

Doctor-Patient Relationship Tools to Improve the Pharmacological Prescription Process

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Introduction

The doctor-patient relationship is fundamental for both diagnosis and treatment. All healthcare activity is influenced, directly or indirectly, by interpersonal relationships. Communication allows for the integration of clinical reasoning by connecting the biomedical and psychosocial aspects of clinical care. It is about integrating communication and clinical reasoning, and connecting the biomedical and psychosocial aspects of clinical care [1].

The prescription of medication marks the end of the consultation, after the patient profile has been developed and the diagnosis made. Thus, we can understand that the doctor-patient relationship and the prescribed medication are intrinsically linked [2].

The influence between the doctor-patient relationship and the prescription of medications is bidirectional, mutual, constant, and fundamental in medical care; it is a circle where the social and the pharmacological reinforce each other. A good doctor-patient relationship strengthens the effect of the medication, and medication that is accepted and understood strengthens the bond [3].

The ability to communicate is a fundamental requirement for successfully obtaining the patient's medical history. The information we gather, if carefully connected and evaluated, can lead to a correct diagnosis in more than 70% of patients [4].

The importance of the doctor-patient relationship lies in its proven influence on healthcare outcomes [5,6]. The doctor-patient relationship is fundamental to both diagnosis and treatment. And the likelihood of successful treatment is

directly proportional to the quality of this relationship [2]. A strong alliance is associated with better patient outcomes and greater treatment satisfaction [7]. Consequently, patient-physician interaction was fundamental to medication prescribing [8].

In this scenario, the tools in the doctor-patient relationship that improve the drug prescription process would be:

Prioritizing the Connection with the Patient

Prioritizing the connection with the patient over merely treating symptoms with medication, fostering healing through trust. In the "disorganized" phase of symptom presentation, before "choosing" their ailment, the patient "offers" or "proposes" several alternatives to the doctor. How the doctor "responds" to the patient's "proposed ailments" is key to a successful doctor-patient relationship and, ultimately, to the diagnosis and treatment. If their problems or "offers" are acknowledged before "organizing" their ailment, the outcome will be better. If not, the patient will propose several ailments, and alternatives will be offered until, by mutual agreement, the chosen ailment is justified. That is, a dynamic, collaborative relationship develops regarding the choice of ailment, based on mutual satisfaction and frustration between doctor and patient.

Shared Decision-Making

When patients are treated as partners in their healthcare, they are more likely to adhere to medication plans and be satisfied with their treatment. The prescribing process should be a collaboration, not simply an imposition of medication.

Without a strong doctor-patient relationship, risks arise in medication prescribing: patients may withhold information, discontinue medication, or fail to participate in necessary therapy, which diminishes the overall effectiveness of the treatment plan [9]. In shared decision-making, by involving the patient in choosing the plan, they feel a greater sense of control over their own recovery. Ultimately, the pill is just a tool; the relationship is the vehicle that allows that tool to work safely and effectively.

Understanding the Context

A good relationship allows physicians to understand the patient's life context (stressors, traumas), which is key to distinguishing between medication needs and environmental factors. The expression of individual symptoms is more related to certain contextual factors than to seemingly specific pathological factors. A symptom—for example, cough, chills, itching, pain, dizziness, fatigue, nausea, etc.—stems from our experience and how we cope with or experience it in daily life, in our everyday activities: work situations, family situations, and so on. The common denominator of illness is that it occurs or arises in situations and is a relational concept. The clinical variation found in the work of general practitioners is partly due to their level of attention to the contexts and situations in which their patients' illnesses occur.

Understanding the context also means being attentive to biopsychosocial warning signs. These are key points useful as indicators of potential problems within the patient's context; they are semiological data to consider for diagnosis and treatment. The presence of these indicators should alert the physician to the need to examine contextual factors more thoroughly before making a drug prescription [1,10,11]: Frequent consultations for minor problems, frequent consultations with the same symptom or with multiple consultations in visits, consultations for symptoms that have been present for a long time previously, consultations for a chronic disease that does not seem to have changed, incongruity between the patient's distress and the comparatively minor nature of the symptoms, failure to recover within the expected time after an illness, accident or surgical intervention, frequent visits from parents with a child with minor problems (the child as a representative of the illness in the parents), an adult patient with an accompanying relative, difficulty in making sense of the reason for consultation, patients with frequent adverse drug reactions (they present a higher prevalence of emotional disturbances), and patients with "complex" genograms (they present families with psychosocial problems that can be expressed as biomedical problems).

Positive Placebo Effect

The Drug as Placebo/Nocebo. Positive effects of drug treatment (improvement) produce a placebo effect, enhancing

the doctor-patient relationship. Conversely, negative, side effects of the drug or the lack of improvement with treatment can trigger a nocebo effect, leading to a poor relationship and loss of trust in the doctor. The placebo is not a pill; it is a process. The doctor is, in themselves, the most powerful placebo. Medications also have non-pharmacological effects on patients. Drug prescribing is one of the primary aspects of general practice. It is essential to understand the pharmacology of the medications used, but equally important are the non-pharmacological aspects, such as non-specific adverse effects (nocebo), the placebo effect, non-adherence, cost, psychological meanings (symbols, meanings, beliefs, stigmas), ethical considerations, the fact that prescribing is sometimes a way for physicians to cope with their frustration, etc., which have effects on health, modify the doctor-patient encounter, and can influence a change in prescribing practices in daily routines [12–16].

Therefore, it is not just a matter of choosing the right drug based on symptoms, but of building a solid therapeutic alliance. When trust exists, several key phenomena occur: Improved adherence (Patients are more likely to follow treatment if they feel their fears and doubts are heard); Honest communication (Patients feel comfortable reporting real side effects, which allows for dose adjustments without them abandoning medication out of frustration); Positive placebo effect (Expectations and the warmth of the professional can enhance the biological response to treatment [17].

In summary, the doctor-patient relationship is itself an active "drug"; if the relationship is positive, the prescription tends to be more rational and effective, while a dysfunctional relationship usually leads to a less appropriate prescription. Especially in general medicine, the doctor-patient relationship itself is the intervention that the doctor uses most frequently with the patient, considering the doctor themselves as a medicine, the "doctor-medicine." Furthermore, the doctor-patient relationship is a fundamental and determining tool for achieving a correct diagnosis and effective treatment, based on prioritizing the connection with the patient over the mere treatment of symptoms with medication, shared decision-making, and understanding the biopsychosocial context. This human and professional bond of the doctor-patient relationship acts as the backbone of medical practice, complementing technical knowledge and clinical evidence, determining the pharmacological prescription process.

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