

What do Patients Expect from their Doctor?:

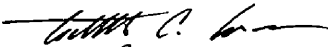
A study on what patients feel their doctor can do to improve the doctor-patient relationship.

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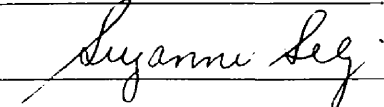


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Abstract

The purpose of this study was to identify factors that patients thought doctors could do to improve patient satisfaction in the doctor-patient relationship. A sample population that varied in age, race, and gender was asked their thoughts on what they expect from their doctor, and what their doctor can do to improve the doctor-patient relationship. Ten topics were discussed in an open-ended interview with each subject. The textual analysis focused on identifying those factors which patients thought were the most important in a satisfying doctor-patient relationship. The study found areas where the interview subjects supported previous research, and areas where they contradicted previous research. The study supported previous research in the areas of patient's need for information, communication issues, time spent with patients, and the need for patient follow-up. The study contradicted previous research in the area of patient's desire to make medical decisions.

Introduction

The relationship between the person who provides health care and the person who receives the care has been identified as one of the most crucial components of the entire health care delivery process (Thompson, 1990). However, the professional-patient relationship has been cited as a major factor in patients' dissatisfaction with the health care system (Northouse & Northouse, 1998). These two statements bring forth an issue that needs to be addressed; the doctor-patient relationship.

Many articles have addressed this issue from varying perspectives. Some have tried to describe an effective doctor-patient relationship. Roter and Hall (1993) suggest that talk is the main ingredient in medical care, and is the fundamental instrument by which the doctor-patient relationship is crafted and by which therapeutic goals are achieved. Haug and Lavin (1981) noted that a good doctor-patient relationship is based on respect, open communication, and is, in essence, a contract of equals between physician and patient. van Servellen (1997) states that the provider should show empathy and establish trust to forge an effective patient-caregiver relationship.

Northouse and Northouse (1998) indicated four factors which can affect the quality of the professional-patient relationship. The first is role uncertainty, whereby the patient is uncertain of the specific role of the health professional. This can leave the patient uncertain of what to expect from the individual, and thus hesitant to disclose information to the provider. This hesitancy can negatively affect the quality of the patient-caregiver relationship. The second is responsibility conflicts. This has to do with how much the patient wishes to participate in their own care. In this case the patient may not comply with doctor recommendations if they do not agree with the advocated course of action.

The third is power differences. This factor concerns the patient's view of the authority of the doctor. Does the patient want an omnipotent doctor, or a doctor that counsels the patient on an equal level? The fourth factor is unshared meanings. This is when a professional and a patient may have different perceptions or definitions for various words and can block effective communication.

Other studies have focused on what a physician might do in a clinical situation in order to increase patient satisfaction. Communication in general seems to be an overriding factor. Patient rating of the quality of communication between the patient and their doctor is directly related to patient satisfaction (Thompson, et al., 1990; Bertakis, 1977). Smith and Bass (1982) suggest that the more efficiently and effectively a health professional learns to communicate, the more accomplished he or she will become in fulfilling their health service role.

More specifically, Thompson, Nanni, and Schwankovsky (1990) reported that patients whose physician encouraged them to ask questions were more satisfied with the visit. Bertakis (1977) showed that having the doctor summarize the visit and request patient feedback at the end of the visit increased patient satisfaction. Stiles, et al. (1979) found that patients who freely express themselves when consulting with doctors tend to be more satisfied with their health care. Similarly, other researches have shown that patients who are more participatory during the medical visit are more apt to be satisfied with the outcome of the visit (Beisecker, 1990; Brody, et al., 1989; Kaplin, et al., 1995; and Street, 1992).

Another possible factor in optimizing doctor-patient relationships is the balance of shared information and decision making between the doctor and patient. Bader and

Braude (1998) state that patients are frustrated by the health care community's lack of responsiveness to their need for health information. More than one study has shown that clinicians underestimate patients' desire for information, and overestimate the patients' desire to make medical decisions (Beisecker, 1988; Beisecker and Beisecker, 1990; Ende, et al., 1989; and Strull, et al., 1984). These studies suggest that clinicians should assess patient preferences for information, discussion, and decision making and individualize care to match those preferences to enhance patient satisfaction.

Vertinsky, et al. (1974) state a difference in values can exist between the doctor and patient. The doctor operates through scientific principles, medical ethics, professional norms, and a subjective view of the patient's life situation. The patient may be concerned with other issues such as absence from his or her work, financial sacrifice, or absence from family. Therefore, the best choice of treatment to ensure patient satisfaction should be based on the resolution of discordant preferences between the physician and patient. Similarly van Servellen (1997) suggests that healers must try to understand what the illness means to the patient and create a therapeutic sense of connection in the patient-provider relationship.

Other studies suggest patients want physicians who are not afraid to use their power, and use that power to assist them through a crisis (Quill and Brody, 1996). One study showed a correlation between satisfaction and compliance, and the patient's perception of convenience and waiting time before and during an appointment. The more convenient the visit was to the patient, the more satisfied and compliant the patient (Becker and Maiman, 1975).

