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## The 'Art' of Medicine: Building a Caring Relationship with Clients

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## The 'Art' of Medicine: Building a Caring Relationship with Clients

**By Lisa Barkley**

UCF Forum columnist

Wednesday, December 26, 2012

On the first day of school each year at the UCF College of Medicine, Dean Deborah German asks our incoming class of students what they think makes a “good doctor.”

That has led me to reflect on what I believe it means, too.

We recently completed a module for the first-year medical students called “The Making of a Physician,” in which we had some great group discussions about many of the nonclinical factors that a physician needs to know.

My belief is that a good physician understands science and theory, and translates that knowledge into a healing relationship with another person.

I prefer to look at people as clients – not patients – as I learned from my social work colleagues because this healing relationship is all about empowering that person to tap into his or her own inner resources that support healing. The only way I know to do that is to have a customer-service orientation that allows the doctor to meet the clients where they are, not where the doctor thinks they should be.

This allows the physician to step back from the notion that she has all of the power of knowledge in the relationship, and to become a facilitator of change and, hopefully, healing.

This is not easy, which is why being a physician is a challenging profession and is more than a “job.”

The amount of science and theory needed to be a competent physician is voluminous. Mastering that content by itself is a great feat. But just having and using that knowledge is not enough.

This is evident in the current challenges that face our health care system in America. We spend billions of dollars each year on technology and science. This emphasis has allowed us to make some incredible medical advances.

Yet the health outcomes for Americans are not in alignment with our science and technical prowess.

There are many countries in the world that have less technology, spend less money on health care, and have much healthier citizens.

We have all heard of physicians who think and act as if they're God by approaching medical care as if they have all of the answers and the patient just needs to do what they say. That approach does not lead to improved health outcomes.

In fact, there is much literature that shows there are gaps that need to be addressed in the quality, safety and access to health care.

In addition, there is scientific evidence that shows there are bias and stereotypes in some patient-provider relationships that result in differences in health among many groups, leading to poor outcomes and many patients who don't understand health information well enough to follow treatment plans. These gaps are costing us all a lot of money and human suffering.

While these problems have many causes, it is important for physicians to realize their own role and for individuals to strive to do what they can do to affect the big picture. All change starts with individual steps.

I have found that interpersonal-relationship building is the key to making the adjustment from doling out medical care to promoting medical healing. This is what is often called the "art" of medicine and often relegated to "soft" science.

Since it is intangible and has to constantly be developed throughout one's career, it is often seen as not important or intuitive.

But getting back to Dean German's question about what makes a "good doctor," in addition to being competent with medical knowledge, the qualities always include many adjectives that reflect on character, compassion, caring and focusing on what the patient needs. In my mind, these are the customer-service qualities of medicine.

I believe the ultimate customer expectation of physicians and the medical system is to be well and healthy. That means different things to different people.

Much of the art in the doctor-patient relationship is finding out just who the patient is, what they see as the expectation, and partnering with them to meet that goal. This process involves using that medical knowledge and translating it to the patient through communicating, negotiating, listening and learning to understand different points of view.

It involves understanding and being aware of your own bias and personality traits to minimize any negative impact they may bring to your patient interactions. It also involves a large dose of caring about the other person, honesty, integrity and perseverance.

Becoming a physician is an incredible process that I feel honored to have been able to accomplish – and being a part of educating the next generation of physicians is amazing for me.

I am constantly reminded that the service orientation is at the core of it all – and that is what I hope our UCF medical students come away with.

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