CHAPTER VII

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The present study 'A sociological analysis of doctor-patient relationship in Mysore city hospitals, nursing homes and clinics' is primarily an exploratory study. The first chapter society and medicine provides a general introduction to the area of study. At the outset the interlinks between medicine and other aspects of the society are examined. A brief history of modern medicine is presented and the changes in the diagnostic methods as well as treatment techniques, and the associated changes, both the identification and the perceptions regarding the phenomenon of illness are highlighted. The emergence of social and preventive medicine consequential to the recognition of the social components of illness has been emphasized. The increasing appreciation of the role of medical social workers both during illness and in the rehabilitation of the patients has been examined.

In the next section of this chapter, the contributions of Sociology to medicine have been summarized and the theoretical insights provided by the sociologists are examined. This is followed by a review of available literature in India in the area of Medical Sociology.

The subsequent sections present the scope and significance, the objectives of the study, the description of the universe of study and the methodology adopted for data-collection.

The second chapter titled SYSTEMS OF MEDICINE IN INDIA presents briefly the history of the traditional medical systems of India viz., Ayurved Siddha, Yunani, folk medicine and the German originated Homoeopathy system of medicine which was introduced to
India recently about two hundred years ago. A brief history of the introduction and development of the Allopathic system in India is also presented. The concluding section discusses the various programmes and projects adopted by the traditional systems with allopacy.

The data collected by the investigator has been analysed in the subsequent chapters. Chapter three presents data relating to doctors in government medical setting. Chapter four is concerned with patients in government medical setting. Chapter five and six deal with doctors in private medical setting and patients in private medical setting respectively.

The findings of the study are briefly presented below within the framework of the objectives of the study. The objectives as specified in the first chapter are the following.

1) Identification of the socio-economic background of the doctors in government and private medical settings, the views of the doctors regarding their profession and their expectations from the patients.

2) Identification of the socio-economic background of patients in government and private medical settings, factors relevant to patients' choice of a particular doctor, their views regarding expectations from the doctor.

3) Examination of the impact if any, of different medical settings on the nature of doctor-patient relationship.
7.1 Doctors - Government and private medical setting

7.1.1 Socio-economic background of government doctors

Out of 400 doctors studied 180 are doctors working in government setting. Among the 180, 140 are men and 40 women. This finding is consistent with the reports of other studies. It has been reported that women constitute a minority in professional fields. This has been accounted for in terms of various social and cultural factors.

Regarding the age composition we find that 26-30 range comes first with the 31-35 category ranking next. This can be explained in terms of the age limit for entry into government service.

Among the respondents, vokkaligas constitute the majority with the minor castes like mudaliyar, naidu, marathas etc., being second and brahmins ranking third. The dominance of the vokkaliga caste in the caste composition of Mysore is reflected in the universe also. It is significant that in spite of the reservation policy the scheduled castes do not constitute a significant sector in the respondent group. There are only 19 doctors in this category.

Hindus constitute the major religious group. But it is not easy to explain the Muslim group ranking next in the list. It is possible that other religious groups have sought employment in more urbanized centres.

Regarding the extent of experience we find that the majority of the doctors have 13-15 years of experience with 4-6 years constituting the next level.
There are not many specialists in the doctors' group though most of the doctors consider specialization desirable.

7.1.2 Socio-economic background of private doctors

Among 220 doctors belonging to the private group, 200 are men and 20 women. Women may not go in for private practice on a large scale on account of the higher level of risk involved and the problems associated with public exposure.

Regarding the age composition we find that 26-30 category has the maximum number i.e., around 60 members, with 36-40 falling into the second category; Probably more young people are found in the private group as it is the only alternative for the failure to secure employment in government services.

A number of minor caste groups constitute a significant category (31) in the caste composition with Brahmins constituting the highest group(66).

Hindus constitute the major religious group with 196 respondents belonging to this category, Muslims are 16 and the other groups are insignificant in number.

Regarding the years of service/experience maximum number belong to the 4-6 years category. Very few of the respondents have specialized though all of them consider specialization and advanced knowledge desirable.

