

# Views on Current Situation, Causes and Responses of Doctor-Patient Conflicts in New Situations

Zijian Wu<sup>1,\*</sup>, Virginia Trigo<sup>2</sup>

<sup>1</sup>Clinical Research Management Department, Cancer Centre of Guangzhou Medical University, No.78, Hengzhigang Road, Yuexiu District, Guangzhou, Guangdong Province, China 510095

<sup>2</sup>Iscte Business School, BRU-IUL, University Institute of Lisbon, Avenida das Forças Armadas, 1649-026, Lisbon, Portugal

\*Corresponding author. Email: ngken@126.com

## ABSTRACT

As medical conditions have improved, doctor-patient conflicts and even disputes have become one of major social problems that affect the Chinese health care system. The satisfaction of patients with medical institutions and staff is decreasingly low. Doctors and patients are moving away from the previous simplicity and harmony in their interaction and have turned into opposites with many hidden conflicts and risks. The author summarizes the current situation and causes of the relationship between doctors and patients in China, and finds that doctors and patients, the media and the government are all factors that cause and intensify doctor-patient conflicts. This article will further discuss the responses to improve such relationship, and believes that only when the above all parties can cooperate with each other to strengthen the development of humanity, the possibility of the doctor-patient conflicts can be fundamentally reduced.

**Keywords:** doctor-patient relationship; new situations; current situation; responses

## 1. INTRODUCTION

It is very necessary to establish a harmonious relationship between doctors and patients. Medical institutions should improve facilities and their ethics, and actively resolve conflicts to prevent disputes. Doctor-patient relationship is the cornerstone of diagnostic and treatment activities. Mutual trust between them is not only an ethical issue, but also an essential element of the sound cooperation in diagnosis and treatment [1]. Relevant research shows that patients' trust in and recognition of medical staff has a significantly positive correlation with their attitude towards seeing a doctor and medical decision making of doctors [2]. In recent years, the relationship between doctors and patients has become increasingly tense, followed by a year-on-year rise of medical disputes. This has made such relationship a social problem that is desperate for improvement. Faced with the doctor-patient relationship in new situations, we should clearly recognize the current situation and trace back to the causes, and only by doing so can we find coping strategies.

## 2. CURRENT SITUATION OF DOCTOR-PATIENT RELATIONSHIP IN NEW SITUATIONS

In the early days after the founding of the People's Republic of China in 1949, medical staff did a lot to prevent and control diseases and treat and cure patients, a great contribution to the country's healthcare development.

Their noble image of diligence and selflessness has won the praise and respect from the common people. Those days just saw doctors and patients interact in a simple and harmonious way, and saw not high medical expenses, no out-of-control illegal acts targeting medical staff and institutions, and rare incidents of attacking or killing doctors. However, when China's market economy and diagnostic and treatment technology are prospering in recent years, we regret to see that these close partners once together fighting against diseases have gradually developed divisions that are difficult to fix. This huge change is mainly reflected in:

### 2.1. Changes in Situation and Emotion

Conflicts and disputes have a tendency to become the theme of doctor-patient relationship in China, and news of tensions between the two groups can often be found on media platforms, both big and small. The previous warm and harmonious atmosphere has turned into a tense, indifferent one even involving knife attacks. To a considerable number of people, the image of the medical industry today has been less white as snow but more unpleasantly "cold", "deceptive", "greedy", and "unscrupulous". "Hospital is hell." "Doctor is devil." Such tags have been added on hospitals. All in all, the medical industry is facing an unprecedented crisis of trust.

### 2.2. Change in roles and relationship

Doctors and patients should have been an interdependent

“community of shared interests”, but now they have become “opposites of game theory in economics”. Because of high medical costs, the issue of inaccessible and unaffordable healthcare services has always been what tortures reformers of medical system most and what most people complain about. “Decades of hard-won wealth can be overwhelmed by a major disease to zero.” “It is too expensive to be ill.” These have become an uneasy inner monologue of the Chinese people toward medical service. Because of such game of interests, doctors and patients are gradually seeing an invisible barrier between them.

### 3. THE TREND OF DOCTOR-PATIENT RELATIONSHIP

The increasingly intensified conflicts between doctors and patients are disturbing the calm healthcare environment, and reconciling dispute becomes more challenging. Due to the media’s biased reports and changes of social and moral values, medical institutions and personnel are under great pressure from public opinion, and patients tend to not choose formal ways to deal with their problems [3], and some even are joined by hired hospital violators and take abnormal methods to destroy the normal order of medical institutions. Such behavior is increasingly horrible.

