old as trade and commerce itself. Even in Kautilya's *Arthshastra*, there are references to the concept of protection of consumers against the exploitation by trade and industry, short weighment and measurements, adulteration along with the punishment for these offences. There was, however, no organized and systematic movement actually safeguarding the interests of the consumers. Prior to Independence, consumer interests were considered mainly under laws like the Indian Penal Code, and Drugs and Cosmetics Act, 1940.

Even Father of Nation narrates profoundly "A customer is the most important visitor on our premises. He is not dependent on us. We are dependent on him. He is not an interruption in our work. He is the purpose of it. He is not an outsider in our business. He is a part of it. We are not doing him a favor by serving him. He is doing us a favor by giving us an opportunity to do so." Gandhi's words place the consumer on a very high pedestal.

Meanwhile, not much has been done to educate consumer (Patients and relatives) either from government, public or from Medical fraternity side. Even there are a few such systems where patients and relatives can seek redressal or protest against doctor's malpractices. Albeit Medical Council of India has passed Indian Medical Council Act, 1956, but till date how many cases has been resolved? It is duty of Medical council of India, to look into issue and lay down procedure, where both Doctors and patients can seek redressal.

One of the most important milestones in the consumer movement in the country has been the enactment of the Consumer Protection Act, 1986 to better protect the interest of the consumers.

Earlier too, doctors were covered by various laws, i.e. the Law of Torts, IPC etc., but since the passing of the Consumer Protection Act in 1986, litigation against doctors is on the increase. The medical profession has certainly upset by this and a rethink is necessary on standards of medical practice.

Most of the Doctors creating confusion amongst their fraternity by putting definition of service lay down by Consumer Protection Act 1986. They are saying that Medical or Hospital word are not included in "Service" definition, so our Medical profession are not coming under Consumer Protection Act 1986. Read following Case for clarification: "It has been held by the National Consumer Disputes Redressal Commission (National Commission) on April 21, 1992 in the case of Cosmopolitan Hospitals and Anr. V. Vasantha P. Nair [1 (1992) CPJ 302 (NC)] that the medical treatment rendered to a patient by a private doctor or clinic for consideration is clearly a service falling within the ambit of section 2 (1) (o) of the Consumer Protection Act. It is not a contract of personal service but a contract to render professional service. It is now

well settled that hospital authorities rendering service for consideration are liable to the patient for injury caused by him by the negligence or other fault of the doctors, surgeons, nurses, anesthetists and other members of the hospital in the course of their work. The liability of the hospital authorities extends to the faults of doctors and other employees whether their employment is permanent or temporary or casual, paid or honorary, whole or part-time as happens in the case of visiting physicians/surgeons."

In the ages of information and technology, patients and relatives raising their voice against malpractices. But in most of the cases patients and relatives find physical assault or breaking hospitals property is best tactics to resolve the issue.

G. Game of Commission

Doctors referring specialized Drs. with whom he has commercial relationship. Per Patient fixed or pre-prescribed commission reaches to referee Doctors. These business chains are running. Irrespective of specialized Drs. Skills, experiences, patient refer exclusively for Business purpose. In the age of information it is been realized by patients and his relatives. When Patient look for second opinion, Dr. become non-cooperative, even horrify to patient that if it recommended treatment / operation not done now condition will become critical or patient may die. Helpless patient…

It is not the end of the game. It has been notice in few of the hospitals or in private clinics doctors have put special signage. For.e.g. "Explain your problems in short." "Make list of problems and then enter in clinic room." "Without prior appointments, you will not be consulted." etc.

Doctors take a stand even in most of the cases that they prefer to discuss medical conditions (Normal/improving/or serious) of patients with whom, who had medical background. Or they share with only one relative. This may be appropriate from doctor's points of view, but in country like India, where people and relatives have a lesser amount of understanding the motives behind these all signage or doctors stand. The patient is sick, miserable and in pain. He come seeking help, guidance and relief. He wanted doctors to listen him empathetically. Patients complaining that doctors had no time to talk to us, they checked hurriedly etc.

Patient satisfaction and treatment compliance were shown by Kim and colleagues to relate directly to a physician's empathic behaviour. [25]

Greater Patient satisfaction was associated with greater interview length, increases in the proportional time spent by the physician in presenting information and discussing prevention. [23] Parchaman and colleagues' finding support that the length of relationship increases trust and communication effectiveness. [24]

Interference from intermediaries likes Nurses, ward boy, Chemist and other hospital staffs come in between doctor-patient relationship. Expected services are not getting from all this intermediaries leads to the development of negative perception towards Medical services as a whole.