7.1.3 The views of Government Doctors regarding their profession.

Most of the government Doctors, nearly 78% believe that the public considers their profession as prestigious. Nearly 130 doctors do not believe that the profession includes only members of the upper class. This is supported by the data on the caste
composition from this study.

As regards the desirable doctor-patient ratio, majority i.e., 97 doctors say that it should be 1:2500 and the next choice is 1:5000 for urban areas. It is interesting to note that the proportion varies with reference to rural areas where the preferred ratio is said to be 1:5000 by 100 doctors and 1:10,000 for the next level. This difference in their views regarding the desirable ratio is indicative of the urban orientation of the doctors.

Regarding the prevalence of competition among the doctors, the general view is that the level of competition is fairly high. Eighty eight persons say that it is severe while 86 doctors hold it to be 'considerable'.

While majority say that it is necessary and desirable to serve in rural areas, personally they prefer to stay in the city due to lack of facilities in the rural areas.

The Doctors are almost equally divided in their views regarding the desirability of combining administration and professional practice, with 83 doctors stating that such a combination would be beneficial to professional work and 81 maintain that it will obstruct professional competence.

The doctors' views regarding their interest in advanced knowledge in the field and their contributions thereon are also explored. Majority of the doctors nearly 138, have not published anything even though they believe that such an activity is desirable. There is a gap between aspiration and achievement. Their interest in keeping in touch with the latest developments in the field is evident in that nearly 112 doctors subscribe to
various medical journals.

One of the problems which has been a major concern of the Indian Government has been the tendency of our professionals to go abroad after acquiring the basic training in India at the cost of a considerable expenditure to the society. The doctors in this study are also asked whether they consider the foreign training better than indigenous training. More than 50% consider it to be while 70 say that it is not so. The reasons for going abroad however seem to be primarily monetary one with 93.5% mentioning 'financial benefits' as the major reason. While others consider absence of opportunities in India combined with prospects abroad and the prestige associated with foreign training as some of the motivating factors.

As part of their perception of the profession the doctors are also asked to state some of the problems they have experienced in their profession. The problems as identified by the doctors include, some relating to the hospital administration, such as 'inadequate supply of drugs', 'lack of coordination between heads of different departments' etc., some are concerned with their professional conditions such as 'absence of incentive', 'heavy work load', 'professional jealousy' and a few relating to the patients such as 'illiteracy', 'poverty', 'ignorance of the patients'.

7.1.4 The views of private doctors regarding their profession

Nearly 143 out of 220 private doctors believe that the public image about their profession is high while nearly 68 hold that the public are indifferent to their status. Ninety-six doctors say that they are not aware of the caste composition of the group but about 57 believe that it is dominated by upper
class. Regarding the desirable doctor-patient ratio 135 doctors advocate 1:2500 as the ideal ratio for urban areas, while 49 doctors hold 1:5000 as desirable. Their view regarding the rural areas is same as the doctors' in government medical setting - i.e., 1:5000

Regarding competition among the doctors majority, 84 doctors, feel that the competition is severe while 75 say 'they do not know' while 52 hold that 'there is some competition'. Nearly 57.73% of the doctors are involved in community health programme.

As regards their contribution to the field, like the doctors in the government group about 109 doctors have said that they have not published anything. But 31 doctors have published. But majority however subscribe to the journals. Many of them, nearly 132 doctors believe that foreign training is better than indigenous training.

As for the reasons for going abroad, it is 'financial benefits' for nearly 86 of them, 'prestige' for 48 and 'lack of opportunity' for 28. What is significant is that better professional training seems the least important of the reasons for their preference for going abroad.

It is to be expected that problems experienced by the doctors working in the private medical setting will be different from those of government doctors. Private doctors are more concerned with the lack of proper opportunities for higher education, absence of governmental concern for private practitioners, the decline in the status and the quality of people entering into the profession etc. They also recognize the limitations associated with the patients such as absence of
hygienic habits, poverty etc.

7.1.5 Expectations of government Doctors from the patients

The doctors have also been asked about their experience with and expectations from the patients. Fifty percent of the doctors feel that the patients should consult the doctors as early as possible while 40% hold that they should see the doctor after the appearance of the symptom.