### 4. CAUSES OF DOCTOR-PATIENT TENSION

The author believes that the current tension between doctors and patients is mainly related to the following four factors:

#### 4.1. Hospital Factor

Nowadays, some doctors lack responsibility and work ethics. “Receiving bribery red envelopes” and “taking kickbacks” have become the hidden rules of the industry. The image of the medical industry is just more often damaged by such non-technical problems. The uncertainty and high risk of medical treatment cannot be not fully understood by patients, leading to information asymmetry between doctor and patient. With limited information, patients are prone to misunderstand and misjudge the medical staff’s activities in diagnosis and treatment, which can easily cause the loss of mutual trust between doctor and patient [4]. Besides, some medical workers speak and behave in an inappropriate way, care less about their appearance, and even make promises without deliberation in the process of diagnosis and treatment full of uncertainties. All this let them in a passive position and increases patient distrust of them. And in some cases, medical workers depend too much on instrument and biochemical testing, or do not have a positive attitude of pursuing medical knowledge and technical excellence, increasing the probability of medical failures and finally incurring more medical disputes.

#### 4.2. Patient Factor

Due to the information asymmetry between doctor and patient, some patients or their family often have high expectations of treatment effect. With increasingly higher medical costs and financial pressure, patients become more demanding to medical services, and sometimes are even too critical. When the actual situation or the final result fails to meet their expectation, patients will feel very frustrated, and their emotions such as doubt and dissatisfaction will easily lead to extreme or even vicious incidents. In addition, in the past medical disputes, a small number of patients deliberately imposed conflicts on hospital to reduce their financial burden, and even further profited from it. Such patients often employ trivial matters or even nothing to intrigue disputes for “large amount of compensation”, and some collude with persons with unknown social background to disrupt medical staff or institutions, forcing hospital to compromise [4].

#### 4.3. Government Factor

##### 4.3.1. Difficult implementation of tired health-care delivery

Given the uneven distribution of health resources, China has long been facing barriers to implement tired health-care delivery. Compared with secondary and tertiary hospitals with quality medical resources, primary medical care is relatively short of people, finance, and resources and finds it hard to improve the level of medical technology and diagnostic and treatment services, and thus cannot meet the needs of the public. [5,6]. Affected by the traditional concept of seeing a doctor and considering brand and strength of a hospital, people would rather travel a longer distance and spend more money in a large hospital than believe a primary hospital [7]. A survey, conducted by some scholars to investigate the understanding of tired health-care delivery among 109 residents in a large city in China, shows that only 14.7% know the service and only 17.4% support it [8]. Some scholars have also conducted similar surveys [9]. The results show that 96 people (73.3%) do not know the service is already implemented, 109 (83.2%) have not undergone referrals, and 114 (87.0%) are unwilling to be transferred from a big hospital to a community hospital after they are in a stable condition. According to some analysis by Xia and others, the current obvious trouble of tired health-care delivery is that medical services in large hospitals are hard to access and afford but the resources of community health services stand idle [10].

##### 4.3.2. High medical costs

The Chinese people generally believe that the issue of unaffordable medical services stems from high medical

costs [11]. Xia and others learn from investigations that medical staff believe that insufficient government investment has led to “income-generating” behaviors of hospitals for survival, which can easily result in excessive medical treatment. Medical staff may also seek extra benefits to increase their income, which directly leads to higher medical expenses [12]. Zhang also agrees with this point of view. She points out that as China's healthcare budget is reducing, medical institutions often get more economic benefits from drug sales and services to improve their operational performance. Medicine markups and excessive prescriptions have evolved into a major channel of revenue generating, and patients are often in a passive position in medical consumption [13]. Some scholars have compared and analyzed the medical resources and expenses of the BRICS countries, including China. The result finds that China's medical resources are in the middle in the five countries, but its growth rate of total and average medical expenses are fastest. The proportion of total medical expenses in GDP is relatively low and registers a low growth rate [14].

#### 4.3.3. *Low medical insurance coverage*

According to statistics, although the number of people joining the basic medical insurance reaches 1.3 billion, covering more than 95% of the total population, China's current basic medical insurance is still at a relatively low level, and its funding mechanism is also unstable [15]. Now, the medical insurance pays not enough for primary and secondary prevention, and only pays for disease treatment. In addition, a disproportional share of different age groups joining the medical insurance is also an outstanding issue. A survey conducted by Sun in Anhui Province finds that people aged between 40 and 59 account for 69%, while those between 20 and 39 for about 9.6% [16]. Therefore, China's medical insurance development still has a long way to go.

#### 4.3.4. *Inadequate legal system*

At present, some provisions of the country's laws and regulations of healthcare are unclearly explained and sometimes even contradictory with each other, which brings gray zones and results in differences in the understanding of the legal provisions between doctor and patient. As a result, unnecessary disputes are likely to occur in the process of diagnosis and treatment. Complaint-handling and mediation mechanisms for medical disputes still need to be improved, as the phenomenon of shirking responsibilities and favoritism is still widespread and people often lose confidence in the legal way of appealing.

