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Effects of Physician's behaviour on the Patient's outcome : A Critical Study

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ABSTRACT

According to a consensus statement on physician-patient communication, "effective communication between doctor and patient is a central clinical function that cannot be delegated." Many of the times, this primary fact is neglected and hence, the patient may suffer. A study was taken to review the available resources which deal with the effect of a doctor as a human and his behaviour on the patients' outcome. A study of *Brihatrayee* (three main books on Ayurveda, viz. *Charaka Samhita*, *Sushruta Samhita* and *Ashtanga Hridayam*.) was taken to find out references which underline the importance of a gentle behaviour and positive attitude. The studies from various western medical journals like the *Lancet* and *British medical journal* were compiled and studied. Many of the well-controlled studies have proved that the doctor is a drug. So, the conclusion was drawn that the doctor's outlook about the patient's condition, his behaviour towards him and his faith in the available treatments have a strong impact on the patient's recovery.

Key words: Doctor, Physician's behaviour, mind, patient, sympathy, faith.

INTRODUCTION

The secret of the care of the patient is in caring for the patient. – Francis W. Peabody

From time immortal, there has been a quest to perfect the treatment modalities and give out the best to the patient. Patients are the centre stage of the medical world as a whole and should remain such. Patients' wellbeing should be the prime focus of any medicine, therapy or procedure. Patients get well partly because of the medicines and surgeries they receive and partly because they trust in certain doctor, certain medicine or even certain place. The

faith and belief that the cure is here helps them to get well. Many a times, patients confess that even by talking to a particular doctor they felt better and their symptoms disappeared. The healing can not be reduced to the medicines totally. But what does play a part here and sometimes the most significant one is a doctor-patient relationship. Unfortunately, we, doctors, are now losing the ability to look our patients in the eyes, listen intently to their fears and concerns and provide the support and care which are so necessary for a relationship that promotes healing. The conversations with patients have the potential to be therapeutic or harmful.

We can promote the kind of communication that enables patients to make difficult choices, to pursue the strategies they choose and achieve the results they desire. At the same time, we ought to avoid the kind of communication that estranges patients from the health-care system, inhibits them from honestly disclosing how they feel and what they need, interferes with their ability to make the choices that fit them best and shrinks the likelihood that they will get the outcomes they desire. In fact, the Doctor can be a DRUG. His appearance, his manners, his words

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can cause a difference. But is it just a myth, a psychological placebo or is it true? Do we have any scientific evidence to prove that the doctor's mind can be a helpful tool for cure?

OBJECTIVE OF THE STUDY

Though this phenomenon that the doctor can be a drug is observed by many clinicians, is there any analysis available for this? This article would observe, collect and interpret the information available in Ayurvedic texts, the *Acharyas'* views regarding this issue and also the search will be made to find out any experimental or clinical study done on this subject in the modern medicine. In Ayurveda, any fact is validated with help of tests or *Pramaanaas*. (Examinations) There are three kinds of *Pramaanaas*:

- *Aaptopadeshha* (as described by *aapta*),
- *Pratyaksha* (as experienced by senses),
- *Anumaana* (as inferred from the experiments).^[1]

We will analyse this issue by carrying out these three examinations.

The first ever medical science to flourish on this Earth and aptly called the mother of medical sciences, Ayurveda has a substantial say in this matter.

Ayurvedic understanding of the subject

Aaptapramaana

Since ancient times, physicians are trying to reduce the pain and sufferings of human beings. After the conference on the subject that was held in the Himalayas, scientists have been searching the real cause of pain and the real treatment for it.^[2] A physician is the one who treats patients, who is well versed in the applied aspects of the meanings contained in tense aphorism and who is well acquainted with all aspects of life. Even before starting as a physician, when a student is learning, he should be able to understand the patient's mind.

Lord Dhanvantari has propounded the chapter *Shishyopanayaniya*. It is clearly mentioned that the medical student should have spiritual qualities like purity, good behaviour, nature (*sheela*), etc.^[3] He or

she should have a good attitude towards disciples, teachers and patients. Students should respect their teachers, nurses and paramedical staff and also patients. The understanding that their profession is noble should come in the very beginning of studies.

