Solutions to the Problem of Relationship between Patients and their Relatives and Medical Personnel

1. Facts

The relationship between patients and caregivers has always traditionally formed the most important basis for the healthcare system. In the medical system or any other healthcare system, caregivers are the main source of help, governed by moral and ethical principles, for patients who trust and follow their advice, leading to a proper healthcare process. At present, such a relationship has changed because of a number of factors. Healthcare has become a "service", consisting of service providers and receivers, in which service is the people's right. Such service has become more like commercial medicine. As a result, relationship has taken a different form. However, owing to greater complexity of the healthcare system that does not always produce the outcome with certainty, the results may not come out as desired. Untoward situations can always develop, leading a greater number of disputes and patients taking legal actions.

Complaints and legal actions are one way to demand justice by the people who are damaged and affected by the healthcare system. Over the past several years, Thai society has seen a development in which people can get access to the judicial process in a faster and more convenient fashion. Existing mechanisms are improved, while new ones are created both formally and informally. For instance, mechanisms and channels are now available through hospitals and clinics, the Ministry of Public Health, professional councils, National Health Security System, Social Security System, legal action through the court system and many other channels. Besides, groups and networks are formed to render help to one another in their demand for justice, such as groups of people suffering damage from medical services, while other legal mechanism developments become more readily available, for example, the Act on Procedures for Consumer Cases, B.E. 2551 (2008) which helps to speed up the process demanding for justice.

The ethical process of the Medical Council is one of the first channels formally established by legal provisions, through which complaints could be filed against the healthcare system. The record of complaints received by the Medical Council over the past 30 years or so was not substantially significant at the beginning. Some years saw an increase, others a decrease. The years during 1973-1999 began to see the trend slowly rising, partly because attempts were made to modify complaint criteria in Professional Medical Practice Act B.E. 2525 (1982) and partly because the Medical Council at some point had a policy to encourage people to use this channel for complaints and justice. The year 2000 saw a big leap in the number of complaints compared with the preceding years. However, after 2000 there has been no clear trend, as the number went down in some years. This changed trend is due to several factors including a change in the criteria or policy and process adjustment. In addition, there are other new channels that enabled people who suffer damage from the healthcare system to receive assistance in a speedier

fashion. For instance, it was found that more people had used the channel process prescribed in Section 41 of the National Health Security Act B.E. 2545 (2002) on a regular basis. With regard to the complaints filed against doctors according to types of hospitals and clinics in 2007, the Medical Council received 191 new cases, 56% of which were against doctors in the private sector, while only 62 cases were lodged against doctors under the Ministry of Public Health, an agency that looks after most hospitals and clinics in the country. In view of the number of hospitals and clinics under the Ministry's care, the number of complaints is very low compared to the private sector. This is remarkable especially in the case of community hospitals which number more than 700, against which only 25 complaints were lodged.

As far as litigations were concerned, the survey conducted by the Department of Health Service Support in August 2008, based on the responses from 46 State hospitals and 143 private hospitals, revealed that there were a number of civil and criminal cases. The medical profession registered the highest number of litigations, while nurses and dentists were also sued. Of the 83 legal cases against medical establishments/agencies, the private sector saw a slightly higher rate. However, in terms of the overall number of complaints filed against hospitals and clinics, it was estimated that the private sector witnessed a much higher rate.

This statistics shows that the problem of relationship between patients/their relatives and medical personnel led to a number of complaints and litigations. The situation was not confined only to medical professionals. The phenomenon happened to medical personnel working in every sector. Thus, the legal action was not limited only to the healthcare system of the public or private sector.

The litigation issue is a telltale sign about the crisis in the relationship between patients/their relatives and medical personnel. This needs a comprehensive analysis of the problem and cooperation to solve the problem together.

2. Causes

The problem of the relationship between patients/their relatives and medical personnel in the form of litigations shows an ongoing crisis. The findings of various studies reveal three important underlying causes: a sense of injustice received, poor relationship, and desire to see improvements on the mistakes made.

3. Basis of the problem

Further detailed analysis reveals that conflicts and undesirable situations are causes and effects of each other and that the root cause of the problem derives from the healthcare system and reduced trust. The components of the problem leading to litigations against doctors are shown in the following diagram:
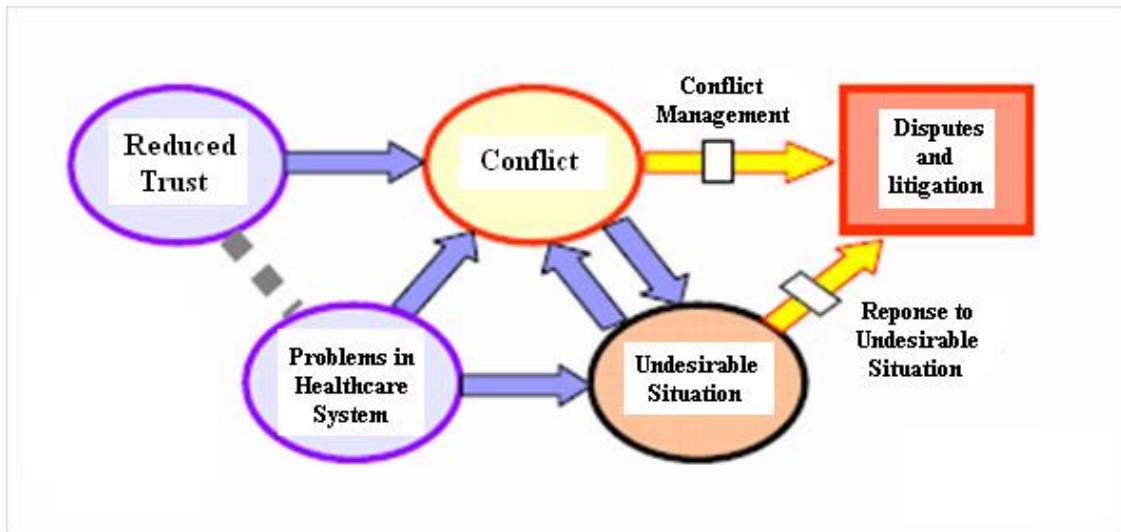
4. Possibly invisible problem:

The problem in the healthcare system is partly derived from what academia call "violence" apparently latent in the system. Based on the theory of Johan Gultung, the world's leading peace scholar, social violence can be divided into three types. First, direct violence is clearly visible, as it harms the body, life, property and basic human needs. Second, structural violence is not clearly seen, but it can lead to comparative advantages and disadvantages between different groups. Third, cultural violence is found in the culture that approves of expression of violence, something invisible to the modern medical theory as essentially "human". In addition, work culture of the medical personnel is filled with latent or invisible violence. Such violence can lead to conflict and may lead to undesirable situations. For instance, a poor person suffering from cancer dies because he/she is deprived of treatment owing to high prices of drugs. A chronic lung patient is left unattended until he/she is disabled, because the pain symptoms are not properly attended to.

5. Important principles in handling the problem:

In undertaking to solve the problem of patients/their relatives and the medical personnel, all sectors concerned need to adhere to three important principles:

5.1 Development of the humanized health care system:

A characteristic of Thai culture that has traditionally formed the basis of Thai lifestyles from time immemorial is "the culture of care" in which goodwill, helping care and loving kindness are encouraged and gratitude is appreciated and expressed toward each other. A Thai healthcare system should follow such good cultural practice on which good working relationship should be based. The current trend sees a movement toward such humanized healthcare system and should be further promoted on a continuing basis.

5.2 Promotion of trust:

One of the basic healthcare system components is mutual trust between patients/their relatives and medical personnel. In fact, this was the case in the past when the medical personnel attached great importance to health and quality of life of the patients and people. Patients would respect the trust them, while society would entrust the care and life decision to them. Such mutual trust resulted in greater effective healthcare. Even when an undesirable situation occurred, the good relationship could be maintained. Today, the relationship has changed because of a number of factors. Therefore, an important principle that all parties should adhere to is promotion of mutual trust to bring back the good old relationship as soon as possible.

5.3 Promotion of participation from all sectors:

The issue of lack of understanding between patients/their relatives and medical personnel has a wide-ranging effect on society and is fast on the increase. Many parties have proposed ways and means to overcome the problem that each thought would be the best solutions. However, owing to the complexity of the problem, sensitivity of the issue, and no conclusive standard or approach, one proposal might produce good results in some way but adverse effects in others, as each party tended to act in their own interests without considering the problem in a comprehensive fashion. Therefore, it is important to adhere to the principle of participation from all sectors concerned on the widest possible basis. They must work together to find a way out by opening up to each other, listening to each other, working to implement the agreed proposals together, and performing their duties accordingly in order to jointly create peace and social wellbeing.

6. Conceptual framework of measures to solve the problem:

Owing to the complex nature of the problem of the patient-doctor relationship, attempts to find solution must be made systematically through participation of all parties concerned, as one approach may produce positive and negative effects on other parts of the problem at the same time. Consequently, it is advisable to set a structural framework of measures to solve the problem of the patient-doctor relationship. Measures will cover the entire spectrum from the prevention of problems (primary prevention) to handling of the problem when it occurs from beginning to end (secondary and tertiary preventions). These will be backed up by other support measures to ensure comprehensiveness and greater effectiveness. Three targets should be set: 1) to ensure patient safety in the medical service system, 2) to ensure justice to all parties, and 3) to maintain relationships including healing relationship between patients and doctors, and social cohesion and cooperation so that the health system can be developed on a long-term basis. The ultimate aim is to ensure good health in the people and social wellbeing. Such conceptual framework for a systematic approach to the problem is illustrated below:
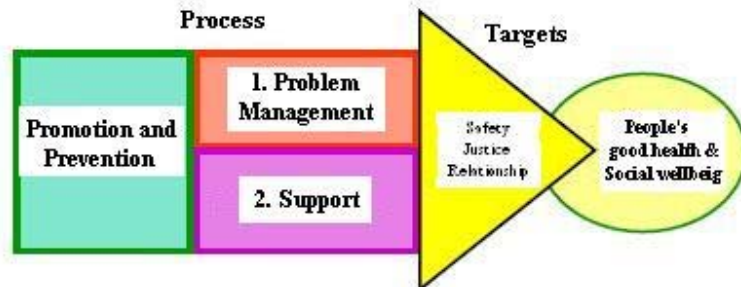
The proposals resulted from brainstorming by various parties could be summarized into three main measures and 11 sub-measures as follows:

6.1 Measures to manage the problem, consisting of three sub-measures: 1) remedy, 2) conflict management and relationship restoration, and 3) assistance given to the people and personnel

6.2 Support measures, consisting of four sub-measures: 1) risk management, 2) knowledge management, 3) promotion of good understanding attitudes between patients and doctors, and 4) development of relationship between the hospital and community

6.3 Promotion and prevention measures, consisting of four sub-measures: 1) management for development of service system, 2) development of service quality and standards, 3) educational management and professional development, and 4) development the humanized health care system.

7. Agenda to be Considered by the National Health Assembly

The National Health Assembly is requested to consider the *Draft Resolution 1/13*.