When Doctors' Values Conflict with Patients' Interests. – An Essay

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1. All Doctors Share One Value System

   All qualified physicians, regardless or specialty, and regardless of the culture or country of origin, be it the UK, France, Germany, Italy, Poland, Russia, China, India, Japan, or the US, and whether Christian, Muslim, Buddhist, Agnostic, or Atheist, share the same value system. When I make this statement, and ask my trainees, residents and medical students, they are often at a loss to think of the answer. If I supply the answer, however, they all nod their heads in agreement. The answer is, of course, the *Work Ethic.*

   The Work Ethic is ingrained in the brains of all medical trainees as it is accepted, when you apply to a medical school, that you must work hard, and *earn* the skills and qualifications needed to practice medicine, to *save lives!* Not to wind up *killing* lives!

   What would you do if you knew that a classmate is not studying and learning the skills but *cheating* to pass exams? Of course, you would report them – they are *dangerous!*

   You must work hard to earn your degree, or else you are despicable!

   This work ethic is, of course, necessary to become a competent physician. It is, also, an ethical value that doctors universally expect from others including nurses, medical technicians and other allied professionals, *and patients.*

2. Patients are Diverse

   Most patients are not doctors, and do not share the doctors' experiences of working up the merit-based professional ladder nor the drilling in of the work ethic during early training. Of course, there are some patients who share the work ethic with the doctor, mostly those who are themselves highly educated and/or successful professionals. These patients are valued by doctors and receive good medical care.

Patients, however, are very diverse in their value systems that have not been homogenized during the course of rigorous medical training. It is well known that patients coming from very different cultural or racial, ethnic backgrounds than the doctors may receive suboptimal care without the doctors' conscious bias.

There are certain groups of patients, however, for whom many doctors express conscious distaste.

In my seminars with psychiatric and medical residents, I noticed that those who had a rotation to the Veterans Administration hospitals often expressed, verbally or non-verbally, a sense of frustration in dealing with their patients. The frustration generally had to do with the patients' "lack of motivation for improvement", often manifested by non-compliance with treatment regiment and "demanding hospitalization" with exaggerated symptoms such as depression and suicidality.

When I encounter a trainee with such frustration, I ask:

"Why do you think the patient demands hospitalization, or are non-compliant?"

"Because they are poor, often homeless, and want to be in the hospital where it is warm and they are fed and cared for"

"How about their 'demand for admission?"

"I guess they are 'entitled' to be admitted to the VA if they are 'suicidal'"

I say, "OK, now let's think of another scenario. Suppose you are working in this academic medical center, and Prince Harry happened to be passing through the City and developed a panic attack, and was admitted to our Psychiatric Unit. And you happened to be the resident to be assigned to him, together, or course, with our Chief of Service. How would you feel?"

"Well, I guess I would feel kinda privileged taking care of a VIP"

"Would you feel rather special, proud, and maybe feel like asking your significant other, 'Guess whom I am treating at the hospital?'"

“Yes, I guess so.”

“So, why is Prince Harry a VIP?”

“Because he is a prince, a royalty.”

“What did he do to become a prince? Pass an exam?”

“Of course, he was born into it…. I see what you mean, he is ‘entitled’ by birth, not having worked for it, while the veteran is entitled because he ‘earned it’ by serving in the military!”

“Exactly! But why are you proud to service the prince but not the vet?”

Of course, the answer to this question is rather complex. The prince is “entitled” though he did not “earn it” while the veteran *did earn it in the past.* The vet had to remind the new doctors continually that he was entitled, and thus may be “abusing” his entitlement (but why would it be an abuse if he is continuously entitled?) while the prince is always in an exalted position though it was not earned. Does this have to do with the difference in social class between a prince, a royalty and thus the highest class, and a vet, who often is in a lower class, poor and *not working* (viz work ethic) though they may be disabled while in service. We should be reminded of that the vet became entitled *because they served*, while the prince became entitled because he was *born into the title* (no work involved here!)