Regarding the capacity to explain their problems majority of doctors feel that the patients are capable of expressing their problems.

As to whether their patients follow their instructions, majority feel that 'sometimes' and 'some patients' follow the instructions properly. They also feel that the patients should be advised to avoid folk medicine and they should not change their doctors.

As regards the doctors' perception of the difficulties experienced by the patients majority feel that the difficulties relate to the reporting of illness, and financial difficulty.

7.1.6 Expectations of private doctors from the patients

More than 50% of doctors, i.e. 50.90%, feel that the patients should consult the doctors in the beginning itself, while 41.81 percent say that patients should see the doctor after the symptoms appear. Regarding the patients' following instructions, 77 have answered that 'sometimes' they follow, another 77 doctors have said that some follow. General opinion is that the patients are capable of expressing their problems. Nearly 117 doctors do not advice against folk medicine.
Nearly 146 doctors state that changing of doctors is not desirable.

As regards the problems of patients, according to 94 doctors the major problems is financial difficulty while for others it is reporting of illness.

7.2 Patients - Government and private medical setting

7.2.1 Socio-economic background of patients in Government medical setting

One hundred and ninety patients belong to this category. Among these 124 are men and 66 are women. It is quite likely that greater attention is given to the illness of men rather than women. The age composition reveals that more patients belong to the younger category, i.e., 16-30, with 31-40, 41-50 falling second and third.

As regards the castewise division Brahmins are more in number, i.e., 40, with Vokkaligas, (32) constituting the second major group, Minor castes (34) and no response category (32) also constitute significant group. The educational background of the patient is not very high, higher category has education upto S.S.L.C.

Ninetynine patients are married while the unmarried group has 52. The occupational background of the patients shows that 26% have government job, 15.27 percent agriculturists, other categories constitute 15.27 percent. The economic position of the patients is estimated in different ways. More patients belonging to the lower level of income i.e., 26.33 percent get the income below Rs.100, but many of them seem to be better off if we consider their economic status as revealed by the ownership of houses, nearly 38% live in own houses, it may be that there is a
preference to go to government hospital because treatment in government hospitals costs less than treatment in a private medical setting.

7.2.2 Socio-economic background of patients in private medical setting

Total numbers falling into this category is 220. Among this group also we find that men are more in number, i.e. 163, and 57 female. This may mean either that women have greater resistance to diseases or are more reluctant to go to doctors.

Study of Age composition brings out that more number (56) belong to 16-30 category while below 15 years group is 54 and 31-40 group is 37.

Brahmins constitute the major group here also with 73 patients belonging to this category with vokkaligas 41, Lingayats 27 etc.

Hindus constitute a major category with a membership of 207.

Marital status - 119 patients fall into the married category. Health problems may be more for married people or they are more bothered about their health. More patients in this category come from government employment. While others' economic status is fairly good and many come from a higher income group. This is understandable as the private hospitals are costlier than government hospitals.

7.2.3 Patient's choice of a doctor under government medical setting

The study also attempts to explore the choice of the patients regarding the system of medicine and the factors
influencing the choice of a particular doctor. Among the patients in government setting, majority, 145 respondents' choice is allopathy with only 25 people choosing other systems.

Regarding the question relating to choice of other agencies, it is interesting to note that nearly 102 patients have contacted Fakirs, astrologers. It is significant to note that in the case of majority, choice of a doctor is not influenced either by the caste or the sex of the doctor, 98 patients have said that it is immaterial if the doctor is a lady or a man. Seventy nine percent of the patients (150 patients) have stated that the caste of the doctor does not matter to them.

Their only concern seems to be the belief that the doctor has a good practice. One hundred and five patients have said so. They are not keen on sticking to a particular doctor and are willing to change their doctor.

An attempt has been made to explore the various factors that might contribute to the popularity of a doctor. It is found that qualification, kindness and free service and efficiency and professional skill are the primary factors contributing to the popularity of a doctor. The patients look upon the profession of a doctor as noble.

