

Research Progress of Harmonious Doctor-Patient Relationship

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Abstract: With Chinese medical and health services continue to develop and the national health level continues to improve, the doctor-patient relationship has been eased, but incidents of humiliation and injury have occurred from time to time. As a special social relationship, the doctor-patient relationship shows different development status in different social and historical stages. After long-term development, the developed countries in foreign have formed the doctor-patient relationship suitable to the market economy. Due to China is in the period of social and economic transformation, the doctor-patient relationship is strained compared with developed countries. Based on the definition, current situation and influencing factors of harmonious doctor-patient relationship, this paper describes the research progress of harmonious doctor-patient relationship.

Key words: Harmonious; Doctor-patient relationship; Systemic review

In 2017, the government work report proposed "building a new normal of harmonious doctor-patient relation". The construction of harmonious doctor-patient relationship is widely concerned by people from all walks of life. At present, China's medical and health services continue to develop, the national health level continues to improve, the doctor-patient relationship has been eased, but incidents of medical abuse and injury occur from time to time, the doctor-patient relationship is still not harmonious. To alleviate the contradiction between doctors and patients and to build a harmonious relationship between doctors and patients have become the focus of the government, medical staff and the public

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I. Definition of harmonious doctor-patient relationship

Under certain conditions, harmony is the concrete, relative, dynamic and dialectical unity between opposites. It is a relationship formed between different things that complement each other, develop together, and benefit each other[1]. Doctor-patient relationship is a kind of face and interaction relationship between doctors and patients in work, which is mainly manifested in human behavior communication and psychological sympathetic process. In the social relationship, doctor-patient relationship plays an important role, which is not only an important part of the social relationship, but also a special social relationship. In the process of medical activities, the supply side of medical service centered on clinicians and patients and the demand side of medical service form a special relationship of mutual interaction and mutual restriction.

According to the different definitions of the connotation of doctor-patient, the doctor-patient relationship can be divided into narrow sense and broad sense. In a narrow sense, doctor-patient relationship is also known as therapeutic relationship, which refers to the voluntary social interpersonal relationship between doctors and patients formed naturally in the process of medical activities. In the broad sense, doctor-patient relationship refers to the social interpersonal relationship formed by voluntary interaction between the doctor-patient group and the doctor-patient group in medical activities. The medical group not only refers to doctors, but also includes nurses, medical administrators, medical technicians and logistics personnel. The patient group not only refers to patients, but also includes guardians, relatives and work units related to patients. Harmonious doctor-patient relationship refers to the harmonious and symmetrical relationship naturally formed between the medical and patient groups in the process of medical activities, and it is an equal relationship between the two sides to solve conflicts and disputes in a rational and legal way [2]. Harmonious doctor-patient relationship is not only a model of doctor-patient relationship, but also an extension of basic interpersonal relationship.

II. Harmonious doctor-patient relationship

Doctor-patient relationship, as a special social relationship, shows different development in different social and historical stages. Foreign developed countries have formed a doctor-patient relationship adapted to the market economy through long-term development. As China is in the period of social and economic transition,

the doctor-patient relationship in China is in a tense period compared with developed countries.

2.1 Foreign status of harmonious doctor-patient relationship

From 1950s to 1960s, foreign scholars began to pay attention to the doctor-patient relationship and systematically studied it. In the early stage, the author mainly studied how to alleviate the contradiction between doctors and patients, and then focused on analyzing the contradiction between doctors and patients from the aspect of medical system, and proposed to resolve the contradiction between doctors and patients by improving the medical system. After world war ii, Britain put forward the national health insurance system of "cradle-to-grave welfare" to ease social conflicts caused by medical disputes. In addition, some countries use third-party mediators to coordinate medical disputes to avoid direct conflicts between doctors and patients. Although developed countries such as Britain, the United States, France, Germany and Japan have different degrees of medical disputes, medical injuries and medical litigation, the doctor-patient relationship is still in a relatively harmonious and stable state due to the relatively perfect legal and social security system.

2.2 Domestic status of harmonious doctor-patient relationship

In the 1980s, Chinese researchers began to explore the doctor-patient relationship. The development of the doctor-patient relationship can be divided into three stages:

The first stage is from the reform and opening up to the early 1990s. This stage is the exploration stage of hospital reform. The main contradiction of doctor-patient relationship is the insufficient allocation of medical resources and the lack of responsibility of doctors in hospital transformation and reform. Gao Jianqun et al. [3] pointed out that there was a sharp contradiction between medical supply and demand, and long-term overloading of large hospitals was a prominent problem in this stage. Due to the long-term overload of medical workers, their physical quality is generally poor, and the quality of service is affected. As a result, it is difficult for the masses to get medical treatment and stay in hospital, which affects the development of doctor-patient relationship.

