



Managing the relationship with the patient and his family in the process of coordinated and personalized treatment¹

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Abstract: The article presents the challenges that primary health care will face in the coming years, especially from the perspective of coordinated and personalized medicine. In personalized treatment, where cooperation between the doctor and the patient is long-term and regular, apart from medical issues, the key issue seems to be the relationship not only with the patient, but also the involvement of the immediate social environment in the support process. Cooperation with the family makes it easier for the patient to understand the individual steps of the therapy, strengthens the maintenance of motivation for treatment, or compliance with established actions, therefore, when planning the medical therapy process, the doctor should take into account the needs of not only the patient, but also his family.

Keywords: coordinated medicine, personalized medicine, doctor-patient relationship, doctor-patient-family relationship, chronic disease

1. Coordinated and personalized medicine in primary health care

The World Health Organization (WHO) defines primary health care (PHC) as a fundamental element of the health care system, necessary for health prevention and treatment of diseases in the world (Bem, 2011). The primary health care facility is the first and main point of contact between the patient and health care staff, where comprehensive and coordinated health services are provided. (NFZ, 2016).

In Poland, primary health care facilities are the most popular, widely available place of treatment. In 2014, 148 million medical services were provided in primary health care facilities, and in 2017, almost 170 million services were provided, out of 291 million of all medical services provided in Poland. This means that almost 60% of medical services in Poland are provided in primary health care centers (Sikorski, Mędrzycki, 2021), where medical assistance can be used by any person who is insured (mandatorily or voluntarily) or who meets one of the conditions

specified in the Act of August 27 2004 About health care services financed from public funds. People who are uninsured but entitled to use primary health care services include minors, pregnant women, women giving birth and postpartum, and people who have a Pole's card (Dz. U. 2004 Nr 210 poz. 2135).

A properly functioning network of primary health care facilities seems to be the most effective way to treat a large number of patients, with a favorable balance between treatment effects and treatment costs (Bem, 2011). In the perspective of the development of primary health care, the key issue is to improve the quality of treatment while properly economizing the health care system (Skawińska, 2009). The answer to the need to balance the costs of primary health care activities is the development of coordinated care, in which the primary care physician determines the necessary patient treatment process, coordinated with specialists in other fields (Sikorski, 2018).

In the coming years, it seems crucial to adapt the services provided in primary health care to the emerging challenges related to the aging society

¹ Article in polish language: https://www.stowarzyszeniefidesetratio.pl/fer/58P_Barl.pdf

and the rapidly increasing number of people with chronic diseases. The analysis of the medical, psychological, social and spiritual concept of chronic disease shows specific mechanisms of how patients struggle with the critical events of this stressful disease (Kurpas, Hans-Wytrychowska, Mroczek, 2011; Ziarko, 2014). A chronic disease lasts no less than a year, which is why the patient requires regular contact with a primary care physician, but also with other health care specialists: employees conducting diagnostic tests, pharmacists and physiotherapists. Chronic diseases are becoming the main cause of death or disability of citizens of highly industrialized countries (Gębska-Kuczerowska, 2023; Kurpas, Hans-Wytrychowska, Mroczek, 2011), that is why change management in health care is so important. Important needs include not only the coordination of the treatment process, but also inter-center and inter-professional cooperation between specialists (K. Barłóg, M. Barłóg, 2022), but also proper health prevention, based on patient education and effective, early diagnosis of diseases (Garbarczyk, 2021; Magnuszewska-Otulak, 2013). In the coming years, coordinated care should develop into personalized treatment, i.e. treatment tailored to the individual needs of the patient (K. Barłóg, M. Barłóg, 2022; Gaciong, 2009; 2016; Jain, 2002; Kaleta, 2016; Wysocki, Handschuh, Mackiewicz, 2009). Universal forms of treatment may be ineffective in many cases, which is why it is so important to implement personalized treatment. For example, a standard drug is effective for about 40-60% of patients, and another 15% experience side effects (K. Barłóg, M. Barłóg, 2022; Gaciong, 2016), moreover, 12% of patients over 70 years of age are admitted to hospital as a result of side effects of the drugs used (Kurpas, Hans-Wytrychowska, Mroczek, 2011).