Sushruta further elaborates that when students complete their formal education and attain the government registration, they should be seriously involved in imbibing the following qualities for the proper treatment of diseases:

1. They should use the dress code which is approved by society; a patient should feel comfortable looking at this dress and acquire confidence in the doctor from the first glance. The patient who comes for consultation has high expectations and also suffers agonies, so he or she should be pacified by doctor's appearance. That's why doctors should look like gentlemen.^[4]
2. They should clear their mind from all the negative emotions like anger, grief, and fear, etc. Doctor's mind should be like a clear slate. If it is already immersed in emotions, he or she cannot think rationally and concentrate on their task.^[5]
3. They should control and refine their language too always using the words which are wholesome, not causing any disturbance, and which are relevant and beneficial to the patient. Foul language must be avoided while speaking.^[6]
4. They should consider their patient as his own brother or sister.^[7]

After the completion of the medical education, the physician is certainly endowed with either *Brahma sattva* (the mental faculty of *brahma*) or *Rshisattva* (mental faculty of a *Rsi*). Therefore, he is called a *vaidya* and a *dvija*.^[8]

In *Vaidyajeavana* – a treatise on Ayurveda – the qualities a physician supposed to develop for the wellbeing of a patient are described.^[9] The true physician is the one:

- a. Who has finished his or her studies under the guidance of an able teacher - this is important to

inculcate the humble nature, the exact understanding about the human nature, to comprehend the *Guruvyadhita* and *Laghuvyadhita*;

- b. Who has complete knowledge about medicine;
- c. who can heal by laying on of hands”.
- d. who is competent, able,skilful;
- e. who is devoid of corteousness, desire, envy or longing;
- f. who is stable minded, brave, courageous;
- g. who is kind;
- h. who is pure in mind.

So the crucial qualities are ‘purity of mind’, ‘stability of mind’, ‘lack of envy or desire’ and ‘successfulness’. Specifically, Ayurveda says that in the care of suffering, a physician needs technical skill, scientific knowledge and human understanding. If these are used with courage, humility and wisdom, you can provide unique service and build an enduring edifice of character for yourself. You should never forget that your primary and foremost objectives are to be altruistic, prevent and cure diseases and bring relief to those who suffer.^[10] In other words, it is necessary to have a high *Satwaguna*. As Acharya Charaka puts it, good physicians must show a friendly (*maître*) attitude towards all, compassion for ailing people (*kaarunya*), love and devotion to patients (*Shakyepriti*) and also accept the inevitable in case they die (*upekshanam*)^[10]

Further, their compassion should be exhibited in the following manner. They should always:

- Speak positively to patients,
- Encourage them by their speech,
- Discuss those matters which are liked by the patients,
- Give them hope,
- Keep their mind happy and content because once such a positive attitude is developed, they recover sooner.^[11]

The best possible way to deal with patients is to treat them like your children. You should take care of their health and keep them away from miseries, if you are desirous of *Dharma* (virtues) per excellence.^[12]

Charaka further quotes that if you treat people not for money, not for your own desires, but only for compassion and benevolence, you will excel in all the spheres of life.^[13] The best treatment can be offered to a patient only when you look at his or her pains as if these were your own. The patient is nothing but an extension of the physician's soul. But at the same time it is strongly recommended to maintain a well-balanced attitude.

We have been exploring various Ayurvedic treatises to formulate our theory that physician is actually a drug. And there is ample evidence that healers are healing medicines and should do their best to prove it in practice. This is approved by *Aaptapramaana*.

But what does the contemporary medical science say about this?. Family physicians are concerned with any factors that affect their patients' health. It is important that physicians maintain a balanced, open-minded approach to medical care without sacrificing scientific integrity.^[14]

Scientific evaluation (*Pratyaksha and Anumaana*)

It is very challenging to get the scientific evidence of this subjective feeling. As it is a feeling, in the statistical analysis, it may fail. But it may stand correct as ‘humanly significant’. Are there any randomised clinical studies available to confirm this fact by *Pratyaksha* (our own perception) and *Anumaana Pramaana* (inference)?

Yes, they are available in large numbers. Few of the evidences are mentioned below.

A quantitative review of 34 controlled studies demonstrates that on average surgical or coronary patients who are provided information or emotional support to help them master the medical crisis do better than patients who receive only ordinary care. A review of 13 studies showed that due to psychological intervention after a surgery or heart attack the period of hospitalisation was approximately two days shorter

than the control group's average of 9.92 days. Most of the interventions were modest and, in most studies, not matched in any way to the needs of particular patients or their coping styles. Beyond the intrinsic value, offering human and considerate care can be cost effective.^[15]

In a study published by *American Journal of Public Health*, the cholecystectomy patients were provided with a psycho-educational care by staff nurses and, as a result, the usage of analgesics post operatively decreased in the experimental hospital by 26 milligrams (95% CI = -3.3, 56.3) in comparison to the control hospital.^[16]