7.2.4 Patient's choice of a doctor in private medical setting

Majority (210) choose allopathy, nearly half the group, 112 have not consulted fakirs and astrologers. Like the patients in government medical setting even the patients in private medical setting hold that their choice of doctor is not affected by the caste or sex of the doctor. The choice depends primarily on the reputation of the doctors.
Generally they go to a doctor directly but sometimes with the recommendation of friends or neighbours. Reasons for the popularity according to the patients include qualification, kindness and efficiency. It is necessary to recognize the significance of the quality of kindness as one of the reasons for popularity along with qualification and efficiency. The patient certainly looks for an efficient doctor but as he is in a situation where he feels helpless and, at the mercy of forces he can neither clearly understand nor control a doctor who is not only competent but considerate as well is certainly preferred to a doctor who is efficient but without the human touch.

7.2.5 Expectations from the doctors - Patients in government medical setting.

Though the patient seeks the doctor to obtain relief from his symptoms he also has other expectations from the Doctor. The patients expect the doctors to observe the principle of confidentiality. Thirty seven patients say that, he should always do so and 71 patients reply that it is the duty of the doctor to keep the ailments confidential. They believe that the doctors treating them are generally sincere.

While the patients expect the doctor to be kind and considerate in his dealings with them, they are also aware that the interaction is only limited to a certain dimension and do not expect that it should extend beyond these boundaries. As regards the question whether they socialize with the doctors, nearly 127 patients have said that they do not invite their doctor to social occasions, only 27 say that sometimes such invitations may be extended. Probably this would depend upon the duration of contact and the extent of involvement between the Doctor and patient. The patients are also asked to state some of the problems they
experience in their efforts to get relief from illness. Nearly 99 patients in this category have said that money is their major problem, because though in principle treatment in government hospitals is free, patients find that without paying money treatment is not available.

7.2.6 Expectations from the doctors in private medical setting

Most of the patients nearly 103 believe that the doctors are sincere in treating their illness, about 128 patients maintain that it is the duty of the doctor to maintain confidentiality. It is interesting to note that there is no difference between the patients in government and private medical settings in terms of their expectations regarding the possibility and desirability of social interaction outside the treatment context. One may expect that in view of the relatively more personal nature of the interaction in a private context there may be greater chances of the interaction even after the patient is free from his health problems. But we find that among the respondents majority, i.e., 122 do not invite doctors for any social functions, about 26 believe that even if they invite doctors will not come and about 62 invite.

Regarding home visits only 25 respondents mention that doctors will agree for home visit.

Patients in this category also report that 'money' is their primary problem.

7.3 Nature of Doctor-patient relationship

7.3.1 Nature of Doctor-patient relationship in government medical setting

Another area explored in the study relates to the various aspects of the interactional process between doctor and
patient. The amount of time spent on professional work by the doctor is recorded. In government hospitals the doctors work for 6-8 hours. The working hours in government hospitals are prescribed by the government. The number of patients seen per day ranges between 20 and 100. Regarding the kinds of illness treated we find that nearly 118 instances are general complaints. This is natural as common ailments outnumber other ailments requiring specialized treatment.

The time spent on check up is also recorded. It is found that nearly for 102 instances it is less than 5 minutes per patient with 50 patients falling into the category of 5-10 minutes but it should be remembered that the duration of check-up will depend upon nature of the ailments, the number of patients waiting to be treated etc. Sixty nine patients report that blood, urine, stool, tests etc. do not apply to them, 50 patients have had 'All' tests that means government hospitals have facility for all tests. The details recorded about the patients include age, sex, education, habits, marital status, caste, address. When they are asked about the desirable pattern of interaction between doctor and patient, most of them state it should be a friendly and cordial one. It should however be noted that the pattern of the interaction will vary with the number of patients treated, the behaviour of the patient and probably the mood of the doctor at the time of interaction. Most doctors do not socialize with the patients outside the treatment context, 95 doctors have said that some patients are invited on social occasions.

7.3.2 Nature of Doctor-Patient relationship in private medical setting

The amount of time spent on work by private doctors ranges from 6-8 hours as per 135 doctors. Forty one doctors put
it between 8-10 hours. The private practitioners generally work at their convenience within the framework defined by the rules of the Indian medical association. Regarding the number of patients seen per day, 98 doctors have reported the range to be between 11-20, 49 doctors between 1-10 and 38 doctors 21-30. The number is consistent with their working hours.