Individualization of therapy and its adaptation to the patient's needs requires a wide range of competences of doctors of various specialties. Specialists emphasize the need to develop genetic testing methodology and protect sensitive data (Chan, Ginsburg, 2011; Hamburg, Collins, 2010; Gaciong, 2016; Schork, 2015), developing skills in the use of new technologies (Abul-Husn, Kenny, 2019), as well as in the analysis of large data sets (Cirillo, Valencia,

2019; Suwinski, Ong, Ling, Poh, Khan, Ong, 2019; Senn, 2018). It seems to be a priority to develop not only hard skills in health care specialists, but also soft skills, including those related to building relationships with patients and interprofessional communication (K. Barłóg, M. Barłóg, 2022). It also seems important to improve skills in cooperation with the patient's family, because in the treatment of chronic diseases, the specialist should take into account the motivational and emotional aspects of both the patient and his family, which directly influence the effects of the therapy process (K. Barłóg, M. Barłóg, 2022; Małecki, 2018; Małecki, Nowina Konopka, 2018; Nowakowska et al., 2009; Nowina Konopka, 2016). Despite the increasing knowledge regarding the general principles of effective communication between doctors and patients and families, there are specific needs of patients with various diseases, therefore, depending on the doctor's specialty and the patient's diagnosis, some principles of cooperation and communication may differ (Gaciong, 2015; Jarema, 2015; Kupryś-Lipińska, Kuna, 2015; Małecka-Panas, Mokrowiecka, 2015; Sewerynek, Stuss, 2015; Stelmach, Jerzyńska, 2015; Stępińska, 2015; Tlustochowicz, 2015; Walicka, Franek, 2015; Zaleska-Żmijewska, Szafflik, 2015).

2. Consequences of ineffective communication between health care professionals and patients and his family

Communication is characterized by interaction and exchange of information between parties (Desouza, Evaristo, 2006, Drela, 2007, Muszyńska, 2010). It is a dynamic process in which information is transmitted by one party and received and interpreted by the other party, as well as feedback, i.e. reaction. Information is transmitted in various ways, including through verbal and non-verbal communication. Communication is accompanied by various noises, i.e. barriers that hinder the interaction of participants (Frączek, 2012; Nęcki, 2000, Pease, Pease, 2019). Importantly, communication performs several important functions: informational, educational, strengthening

attitudes and values, integration (building bonds between interlocutors), mobilization (motivation), and entertainment. Communication is therefore one of the fundamental social processes (Frączek, 2012).

The ability of a doctor to communicate properly with a patient is a basic element of medical art, which determines the canons of medical professionalism. The patient's consent to the proposed therapy, cooperation and involvement in the process of restoring health largely depend on the communication skills of the doctor or therapist. A doctor's communication competences are most often indicated by patients as desirable, right after the doctor's professional knowledge. In a situation of increasing diagnostic possibilities and more and more modern treatment techniques, people forget that, to a large extent, professional doctor-patient communication significantly affects the pace of the patient's recovery. Empathic communication in the event of illness is a valuable therapeutic tool (Sulkowska, Milewski, Kaczorowska-Bray, 2018; Świrydowicz, 2011).

Communicating with the patient is one of the doctor's basic tasks and therapeutic tools. Through communication, the doctor receives information about the patient's health problem, can explain the treatment process, provide recommendations and respond to emotional needs, among others, by listening to and understanding the patient's emerging concerns (Mendyk, Kowalik, Kuczyński, Nurzyńska-Flak, 2016). Research shows that an effective communication process between the doctor and the patient helps reduce the patient's level of anxiety before treatment, increases the likelihood of the doctor obtaining reliable information about the symptoms of the disease, obtains common expectations of the doctor and the patient regarding treatment, increases the patient's motivation for treatment, and increases satisfaction with progress. therapy, reducing the number of conflicts between doctor and patient (Chen, Tang, Guo, 2022; Moslehpour, Shalehah, Rahman, Lin, 2022; Tavakoly, Behzhad, Ferns, Peyman, 2020; Zaborowski, 2019).

