

**Medical Decisionmaking:
Models of the Doctor-Patient Relationship**

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Consider this scenario. Mr. X is a patient who suffers from a serious, but non-life-threatening condition, for which there are several treatment options. He goes to Dr. Y for help. Dr. Y has a solid understanding of the condition and treatment options. He believes one particular treatment to be in his patient's best interest and prescribes that treatment with little or no discussion of the other options. This approach to the practice of medicine, in which patients play a fairly passive role, represents a *paternalistic* model of the doctor-patient relationship. Until about thirty years ago, it was the typical mode of medical practice. In much the same way as parents make decisions for their children, doctors made decisions for their patients. One advantage to this approach was that patients did not have to bear the burden of decisionmaking. Professionals and patients began to question this approach, however, when the great advances in medical science and technology made available treatments which sometimes led to increased suffering on the part of patients. Gradually, patients and their advocates started insisting that patients be given all relevant information so that they could make their own decisions.

The doctor-patient relationship that seems to be replacing the paternalistic model is a *patients' rights, consumerist model*. In this model, medical practice is seen as a service-oriented business with patients as consumers who bring certain expectations to the relationship. The clear, though often unspoken, message is that patients will just take their business elsewhere if they are not satisfied. The advantage of this model is that patients are empowered to be active participants in the decisionmaking process. The disadvantage of this model is that it is grounded in the adversarial notion of *buyer beware* and the doctors' medical expertise is not always fully appreciated or considered.

These two models may be viewed as two extremes of a swinging pendulum. A third model, falling somewhere in between, offers a more effective means of healthcare delivery and utilization. This is a *collaborative* model, which is grounded in mutual respect and trust between patients and doctors. Here, both participants are seen as bringing vital expertise to the relationship: doctors are medical experts and patients are personal experts. Doctors know about diseases and treatments, patients know about themselves. Each participant is seen as having limited knowledge of the others' area of expertise, yet being capable of learning from one another and using that gained knowledge to arrive at a mutually agreeable treatment plan.

While this model maintains the concept of patients as final decisionmakers and arbiters of their own lives, it does so in a manner that encourages a full appreciation and consideration of doctors' recommendations. Studies have shown that one likely effect of such a

relationship is improved outcomes of healthcare services. To be sure, however, there is no guarantee of desired outcomes. Life and medicine still have too many uncertainties. Rather, the *collaborative* model of the doctor-patient relationship is merely what some believe to be the best chance of achieving those outcomes.¹

¹M. Stewart and D. Roter, eds. *Communicating with Medical Patients* (Newbury Park, CA: Sage Publications, 1989).

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