A little sociological insight may help understand this situation. Talcott Parsons, an American sociologist, described the “sick role”, social expectations of how a sick patient should behave, as well as the “doctor role”, social expectations of how a doctor should behave. Among the doctor role expectations are “universality”, that a doctor will treat all patients without prejudice, and “affective neutrality”, that the doctor will not show excessive emotions concerning patients.   Among the sick role expectations are “being sick is considered undesirable and the patient should attempt to get well” and “to get competent care to get well” as well as that “being sick is not the patient’s fault, and that while being sick, the patient is relieved of normal social responsibilities such as work”

In the case of the vet, it is obvious that there are many conflicts among the role expectations. The doctors' expectation that the patient will consider being sick undesirable may go counter to the vet's interest in continuing to be sick to continue to receive compensation or other benefits, and the patients' noncompliance may be interpreted by the doctor to be an attempt to remain sick (though this may not be the case, or the patient may be conflicted). The doctor may feel discomfort with their difficulty in maintaining universality and affective neutrality with patients who seem not to want to get well and at the same time demand "entitled care" for "social/personal rather than medical necessity, e.g., a homeless veteran demanding admission.

In the case of the Prince, of course, the care you provide is time limited, and, of course, he is *entitled* to the best care available in the best room available in the hospital. You feel grateful that the Prince smiled at you and said, "Thank you."

The prince's social class justifies the entitlement, while a person who has a strong work ethic may feel that persons in the lower socioeconomic class are not "entitled" because their lack of upward mobility may be due to their laziness or lack of work ethic (even though they may have worked very hard in the past as in the case of the vet.)

Recognizing the factors that may influence the doctors' responses to patients' entitlements and demands may help resolve some misunderstandings and frustrations on the part of doctors in treating diverse patients.

3. Gardens have Individual Flowers

Trainees assigned to any medical facility that deals with chronic and "entitled" patients (entitlement meaning patients do not have to pay out of their pockets for medical encounter) often complain how "boring" it is to treat these patients as they are very chronic and uninteresting, and all the trainee has to do is just do cursory exams and continue existing med regimen. Indeed I remember that when I first rotated to a VA hospital, most patients seemed alike- all chronic with depression and anxiety, bipolar or psychotic disorders, personality disorders, PTSD, and substance abuse. Every patient had a chart that was many inches thick (yes, that was a time before the electronic medical

records, but even these can be very long). Nobody had the time or patience to go through the old charts, so what we did was just copy the diagnoses and read the last couple of progress notes. Very boring and not stimulating.

When my supervisor asked me how I liked my new rotation, I was somewhat hesitant to answer. "I think I need to get used to the new kinds of patients here, mostly chronic and long histories"

My supervisor responded, "Yes, these patients are mostly very chronic patients with thick charts. Impossible to read through all of them. What I suggest is that you pretend that you are seeing the patient for the first intake and get a complete history and physical. This will take less time than reading even a third of the chart, but may give you a fresh look at the patient. The patient may also feel that you have an interest and become more cooperative."

This was the best advice I received during that rotation. I found that as I listened to the patients narrate how the first symptoms occurred, often in their teens or in young adulthood but sometimes during basic training or in actual combat, I became fascinated how each narrative differed from each other, and how the same-same chronic conditions became individual, unique, and often moving experiences. Stories of growing up with loving family and animals in a farm, then being drafted (Yes, Vietnam era) and exposed to harsh basic training, drugs that became indispensable during deployment in Vietnam, terrible acts committed by the enemy as well as by the patient's unit, flashbacks, nightmares, broken relationships, despair, more drugs, etc., etc. Many stories were tragic, some were inspiring, but all of them had one thing in common – not the chronicity, not the drug abuse, not the entitlement, but the stories of individual human beings living through life's challenges, victories and defeats, sorrows and joys, all leading to the present encounter with me! Patients became alive before me, and I could envision movies of them! In most encounters, I believe I got more out of them than they got from me, though many told me that they developed a new understanding, an insight, on their lives and their meaning through these interviews with me. In fact, many showed marked improvement in their outlook on life during this period.

Yes, take advantage of the garden of chronic vegetation, and you may discover individual flowers, unique and beautiful in their own way!