The analysis of research results also leads to the conclusion that the doctor should provide the patient with a sense of security and leave hope that health problems will be positively solved (Sulkowska,

Milewski, Kaczorowska-Bray, 2018). The communication skills of the doctor or therapist result in a good relationship with the patient, which translates into an increase in the patient's confidence in the proposed therapy and, consequently, an increase in the effectiveness of the treatment (Bankiewicz-Nakielska, Walkiewicz, Tyszkiewicz-Bandur, Karakiewicz, 2017).

Unfortunately, the level of doctor-patient communication seems to be one of the basic elements of the competence gap in Polish health care (K. Barłóg, M. Barłóg, 2022; NFZ, 2016). Among the most common communication difficulties with doctors, patients mention: lack of involvement and explanation of the treatment plan, or lack of interest in the patient's emotional state. Patients also note the low level of interpersonal competence of doctors, in terms of the way they conduct conversations and maintain the appropriate distance (communication devoid of polite forms or excessively formal). Patients also indicate that health care professionals have little control over non-verbal communication (including: lack of eye contact, or inappropriate speaking pace). Unfortunately, due to the short time allocated for the visit, doctors often interrupt patients' statements or limit the conversation to a minimum (Sulkowska, Milewski, Kaczorowska-Bray, 2018).

Importantly, the issue of feeling supported is equally rarely discussed from the immediate social environment, i.e. from the patient's family. If the patient is a child, it is completely natural to involve the family in the treatment process, because the specialist builds relationships both with the child and with the parents who make decisions about the minors' health (Ladd, Forman, 2011).

The perspective of cooperation with the family of an adult patient has been changing in recent years. Patients' self-awareness is increasing, and thus the level of their expectations. Patients express the need to participate in decisions regarding treatment, they want to have a sense of decision-making, especially about their own health. The patient wants to feel that the doctor is actually involved in the treatment process, therefore the ability to build an appropriate doctor-patient relationship and professional communication is one of the key tasks in educating health care specialists and coordinating the treatment process (Oleszczyk, 2014).

This thesis seems to be confirmed by data showing that 75% of complaints submitted by patients to the National Health Fund are related to the unsatisfactory quality of the doctor-patient relationship. Improper relationships between a doctor and a patient and his family are one of the basic (along with medical malpractice) iatrogenic errors, i.e. actions and behavior of medical staff that harm the health of the patient, resulting in a worsening of the underlying disease or an extension of the treatment time (Włoszczak-Szubzda, Jarosz, 2012). The described difficulties concern not only Polish medicine, which is why communication training programs for students and health care specialists are increasingly being introduced in highly developed countries (Donisi et al., 2022; Sharma et al., 2021; Taff et al., 2023).

3. Benefits resulting from a partnership between the doctor and the patient and his family

The literature on the subject distinguishes 4 basic models of doctor-patient relationships: 1. one-way model – authoritarian, 2. two-way model – paternalistic, 3. two-way – cooperative model, 4. systemic – partnership model (Jarosz, Kawczyńska-Butrym, Włoszczak-Szubzda, 2012; Nowina Konopka 2016). In one-way communication, the relationship between the doctor and the patient is characterized by

great emotional distance, the specialist focuses only on providing medical information. The remaining models take into account the interaction between a health care specialist and a patient. In the paternalistic model, the relationship is authoritarian in nature, the doctor fully supervises the communication process. In the cooperative model, the doctor and the patient are in a partnership relationship, and the exchange of messages and cooperation also concerns the emotional sphere and the role of the family in the therapy process. In the system-partnership model, communication takes place in the doctor-patient-family triad. In this way, key variables related to the treatment process can be monitored, such as: conflicts in the family, the threat of family breakdown, or sudden changes in the family life cycle (Jarosz, Kawczyńska-Butrym, Włoszczak-Szubzda, 2012; Nowina Konopka 2016).