The second stage was from the early 1990s to the early 21st century, during which the market-oriented orientation of medical reform played a role in promoting the development of medical and health undertakings. However, the increasing cost of medical service brings great economic burden to the social group lacking medical security, and the relationship between doctors and patients is affected by the direct conflict of interest between doctors and patients. Data from China consumers association shows that the number of medical complaints per month increased from 2164 to 22,125 in the three years from 1996 to 1999, with an increase rate of more than 10 times [4]. In addition, some scholars believe that the tension between doctors and patients is not a unilateral factor, but a comprehensive consideration of both factors [5].

The third stage is from the beginning of the 21st century to the present. Complete marketization leads to more and more conflicts between doctors and patients. News media reports of conflicts between doctors and patients continue to appear, and incidents of patients abusing doctors and beating medical staff are not uncommon. According to a recent survey by the China hospital association, each hospital in China saw an average of 27 cases of violent injury to doctors every year in 2016. The increasingly severe doctor-patient relationship makes people realize that doctor-patient relationship has become a systematic social problem, which should be reflected and discussed from the perspectives of medical system, ethics, philosophy and market orientation.

At the fourth plenary session of the 16th central committee of the communist party of China (CPC) central committee, the leaders expounded for the first time the scientific proposition of "building a harmonious socialist society". In the government work report of the state council from 2014 to 2017, it was clearly proposed to "build a harmonious doctor-patient relationship". As China is in the transition period of economic development, the medical system is constantly updated, and the harmonious relationship between doctors and patients is relatively low. The harmonious relationship between doctors and patients is still the research hotspot of Chinese government, society and scholars from all walks of life.

III. Influencing Factors Of Harmonious Doctor-Patient Relationship

Harmonious doctor-patient relationship is the inevitable requirement of constructing harmonious society, which is influenced by many factors. It mainly includes medical prescription factors, patient factors and social factors.

3.1 medical prescription factors

As one of the key factors of the harmonious doctor-patient relationship, the medical prescription has a direct impact on the harmonious doctor-patient relationship. Studies at home and abroad show that the factors affecting the harmonious doctor-patient relationship are mainly reflected in the lack of medical technology, limited medical conditions, service attitude, medical ethics and legal awareness. Roter[6] believes that doctors' satisfaction with the doctor-patient relationship will have a certain impact on their diagnosis and treatment

behavior, and then affect the quality and efficiency of medical service. So perception is one of the important factors to build harmonious doctor-patient relationship. Robinson[7] and Buchan[8] believe that doctors pay too much attention to the treatment effect of the disease, neglect the emotional communication with patients, and the high pressure of work, easy to produce a sense of bad practice, thereby affecting the formation and development of harmonious doctor-patient relationship.

Chinese scholars believe that the main factors affecting the doctor-patient relationship are medical technology, waiting service, doctor-patient communication, non-medical technology and hospital management system. Ma Zhiqiang et al. [9] indicated in "research on doctor-patient trust restoration based on trust restoration attribution model" that a considerable part of current medical disputes in China originate from doctors' misdiagnosis and medical conditions. In addition, relevant studies show that although the medical level has been greatly improved, the diagnosis rate of diseases is only about 70%, and the success rate of rescue for different acute and severe diseases is about 70-80%, and there are still some diseases with unknown causes and difficult diagnosis, and even some diseases with high misdiagnosis rate and hopeless treatment. Luo Zhonghua et al. [10] showed in "research on influencing factors of doctor-patient relationship based on principal component analysis" that the main factors affecting harmonious doctor-patient relationship are service attitude, service efficiency, medical quality and other aspects. Zhao Wenhui and Yang Liurong [11] discussed the doctor-patient relationship from the perspective of medical staff, and believed that doctor-patient disputes, medical ethics, doctor-patient trust, doctor income satisfaction and other important factors affecting the doctor-patient relationship. Yu Yi et al. [12] pointed out that medical kickbacks seriously affect the establishment of harmonious doctor-patient relationship between doctors and patients, and can easily lead to conflicts of interest between doctors and patients. Chen Yanling et al. [13] investigated the "cognition of both sides of the doctor-patient relationship to the two sides of the tension" and found that working attitude and medical quality are important factors affecting the doctor-patient relationship. Zhang Shanli [14] 'exploring the psychosocial causes of doctor-patient conflict' shows that doctors' sloppy writing of medical records, overly simple records and inconsistent records with patients' descriptions cannot reflect patients' main diseases and the development and change process of diseases, which are all potential hidden dangers of the disharmonious doctor-patient relationship. Jiao Feng et al. [15] believe that the lack of legal awareness of medical staff is also an important factor influencing the harmonious doctor-patient relationship.