Transparency in medical services is other causative parameters. Patients get confused with the charges levied by doctors. Nowadays various hospitals charging different rate for Angioplasty, Angiography or bypass surgery, which is even advertise through newspapers, billboards. Skills, expertise, even instruments will certainly different. But which is not seen or understood from patient's side. That is what Medical Bill or charges become hot issue among doctor-and-patients.

Truth telling is another dilemma in doctor-patient relationship. The doctor fulfills his "Hippocratic Oath," "reducing patient harm by not revealing upsetting conditions. The withholding the truth by physicians is a form of medical paternalism and is adopted to protect the patient from physical/emotional harm. Does this mean that without the patient's consent, for paternalistic reasons truth can be shunted out? Issue can be resolve by winning confidence either from patient or relatives.

Countrywide Patients and their relatives have common issues. Negligence is one the major issue. Then less and ambiguous communication, exaggeration of patient's condition, high charges, accessibility and availability of the concern doctor, inappropriate services even from nurses and other hospital staff etc.

H. Ethics in news and in Practice too

At the end, reality in the Doctor-Patient Relationship understood by policy maker and finally decided to incorporate "medical professionalism" under the revised MBBS curriculum as ethics is increasingly coming under scrutiny.

As per Medical Council of India (MCI) note, "medical ethics and professionalism forms the basis of contact between doctors and society and so it is imperative that professionalism and ethical issues in practice should be incorporated into medical curriculum."

Moreover, Prof. Sandeep Guleria, professor of surgery, AIIMS,who is member of the working group, added, "There is a huge problem of ethics in medical profession. Since ethics is a very important part of medicine, we will introduce lectures formally."

To make its doctors and dentists more sensitive, the Rajiv Gandhi University of Health Sciences (RGUHS) has introduced compulsory medical ethics as part of all medical courses from the first year till internship.

Medical Students will learn communication skills too — how to communicate with patients; ethics involved in charging fees; how to respect the rights of patients and how and when to break the news of an illness.

Classroom teaching will, henceforth, focus on professional, patient-doctor relationships and basic ethics for the budding doctor. Medical ethics will be a part of the

curriculum so that students learn to handle ethical problems in their career," RGUHS registrar K.M. Srinivasa Gowda told The Times of India.

The future doctor will no more be just the physician. He has to learn sociology, psychology of the patient and his relatives, and management aspect viz. communication skills, listening skills, and overall management skills.

VII. SUGGESTION FOR IMPROVING PATIENT-DOCTORS RELATIONSHIP

- Clinical skills and interpersonal skills is the key for well-being of this relationship.
- Working in multiple hospitals is not an issue, but doctor have to give require and sufficient time to all the patients.
- Doctor must work on avoidance of any kind of negligence. Quality has to maintained and ensure to the patients and relatives.
- It is important to keep in mind that doctor and hospitals not only obtain a professional expertise, but also take care that nurses and other hospital staff are qualified for service offering.
- Doctor's role in the age of information is to help out patient to differentiate tons of information on quality basis and suggest them authentic sites for accessing medical information.
- Taking at-least close relatives in confidence and disclosing truth can be the alternative in developing mutual trust.
- To fulfill the medical need of growing population is the responsibility of Government of India and Medical council of India. Making health care facility available and affordable to the rural parts of country.
- Doctor must accept and agree on consumer right of the patients. Informed choice or Shared decision making approach would be more suitable in today's scenario.
- Transparency in services and charges can be the one major issue need resolution form medical fraternity. Doctors should sit together or MCI should pass guidelines on this issue.
- A good effective, empathic communication can be the ideal way to develop mutual trust and improve patient compliance.
- Doctors or their association can work unanimously to improve overall image of their profession.
- And at the end, if the doctors abide by rules and regulations guided by Consumer Protection Act and Medical profession, majority of the problems will washed away.
- Patients and their relatives should remember that spending money doesn't mean high probability of saving life.

VIII. CONCLUSION

Violence cannot be justified on any ground. Passing or implementing non-bailable offence laws is not alone going to solve the issues.

We have to develop the system through which we can resolve the issue or discrepancies among Doctor-Patient relationship. At least regional Doctors association body and patient or social activists can sit together and work out find certain solution to tackle the issues. It can be intervened by Medical Council India or Government of India. Dr Pravin Shingare, joint director of the Directorate of Medical Education and Research, feels that most doctor-patient conflicts can be resolved with a fair discussion and proper communication with the relatives.

At the end of all just remember what Swami Vivekananda said: "Any Person has no techniques, instruments or science available with which he can predict 100% correct medical/physiological condition. But by using experience, skills and logic he can control and prevent medical problems and complexities; Being Human he has some limitation in practicing measures and controlling medical condition. Every time he cannot be correct. That's why people should not consider him as God or Criminal."

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