Regardless of the adopted relationship model, there are several basic communication barriers in the doctor-patient relationship. The basic ones include the patient’s poor health and well-being, high level of anxiety or negative emotions, and some personality traits. Low self-esteem may also be a barrier (including the patient’s indecision, failure to ask for a more detailed explanation or clarification of information that is unclear to the patient) and a low level of cognitive abilities, which translates into a lack of understanding of the doctor’s statements (K. Barłóg, M. Barłóg, 2022; Chapman, Roberts, Duberstein,

Table 1 Benefits of proper doctor-patient-family communication

Benefits of the doctor	Benefits of the patient	Benefits of the patient’s family
Reducing the patient’s emotional tension, which makes it easier to obtain information crucial for treatment	Feeling that your doctor is meeting your needs	Building a long-term relationship with the doctor, a sense of continuity of cooperation
Less patient resistance to therapy	The level of perceived security increases	The level of perceived security in the family increases
Building trust helps introduce positive changes in the patient’s functioning	Sense of control and decision-making – the doctor informs about all issues related to the disease	A feeling of comprehensive care
The patient’s motivation for treatment increases		
Fewer patient complaints and greater patient satisfaction	A sense of relationship with the doctor and of being listened to and understood	The doctor can base the diagnosis based on a broader social, cultural and psychological context, which contributes to the accuracy of treatment
The doctor’s satisfaction and self-esteem increases		

Source: Włoszczak-Szubzda, Jarosz, 2012, p.210

2011; Sulkowska, Milewski, Kaczorowska-Bray, 2018). Some of these barriers can be reduced by building a partnership with the patient and involving family members. The patient's loved ones are the primary source of support for the patient, both emotional and substantive (they control the implementation of medical recommendations, motivate, and explain the rules). Moreover, when a doctor provides information to a patient in the presence of his family, the likelihood increases remembering them and then following medical recommendations (Chmielewska, Kostrzewa-Itrych, Kostrzewa, Hermanowski, 2017; Gaciong, Kardas, 2015; Kardas, 2014; Sobczak, 2019). It is worth paying attention to the benefits of proper doctor-patient- family communication presented by Włoszczak-Szubzda and Jarosz (2012, p. 210).

Involving the patient's family in the treatment process may also be an important way to eliminate fear and resistance before surgery or procedures, because the support of loved ones is one of the basic resources in coping with stress and illness (Kadłubowska, Kózka, 2014). It is worth noting that cooperation both with the patient and his family is also important because the patient and family often have different requirements towards health care specialists (Wysocka, Frydrych, Klimkiewicz, Jarosz, Pasiński, 2021). Patients report the need for closeness and support from their family, and their relatives often focus only on medical issues. A doctor who is professionally involved in the patient's treatment process, seeing the broader context of the recovery process, can regulate the level of expectations of both parties and develop consistent actions for the patient and his or her loved ones.

Summary

Presented assumptions regarding the inclusion of the family in the patient's treatment process are significantly related to the theory of patient-centered

care. The foundation of theory is the assumption that a very important element of the treatment process is strengthening the patient's subjectivity, including: by listening to his opinions and needs, including emotional ones (Bankiewicz-Nakielska, Walkiewicz, Tyszkiewicz-Bandur, Karakiewicz, 2017). Including the family in the process of coordinated or personalized treatment seems to be one of the important steps towards meeting the patient's psychological needs, necessary for an effective recovery process. However, the issues discussed require empirical verification, including: in terms of: practical possibilities of including the family in the therapy process, issues of personal data protection, interprofessional cooperation between specialists, the level of interpersonal competences of specialists, systemic changes in health care (including regarding the doctor's time for a single consultation with the patient and his family).

The issue of systemic changes in health care seems to be particularly important, regarding communication between health care specialists working in various facilities and those conducting the patient's therapy process. Close cooperation of all specialists involved in the treatment process, not only doctors of various specialties, but also and pharmacists, or medical or pharmaceutical companies supplying medicines, seems necessary (K. Barłóg, M. Barłóg, 2022). Good inter-center and inter-professional communication, exchange of experiences and conducting coherent activities can maximize the effectiveness of therapy. At the same time, consistent interaction of specialists with the patient and his family can strengthen the message and reduce the effect of the first impression (Aronson, Wilson, Akert, 1997). A doctor who occasionally meets with the family may have an incorrect image of it, while several specialists cooperating with each other can observe the actual dependencies in the patient's family system and effectively include them in the treatment process.

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