3.2 Patient factors

As the other side of harmonious doctor-patient relationship, the patient plays a vital role in the formation of harmonious doctor-patient relationship. Studies at home and abroad show that the factors affecting the harmonious doctor-patient relationship are mainly manifested in the cognitive deviation of diagnosis and treatment results, the lack of medical knowledge, and the excessively high expectations of doctors. Rogut et al. [16] explored the influence factors of doctor-patient relationship through the theory of demo-related factors, showing that patients' age, race, level of economic income, self-insurance status, self-perception of health status, whether they have regular doctors and other factors will affect patients' satisfaction with medical treatment, thereby affecting the harmonious doctor-patient relationship. Robinson[7] pointed out that there will be cognitive bias between doctors and patients on the diagnosis and treatment results, and it is not conducive to the establishment of harmonious doctor-patient relationship when there is a large deviation between the final results and expectations. This is due to different roles, different knowledge and motivation bias. Goodman[17] points out that there is information asymmetry between doctors and patients to some extent, and patients are the relative disadvantages, which seriously affects the communication effect between doctors and patients, and further affects the harmonious relationship between doctors and patients.

Qi Yanying and Song Guizhi[18] took the psychological response and psychological needs of patients when seeking medical treatment as research points to analyze the psychological state of patients in the process of diagnosis and treatment and its influence on harmonious physician-patient relationship. Zhang Yurong[19], such as the use of a single game and repeated game model in the analysis of the doctor-patient relationship on both sides of the decision to choose, reveals the doctor-patient exists between the "rational man" speculative psychology and malfeasance of disharmony factors, diagnosis and treatment process between doctor and patient can appear the healer visits is not keen, don't cooperate with the "prisoner's dilemma" to the patient, and think that this is the biggest obstacle to the healthy and harmonious development of the doctor-patient relationship. Xiong Menghui[20] explored the psychological causes of the disharmonious doctor-patient relationship through qualitative research combined with quantitative research, and found that patients' high expectations on doctors, attributional bias between doctors and patients, stereotypes in the process of medical treatment and other psychological factors are not conducive to the harmony of doctor-patient relationship. Ma Liyuan [21] believes that patients' high expectations and lack of medical knowledge will affect the harmony between doctors and patients.

3.3 Social factors

Social factors refer to factors other than the physician and the patient. Although social factors are not the direct causes of the doctor-patient relationship, they are the fundamental attribution of the current situation of the doctor-patient relationship. Due to the relatively perfect medical security system and relatively harmonious doctor-patient relationship in foreign countries, there are few reports on the social influencing factors of harmonious doctor-patient relationship.

In China, the social factors that affect the harmonious doctor-patient relationship are mainly reflected in the unbalanced allocation of health resources, the imperfect medical security system, the imperfect laws and regulations, and the negative reports of online media. Gao qiang, former vice minister of health, believes that the difficulty and high cost of medical services are the root causes of the disharmony between doctors and patients. Gao Xue[22] believes that the scarcity of high-quality health resources, uneven allocation of health resources and low allocation efficiency are important reasons for the disharmony between doctors and patients. Yuan Tingdong [23] believes that the reason for the tension between doctors and patients in China is the imperfect medical and health care system and medical security system under the economic transformation, as well as the insufficient government investment and supervision. Zheng Ye[24] pointed out that China's unsound medical insurance system is the core social factor that affects the harmonious doctor-patient relationship. Zhao Huaijuan[25] 's research points out that the lax supervision of competent government departments, the lack of reasonable countermeasures to deal with disputes between doctors and patients, and the imperfect construction of laws and regulations in the field of health are not conducive to the establishment of harmonious relationship between doctors and patients. Zhou Liang[26] believes that the most important social factors affecting the doctor-patient relationship are non-medical factors, and doctor-patient communication and medical expenses also affect the doctor-patient relationship to varying degrees.

In addition, public opinion guidance such as mass media will also have an impact on harmonious doctor-patient relationship. Li yuchao et al.[27] pointed out that the report of mass media on doctor-patient relationship can affect social psychology, and thus have a positive or negative impact on harmonious doctor-patient relationship. Tang Yao[28] analyzed the influencing factors of doctor-patient relationship from the perspectives of system and media. The institutional reasons are the insufficient government investment, uneven distribution of medical resources and unreasonable medical treatment mechanism. In the aspect of network media, negative reports cause the tension of doctor-patient relationship to some extent. Zhang Tianrui[29] believes that due to the lack of professional medical knowledge, some media cannot correctly grasp the professional medical and health work, so some media reports will mislead the public understanding, which is not conducive to the construction of harmonious doctor-patient relationship. The above research results indicate that the harmony of doctor-patient relationship is the result of the comprehensive effects of the doctor-patient relationship and the society. Therefore, we should consider all kinds of factors that affect the harmonious doctor-patient relationship from different angles.

IV. Summary

The core values of socialism require the national level: prosperity, democracy, civilization and harmony. "Harmony" has become an advocacy word for the new era. At present, our country is going all out to build a harmonious society, and doctor-patient relationship is an important part of the harmonious society. China is in the transition period of economic development. Although the medical system is constantly updated, it is still not perfect and the harmonious relationship between doctors and patients is low. The harmonious degree of doctor-patient relationship is influenced by the medical prescription, the patient and the society. How to correctly deal with the influence of various factors on doctor-patient relationship is a social problem that needs to be solved urgently.

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