

Patient Mismanagement by Physician Turnover

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Dear Editor,

As the first “healers” were chronicles in cave paintings, depicting the use of plants as medicines in what is today’s France, the Greeks enjoy having laid the foundation of medical diagnosis, advanced medical ethics and also the Hippocratic Oath which has formed the basis of modern medicine. The connection between the doctors and their respective patients has long been under the scrutiny since the time of Hippocrates and is an issue of many ethical debates in modern literature (1,2).

With the existing and evolving model of health care, the locus of power thus has shifted within the patient’s hands (3). Effective communication between the doctor and patient is essential to clinical function the result of which is the golden art of medicine and a crucial element in the timely provision of adequate healthcare. The physicians are increasingly complaining of losing patients to follow up, patients switching physicians and dealing with noncompliance to medications (1). Moreover, the constant altering of doctors breeds miscommunication between the two parties. Especially in the emergency department, the ambiguity of treatment already given, leads to polypharmacies that can result in drug interactions and eventual mismanagement of the patient. The under treatment or overtreatment can lead to exacerbation of symptoms or worse, the overall condition of the patient. Multiple drug usage could also result in lowering of the efficacy hence, the effects of the drugs on the disease (4-6).

Since the relationship between the patient and their physician determines the quality and totality of information extracted and understood which significantly influences the doctor and patient satisfaction. It is therefore necessary to minimize the strain between the doctor and patient as well as the obscure facts essential in reaching a diagnosis (7). This contributes

to maintenance of standard practice and prevents physician burnout with resulting turnover and is an important determinant of compliance.

Having limited amount of knowledge or clinical evidence for decision making is not the only challenge faced by the physicians in the hospital setting. Treatment bias and differences in clinical experience and exposure also become major factors in the mismanagement of the patients. Sometimes, even the most experienced physicians make errors in diagnosing patients due to the masking of the symptoms of a disease after being managed by some other doctor and not following through properly (6,7).

The decentralization of patient care has long celebrated its negative connotations on compromised patient care. The maintenance of the interests of patients along with the physician has become an indispensable challenge to overcome in Pakistan. Emphasis is laid on organized patient care to improve the healthcare standards in the country. Adoption of the healthcare system abroad which advocates patient satisfaction as a top tier priority may now be good system to consider (8).

United States law strictly considers this sort of relationship as fiduciary where doctors are expected and required to solemnly act in their patients interests, even if that means those interests may not be very well aligned with their own (9). The patients can be encouraged to question and actively take part in their own healthcare. Increasing evidence suggest that the patients actuated in the medical encounter to partake in the decisions about their care have a better compliance, quality of life and higher patient satisfaction (10).

Similarly the positives of primary healthcare include the opportunity of establishing a strong relationship with the doctors



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and their patients. Integrated systems provide opportunities for improving the continuity of healthcare. It allows the institutions to manage and monitor the patients efficiently as well as allows the patients to have the power to decide their care. With integration, there were new responsibilities for physicians and other health care providers to maintain long lasting communication, adequate teamwork and a much more longitudinal approach towards patient care, increasing multitudes of standardized paperwork and documentation. This continuity can still be at risk by constant turnover in staff or members (9,10). As they famously say “A penny of good communication time may avert a pound of unnecessary or even harmful spending used to reassure an anxious patient or substitute for a sketchy history.”

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