### 4.4. *Social Factor*

#### 4.4.1. *Absence of moral values*

A diversified economy has distorted some people's values and changed their moral concepts a lot. In the context of economic globalization and the collision of Chinese and Western cultures, society is full of frauds and lies, lack of morality and integrity, and losing basic trust among people. In a world of material desires, the mindset of showing off, comparing, jealousy, and hating the rich is becoming dominant, while good merits of tolerance, compassion, and love are gradually fading away.

#### 4.4.2. *Hired hospital violators*

The “vulnerable” image of patients enables people of ill intentions to sense the profitable “business opportunities” and then form a professional team. They often wander inside or outside hospitals and when spotting medical disputes, they will incite patients to disturb doctors and hospitals. They will masquerade as the relatives of patients and disrupt medical order by besieging the hospital, putting up banners, and setting up a mourning shed, and even beat doctors, to threaten medical institutions for compensation.

#### 4.4.3. *Faults of the media*

The mass media have limited knowledge of medical knowledge as a whole, so they tend to make one-sided judgment of the nature of medical incident. Some poor media excessively promote the negative image of doctors, take them as a hypothetical “defendant”, exaggerate not common cases such as “receiving bribery red envelopes”, “profiteering”, “taking kickbacks”, and then launched a “media trial” on doctors. All this has laid a foundation of distrust between doctors and patients. Some even disregard their work ethics and attract public attention for selling points by playing a role of “protecting the weak against the power” and reporting with distorted facts in a purpose of creating resonance among the public.

## 5. **RESPONSES TO DOCTOR-PATIENT RELATIONSHIP IN NEW SITUATIONS**

### 5.1. *Strengthen Communications and Together Build Harmony*

As well as diseases, people's “heart” also need to be treated. In the new era, medical workers should realize that they, as a qualified medical worker, should not only have solid professional skills, but also have compassion, kindness and a strong sense of responsibility. This requires

a concept of putting patients first, and the implementation of it across the entire diagnostic and treatment process. In the new era, medical workers are supposed to turn into “medicine craftsmen”.

Eliminate emotions of rage. A harmonious relationship requires the efforts of both parties, so patients should also establish a sound concept of medical treatment, understand the hard work and huge pressure of medical staff, and know that as doctors are not God, they may also make mistakes. Besides, patients should learn more about scientific medical knowledge and the high risk and uncertainties of medicine so that they can resort to a rational and legal way to resolve disputes.

### **5.2. Doctors Act with Self-discipline and Hospitals Supervise**

The improvement of medical knowledge is endless. Therefore, medical workers should strengthen their learning of professional knowledge and skills and pursue the continuous improvement of work quality. At the same time, they should act with self-discipline, uphold work ethics, adhere to standardized medical behaviors, and cultivate communications skills. Medical institutions should also focus on strengthening the supervision of medical quality to ensure the effective implementation of various core systems; strengthen the training of medical staff's humanistic education and communications skills to promote humanity care; and at the same time, should also strengthen their public relations to handle disputes head-on with a proactive attitude and give reasonable explanations to patients and the media to avoid suspicions and mistrust.

### **5.3. The Media Remains Rational and the Government Leads**

Government departments should enhance the supervision and management of the media industry and resist unhealthy trends such as black public relations. The media should raise their sense of social responsibility, and media people should improve their professional skills and ethics, report medical incidents on the basis of facts, uphold the socialist core values, and shoulder the responsibility of promoting and advancing a harmonious society.

### **5.4. Government Intervenes and Focuses on Meditation**

Excessive marketization of healthcare will put the doctor-patient relationship into a vicious circle. Therefore, the government should increase the funding in public health to ensure medical institutions are public services and further optimize the distribution of medical resources. By taking the advantage of the new medical reform, the government should improve relevant laws and regulations to establish an efficient, fair dispute handling mechanism

as soon as possible, for example, to build a third-party mediation system to avoid trust crises due to peer favoritism or confusion of management and punishment. People's mediation committees for medical disputes, established through the government's advocacy, are a channel to intervene in medical disputes through third-party mediation. Some scholars have conducted a retrospective analysis of the handling process of 273 medical disputes in Guangdong Province, and find that the success rate of the committees to reconcile patients is close to 70%. Such mediation mechanism can avoid greater intense, violent behaviors or lawsuits of disputes, which has a positive significance for the handling of medical disputes with its unique advantages [17].

## **6. CONCLUSION**

Doctors and patients are interdependent. As long as there is a disease, doctors and patients cannot avoid correlation. They have experienced a “honeymoon”, but now they are facing contradictions and torn feelings between them. When we pay attention to this increasingly serious social problem, we need to pinpoint the root causes, and further explore coping strategies to fundamentally reverse the deteriorating doctor-patient relationship and healthcare environment. The new medical reform has already delivered obvious results. As long as we stay confident and work together, the harmonious coexistence between doctors and patients will become a commonplace around us.

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