

OPINION ARTICLE

Putting Yourself in the Skin of the Patient

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A doctor once told me “You and I should get on well, because we are going to see each other often.” This is the essence of a good doctor-patient relationship in chronic illness or when regular check-ups are required. So I was very pleased to hear that communication classes are being given in some medical schools, as this is a very important issue: patients must be given all the available information about their illness and existing treatments, and they must acquire knowledge that will help them to make the right decisions on caring for their health and improving their quality of life. And who better to give them good information than their own doctor?

But, in order to do this, a dermatologist must get inside the patient’s skin, be aware of the impact that a skin disease (a visible illness that many will try to hide) can have on people, affecting their self-esteem and personal, family, social, and even, at times, work relationships.

The Best Way to Provide Information to Patients

According to patients’ associations, people need basic information on their illness and the available treatments as soon as they are diagnosed. In time, as they work through various emotional stages—including incredulity, negation, anger, or depression—and grow to accept their status as patients, they will need a higher level of information about the illness, as well as the benefits and side effects of available treatments, always leaving some opportunity for hope. I think the swiftest way to end a relationship with a patient is to state point blank that their illness will never disappear whatever treatment you prescribe—they will undoubtedly seek out another dermatologist for a second opinion.

The “Doctors’ Handwriting” Issue in the 21st Century

The way the information is transmitted is also important.

It is essential for the patient to receive a good verbal explanation, in an appropriate tone, communicating calmly, relieving their anxiety, and considering the impact of the illness on their life and family environment. But on many occasions it is also useful to have some written information in patient-friendly language, not only on the illness itself, but also to explain some of the more complex treatments. Clarity in prescriptions and instructions for use is also desirable in order to avoid errors in drug administration. It must be remembered that some patients are unable to understand basic health care instructions: reliable sources state that literacy rates in Spain have barely improved in the Internet age. Consequently, it would be very useful for basic information on the illness to be provided in print along with instructions to follow for some systemic treatments. In this way, the doctor and the patient can ensure mutual comprehension that will further benefit their relationship.

Dialogue

Now the era of paternalism has moved firmly into the past, the era of dialogue must begin: listening to patients, finding out how they feel about their illness, and answering their questions are key factors in gaining their respect, confidence, and why not, their loyalty. Reports state that 90% of complaints arise from poor doctor-patient relationships—such a percentage that would fall considerably with improved dialogue.

Patients’ associations like ours are surprised by the number of questions raised by people in monitored treatment. Maybe this is because of poor access to their doctors, but these are often people who wish to gain prior knowledge in order to negotiate a given treatment with their doctor. Hence, our associations believe the values and autonomy of the well-informed patient should be respected and that treatment decisions should take their wishes into account.

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Appointment Time Management

Time management in the public health system is not in the hands of the doctors, but in those of health administration. Everyone would like to have sufficient time for a first appointment, time to build an interest in the patient, to become involved in their problem, and to provide supportive care. Greater respect for patient privacy is also desirable.

But couldn't there be more realistic management of consultation time in private appointments? Delays in appointments do not create a good atmosphere. It is not unreasonable that patients and accompanying relatives, already anxious about their problem, should sometimes react badly on having to wait an average of half an hour before they are seen. In all my appointments either as a patient or when accompanying relatives, only once was I advised by the nurse to arrive 5 minutes early as the doctor was a keen time keeper, and indeed he was.

The Patient's Contribution

Many patients are aware that doctors have complaints: they feel we have lost our respect for them, they feel stressed and also poorly paid following interminable years of study and specialization. The socialization of medicine has taken us down this path, and, in some respects, there is little a patient can do. However, those of us affected by chronic illness must understand that we can take a positive and active attitude in caring for our health, while not expecting miracles. Associations like ours encourage patients to voice their doubts and concerns and to demand answers that they can understand. They are advised to do their homework,

to attend the appointment with a list of questions in their hand, and to take someone with them in order to pick up more information on their illness and treatments, including what options are available, the risks involved, and how the treatments will help them. We also suggest honesty with their doctor about treatment adherence; that they make a list of all the drugs they are taking, including complementary or alternative treatments; and that they remember to report any previous allergies to medicines. This will encourage a more satisfactory doctor-patient relationship and allow patients to participate in decisions that could improve their health.

Optimal relationships with our dermatologists, based on respect, trust, and mutual consideration, would provide greater motivation for treatment adherence and would therefore have beneficial repercussions on our quality of life.

Basic Patient Rights

1. To receive all available information on the illness and existing treatments
2. To have rapid access to the most effective treatments, regardless of place of residence and cost
3. To receive treatment appropriate to the symptoms, bearing in mind social situation and psychological impact
4. To be offered opportunities to express an opinion on treatments

Conflicts of Interest

The author declares no conflicts of interest.