Guide to marking the questionnaire about the doctor–patient relationship

The following is a guide to marking the students' questionnaires. For each question give a score out of a total of 3: 0 completely incorrect answer; 1 partially right answer; 2 completely correct answer; 3 exceptional/original and correct answer. An ‘ideal’ answer should include reference to all of the following ideas for each question.

1 What effect can the relationship between a doctor/student and patient have on the patient's overall care?
A good relationship can promote trust between the doctor/student and patient, which will:

- allow the patient to confide in the doctor/student and so give them a fuller history
- help patient to adhere to treatment given
- may help the patient to recover from their illness, because both the mind and body of the patient are taken into account as they affect each other.

If the patient feels understood and contained by the doctor, this may improve their mental state, which in turn can have a positive effect on their overall physical and psychological health.

If the relationship is a poor one, it can have a very negative effect on patient care.

2 How may a doctor/student's feelings be affected by a patient?

- The doctor/student may identify with the patient's feelings and so experience the emotions the patient is experiencing (e.g. the helplessness or despair of the patient is experienced by the doctor/student). This may be because the patient's feelings and experiences may resonate with previous experiences of the doctor/student. If the student/doctor does identify with the patient's problems, and does not recognise this, they may be less able to help the patient.
- The doctor/student may be the recipient of the patient's projections and so experience negative or positive emotions that belong to past relationships in the patient's childhood with significant figures such as parents. If the projections are taken personally, this may affect treatment.
- It may be difficult to recognise the above (second point), but the doctor/student may be aided in this by developing self-knowledge and sensitivity to his/her own experiences and how they have affected him/her emotionally. This may be pointed out by supervisors.

3 How may a doctor/student use those feelings in relation to the patient?

- These feelings can help the doctor/student to better understand the patient and so be more empathic. They can use these feelings by acknowledging them, which can help deepen rapport with the patient (e.g. the doctor can ask: 'I can see you are feeling very angry, but I'm not quite sure what it's about. Can we talk about it?').
- By recognising the patient's positive and negative emotions, especially when these are projected onto them, the doctor/student may better understand their own emotional reactions to the patient.
- The doctor's/student's emotional reactions to the patient may be similar to feelings that the patient evokes in other people, recognition of which can help the doctor/student understand in more detail the interpersonal relationships and effects on others the patient's behaviour may have (e.g. in patients who present as hostile).
- The doctor/student may recognise that the patient may be experiencing others in ways based on their previous experiences with significant others, for example, the patient may experience the doctor as a critical parent, and respond in a hostile way.

4 How do you cope with your anxiety and uncertainty in your work with patients?

- By acknowledging that I can sometimes feel anxious or uncertain.
- By trying to reflect on why I am anxious or uncertain.
- By discussing these feelings with a senior colleague.

5 Do you feel that the relationship between the doctor/student and the patient should be an equal one? If not, why?

- Although the doctor should respect the ideas and views of the patient, and try to understand their social and cultural context as well as their personal history, the relationship between doctor and patient cannot be an equal one.
- Whereas a patient comes to a doctor/student for help with physical and/or psychological symptoms and distress, and can expect help and understanding, a doctor/student should not impose his or her own difficulties on the patient.
- The doctor/student can expect that many patients will develop a significant attachment to them, which gives rise to patient dependency on the doctor/student. This attachment may be based on the patient's previous experiences and attachment/relationship history with significant others.
- The reverse may happen in that the student/doctor may come to depend upon the patient to make them feel good about themselves.

6 Why is it important to understand the nature of the patient's attachment to the doctor/student?

- The nature of the attachment can throw light on past significant attachments and so will help the doctor/student to better appreciate the meaning of the patient's negative and positive reactions to him or her and so facilitate the development of a more caring relationship.
- For example, patients who have had a disrupted attachment history, who may have experienced a parent's death or been in care, may become very attached to caring authority figures such as the doctor and their condition may deteriorate when that doctor leaves. It is important to recognise and understand this.
- The relationship the patient develops with the doctor may also tell the doctor something about the patient's current interpersonal relationships with their family and friends, which may give useful information regarding their current social functioning and level of support.
7 How do you recognise emotion in a patient when it is not verbalised?

- By studying their facial expression and other bodily gestures, as well as their self-care.
- By studying the emotions they arouse in the doctor/student. These may be emotions which are difficult for the patient to tolerate and acknowledge consciously, such as feelings of anger or sadness, but which are then unconsciously projected onto the doctor/student, who experiences them instead.