Therefore, a nurturing therapeutic relationship may be responsible for a large part of the positive response patients experience when treated even with placebos. In order to be powerful, placebos must be administered by someone in whom patients have great faith. Ted Kaptchuk, Director of Harvard's Program in Placebo Studies and the Therapeutic Encounter (PiPS) and a Chinese medicine practitioner and acupuncturist, confirms that though randomised controlled clinical trials failed to establish acupuncture as a therapy beyond placebos, patients do feel better because of the man behind the needles.^[17]

In his study of asthma published in *The New England Journal of Medicine*, patients were divided into four groups. One was treated with albuterol inhaler, the other with sham acupuncture, the third with sham inhaler and the fourth not treated at all. Out of these, the groups of treated patients, i.e. treated with albuterol, placebos and fake acupuncture, reported 50% improvement compared to 21% improvement in the group of not treatment. However, the lung function measured in those who received fake acupuncture, placebos and no treatment showed 7% improvement compared to 20% improvement with albuterol.^[18] This finding suggests that the treatment groups felt equally better because they received equal care and perhaps it is more important than a drug.

In a research conducted at Harvard Medical School, before undergoing a surgery patients were divided

randomly into two groups. Both were consulted by an anaesthesiologist who cheered one group telling that their surgery would be pain free and comfortable but went into a sulk and behaved grumpily with the other one. The first group required half the amount of pain medication and were discharged 2.6 days earlier than the other group.^[19]

Those receive optimism and sympathetic attitude on the part of physician also makes a difference. According to Dr. Thomas, the doctors themselves can be powerful therapeutic agents or placebos and their influence is felt towards certain extent at every consultation.^[20] The mere presence of a physician would not work alone. In a study published in *The Lancet*, if a doctor doesn't believe that a certain amount of treatment would work, there are less chances of success. This research investigated the role of endorphins in how placebos relieve pain and it was found that the physicians' expectations influenced the way in which patients responded to injections of fentanyl, naloxone or placebos despite the use of double blind study.^[21]

A pleasant doctor patient relationship is tested in a negative manner too. In another study published in *The Lancet*, it was recorded that when physicians are unwell the performance of healthcare systems can be suboptimum. Physician's wellness might not be just a private affair, but it is also vital to the delivery of high-quality healthcare. The authors reviewed the work stresses faced by physicians, the obstacles they meet in maintaining wellness, and the consequences of physicians' indisposition at the individual and public levels. It was found that physicians' wellness should be routinely measured considering the challenges associated with implementation of medical care.^[22]

CONCLUSION

The medicine is a human science in which humans are not only experimenters but also the object and field of study. And since a human being has "feelings", they play a very important role in treatment. Though the importance of drugs and various procedures can never be undermined, the mode of their delivery may create a huge difference in the final outcome. Of

course, a well-read intellectual may deliver the right treatment but it is a compassionate, healthy and intelligent physician who is really needed for patients' early and sometimes miraculous recovery. The wholesome medical practice may involve spending time with patients, holding their hands, and talking about what is important for them. Patients do value this experience. We can bring robots to work in place of humans in many technological fields but in the field of medicine the human touch will never be replaced by any machine.