The type of illness as reported by 63 doctors, the highest in the list is comprised by general complaints. Most of the private practitioners do not have facilities for conducting the various tests. One hundred and thirty seven doctors have said that this question does not apply to them. Regarding the duration of check-up nearly 144 doctors have said that it is 10 minutes while 36 doctors report it to be 5 minutes. General practitioners do not record the details other than age and sex. While specialists record the details and maintain the file sometimes. Private doctors generally prescribe medicine. Regarding the following of instructions the doctors are not responsive.

Sixty five doctors feel that it is necessary to maintain confidentiality while 81 state there is no need. About the kind of interaction that should prevail between Doctor and Patient, about 146 doctors have said that it should be friendly. About the advisability and desirability of inviting patients home or for social occasion, about 126 doctors have said that it is not desirable and they do not socialize while, 91 have said 'sometimes they do'.

7.3.3 The probable impact of different medical settings on the Doctor-patient relationship

A study of the previous sectors of this chapter reveals that there are no significant differences in the social, cultural
characteristics of the Doctors/Patients belonging to the government and private medical settings. The impressions and expectations of the doctors regarding their profession and their expectations from the patients, the factors influencing the choice of the doctor and expectations of patients from the doctors do not vary. The differences, if any are only in minor details like the differences in number belonging to different category, the number of people subscribing to a particular view etc.

It is generally believed that the structural elements of a particular situation are likely to have an impact on the nature of interaction that occurs in that situation. The governmental medical setting is structurally different from the private medical setting. The doctors in governmental hospitals are bound by the rules of the organization. The rules relating to their services and other functioning are also likely to be affected by the fact that their income, while affected by the success or failure of the treatment given by them incidentally, is not dependent upon them.

Doctors in the private medical setting investigated in this study include both independent private practitioners and doctors working in private hospitals and nursing homes. The doctors in hospitals be they private or government are generally subject to some common constraints while the independent practitioner is free to operate depending upon his convenience and inclinations.

It may be expected that there would be significant differences in the nature of interaction between the doctor and patient depending upon whether the interaction occurs in a governmental or private medical setting. But the findings of the
present study do not support such an expectation. We find that
the nature of the interaction is expressed in various indicators
such as duration of work, duration of check-up, kinds of illness
reported, tests conducted, details recorded, the kinds of
interaction considered desirable etc., seem to be the same in both
the government and private medical setting.

This finding could be explained partly in terms of the
limitation of the methodology of the study. In the
present study it was not possible to interview specific doctors
and their patients and compare those answers given by them to
identify how far their perceptions and experiences of the
interactional situation agree/disagree with each other.

The absence of difference may also mean that the
particular medical setting does not have any influence on the
nature of the functioning of both the doctor and patient. It may
be that their role prescriptions are intrinsically independent of
the setting. The role expectations associated with the position
of a Doctor are specific in nature and contextual variations need
not bring about any difference in the performance. Same is true
of the patient. The patient's expectations are the same whether
he approaches a government doctor or a private practitioner. The
structural variations if any, may contribute to the differences in
whether the doctor is easily accessible, the financial aspects of
the treatment, the availability of other related facilities etc.
But it is not likely to bring about any major difference in the
interaction between the Doctor and the Patient.

7.3.4 Suggestions for further research

A comparative study of allopathy Doctors employed by the
Government and the Doctors who take to private practice is one
possible area of further research. This will explain the variant performance of Doctors' and the patients' response to the same.

Nursing homes are becoming popular and preferred medical setting in urban areas. A study may be made of the nature and quality of the medical care provided in the nursing homes. A Study of the Socio-economic status of the patients visiting nursing homes, and the functioning of private hospitals which is another emerging urban feature, also needs attention.

A sociological study of the Nurses serving in Government and private medical settings could be taken up for research.

Further a study may be attempted to find out the extent to which patients assert their rights legal and social. What if a very expensive treatment of a disease fails? Will the patients question the Doctor? This may throw some light on the exploitative aspect of Doctor-patient relationship.