REFERENCES

1. Vaidya Yadavji trikamaji Acharya, editor. (1st edition, Reprint 2000). Charaka samhita of Agnivesha revised by Charaka and supplemented by Dridhabala, vimanasthana; chapter 4, verse 3. Varanasi: Chaukhambha vishwabharati Prakashana, 2000; pg247
2. Vaidya Yadavji trikamaji Acharya, editor. (1st edition, Reprint 2000). Charaka samhita of Agnivesha revised by Charaka and supplemented by Dridhabala, sutrasthana; chapter 1, verse 6-7. Varanasi: Chaukhambha vishwabharati Prakashana, 2000; pg5
3. Vaidyaraaj J. T. Acharya (editor). (6th edition). Sushruta samhita of Sushruta supplemented by Nagarjuna, sutrasthana: chapter 2, verse no. 8., Varanasi: Choukhamba Orientalia; 1997;pg 654..
4. Vaidyaraaj J. T. Acharya (editor). (6th edition). Nibandha sangraha commentary by Dalhana on Sushruta samhita of Sushruta supplemented by Nagarjuna, sutrasthana: chapter 10, verse no. 3, Varanasi: Choukhamba Orientalia; 1997; pg43.
5. Vaidyaraaj J. T. Acharya (editor). (6th edition). Nibandha sangraha commentary by Dalhana on Sushruta samhita of Sushruta supplemented by Nagarjuna, sutrasthana: chapter 10, verse no. 3, Varanasi: Choukhamba Orientalia; 1997; pg43.
6. Vaidyaraaj J. T. Acharya (editor). (6th edition). Nibandha sangraha commentary by Dalhana on Sushruta samhita of Sushruta supplemented by Nagarjuna, sutrasthana: chapter 10, verse no. 3, Varanasi: Choukhamba Orientalia;1997; pg43.
7. Vaidyaraaj J. T. Acharya (editor). (6th edition). Nibandha sangraha commentary by Dalhana on Sushruta samhita of Sushruta supplemented by Nagarjuna, sutrasthana: chapter 10, verse no. 3, Varanasi: Choukhamba Orientalia;1997; pg43.
8. Vaidya Yadavji trikamaji Acharya, editor. (1st edition, Reprint 2000). Ayurveda Dipika commentary by Chakrapanidata on Charaka samhita of Agnivesha revised by Charaka and supplemented by Dridhabala, chikitsasthana; Rasayanadhyaya: chapter 1, paada 4, verse 52.
9. Dr. Brahmanada Tripathi, (first edition). Lolimbaraj and his works: A study, Varanasi: Chaukhamba Surbharati Prakashan;1977.page189.
10. Vaidya Yadavji trikamaji Acharya, editor. (1st edition, Reprint 2000). Charaka samhita of Agnivesha revised by Charaka and supplemented by Dridhabala, sutra sthana; chapter 9, verse 26. Varanasi: Chaukhambha Vishwabharati Prakashana, 2000; pg 64.
11. Vaidyaraaj J. T. Acharya (editor). (6th edition). Sushruta samhita of Sushruta supplemented by Nagarjuna, sutrasthana: chapter 19, verse no. 26., Varanasi: Choukhamba Orientalia;1997;pg 92.
12. Vaidya Yadavji trikamaji Acharya, editor. (1st edition, Reprint 2000). Ayurveda Dipika commentary by Chakrapanidata on Charaka samhita of Agnivesha revised by Charaka and supplemented by Dridhabala, chikitsasthana; rasayanadhyaya: chapter 1, paada 4, verse 56. Varanasi: Chaukhambha Vishwabharati Prakashana, 2000; pg 389.
13. Vaidya Yadavji Trikamaji Acharya, editor. (1st edition, Reprint 2000). Ayurveda Dipika commentary by Chakrapanidata on Charaka samhita of Agnivesha revised by Charaka and supplemented by Dridhabala, chikitsasthana; rasayanadhyaya: chapter 1, paada 4, verse 56. Varanasi: Chaukhambha Vishwabharati Prakashana, 2000; pg 389.
14. Gowri Anandarajah, Ellen Hight, Brown University School of Medicine, Providence, Rhode Island Spirituality and Medical Practice: Using the HOPE Questions as a Practical Tool for Spiritual Assessment). *Am Fam Physician*. 2001 Jan 1;63(1):81-89.
15. E Mumford, H J Schlesinger, and G V Glass. The effect of psychological intervention on recovery from surgery and heart attacks: an analysis of the literature. *American Journal of Public Health* February 1982: Vol. 72, No. 2, pp. 141-151. doi: 10.2105/AJPH.72.2.141.

16. Elizabeth C. Devine, Frederica W. O'connor, Thomas D. Cook, Virginia A. Wenk, Thomas R. Curtin Clinical and Financial Effects of Psychoeducational Care Provided by Staff Nurses to Adult Surgical Patients in the Post-DRG Environment., AJP October 1988, Vol. 78, No. 10.

17. Michael specter, "the power of nothing," New Yorker, December 12, 2011.

18. Michael E. Wechsler et al., "active albuterol or placebo, Sham acupuncture, or no intervention in asthma," New England journal of medicine 365 (July 14, 2011): 119-26.

19. Lawrence D. Egbert et al., "reduction of postoperative pain by encouragement and instruction of patients: a study of doctor-patient rapport," New England journal of medicine 270 (April 16, 1964): 825-27.

20. K.B Thomas, " General practice consultations: is there any point in being positive? " British medical journal 294 , no. 6581 (May 9, 1987): 260-71.

21. Richard H. Gracely et al., "Clinicians' expectations influence placebo analgesia," Lancet 325, no. 8419 (January 5, 1985): 43.

22. Jean E Wallace, Jane B Lemaire, William A Ghali, Physician wellness: a missing quality indicator. The lancet, Volume 374, Issue 9702, 14-20 November 2009, Pages 1714-1721.

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