The current literature contains a wealth of theories and suggestions regarding the doctor-patient relationship. The wealth of information, however, begs a more definitive answer because of the lack of continuity in the research results. For instance, one study suggested that a lack of communication, such as not giving the patient enough information, leads to patient dissatisfaction (Thompson, et al., 1990). Another article concluded that a doctor more aware of the outside factors in a patient's life will have higher patient satisfaction (Vertinsky, et al., 1974). Are doctors lacking communication skills or empathy? These are just two examples of differing research conclusions that warrant further study of the doctor-patient relationship. Other questions include: Could there be other factors besides the four described by Northouse and Northouse (1998) that determine the quality of the professional-patient relationship? Are patients not as concerned with their doctor's ability to communicate in the clinical setting as some researchers suggest? Do patients want more information? Do patients just want a doctor that tells them what to do? Are patients looking for the doctor to be more empathetic to the factors in their life outside of the patient's specific illness such as family and work? Could the answer be as simple as the doctor improving office efficiency in order to keep appointment times accurate?

The literature has shown consistently the importance of the doctor-patient relationship to the health care delivery process. The literature has shown that the provider can improve the relationship if he becomes aware of the needs of his patients. It is therefore important that doctors are aware of what can be done in the clinical setting to improve patient satisfaction. However, there is no unifying piece of research showing the best way for doctors to interact with patients in general. Is there even a clear answer to the

question of what doctors' can do to make their patients happy? This study asked the patients what they think can be done to improve the doctor-patient relationship.

Research Question

What can doctors do in the clinical setting to maximize patient satisfaction? The purpose of this study is to explore which of the factors identified by previous research are more relevant or accurate than other factors, or if there are other yet uncovered or unresearched possibilities for the patients' unhappiness with their relationship with their doctor.

Because the medical community is becoming a service industry, the consumer (patient) is able to freely choose another place of business (another doctor) if the consumer is not satisfied with the service being given. In some cases, because of ties with HMO's, PPO's, or other insurance constraints, choosing another doctor is not simple for a patient. In these cases, the patient is forced to seek medical attention from a physician they do not trust or are in some way dissatisfied. Medicine as a profession has a responsibility to ensure this does not happen. Therefore, successful doctors need to have a better understanding of the needs and desires of their patient population not only for financial reasons, but also to better fulfill their roles as health professionals in the community. This study is designed to identify factors or information that doctors can then use to increase overall patient satisfaction.

Methods

In order to find out what the patients' needs and desires are in a doctor-patient relationship, this study utilized ethnographic methods. The data collection strategy

attempted to gather large amounts of information from a small number of people, and was collected in an open-ended question format. This method allowed data collection to be unconstrained by predetermined categories, and hence, was appropriate for the objective of this study to uncover new patient ideas about the proper doctor-patient relationship.

A grounded theory approach was used. In this approach theory is “produced” by the raw data. This is in contrast to formalized hypothesis testing, in which theories are postulated a priori and the data are used to reject or support the hypothesis related to the theories (Glaser and Strauss, 1967). The grounded theory approach was chosen for this study because of the desire to present new ideas for further research. New ideas were to be uncovered by asking subjects open-ended questions on broad topics. This approach to gathering data does not constrain subject answers to predetermined categories. Therefore, new categories of research may be exposed.

The study used maximum variation sampling. Maximum variation sampling aims at capturing and describing the central themes or principal outcomes that cut across a great deal of participant or program variation (Patton, 1987). Maximum variation sampling allows the study results to be more generalizable to other populations. A different approach would have been to study a homogeneous population, such as middle age, white males with high blood pressure that work in the automotive industry. This would have allowed greater control over potential confounders. However, the study of a specific population would limit the generalizability of the results. This study attempted to create a high degree of generalizability. For this reason, all people who possessed an opinion regarding the doctor-patient relationship were eligible participants in the study. There are

several circumstances that can influence a person's idea of proper medical care. For example, how frequently a person sees a doctor could impact that person's idea of satisfactory medical care. Allowing both people who see doctors regularly and people who do not frequent a doctor's office maximized generalizability.

A personal interview was conducted with each person. The researcher generated a convenience sample. Subjects consisted of family members, friends of family members and coworkers of the researcher. As more subjects were interviewed, an attempt was made by the researcher to solicit subjects that were in some way different from previous subjects. The differences in the subjects were based on age, gender, and race. For example, if the researcher had previously interviewed an older Caucasian female, an attempt was made to interview a young African-American male. This was done to maximize variability in the subjects in reference to the demographic features of age, gender, and race.

A sufficient number of subjects were interviewed in order to reach a point of theoretical saturation, the point at which interviewing further subjects was not likely to introduce new data into the study (Bernard, 1994). During the interview process, there came a time when interviewing more subjects simply netted similar data to what had been stated by previous subjects. Because of this, the researcher concluded that theoretical saturation had been reached.

The interviews were tape-recorded and used open-ended questioning to allow the subjects maximum opportunity to describe their own ideas and opinions. Some questions allowed the interviewee an open forum as to what they thought was important in a doctor-patient relationship. Other questions were designed to give the interview subjects

an opportunity to talk about topics that previous research deemed particularly relevant to the doctor-patient relationship (dispensing information, decision on course of care). The interviewer used an interview guide to ensure that essentially the same questions were asked. However, the interviewer was allowed to further probe interview subjects on particularly relevant information. Questions were not asked in any specific order. The order was determined as the interview progressed depending on the interviewee's responses. This was done to allow a more "natural" flow in the interview process. All of the following questions were asked of all the interview subjects at some point during the interview:

- What attributes do you look for most in a doctor?
- What do you feel doctors could improve upon in order to make you feel better about the care you are receiving?
- What is the one thing a doctor could do the first time you meet him or her that would make you feel more comfortable about the care you receive from them?
- What do you think your doctor's role is when you meet for an appointment?
- What do you think your role is when visiting the doctor?
- What do you think the doctor's role should be in dispensing information about what ails you?
- What do you think the doctor's role should be in making the final decision on your course of care?
- Is there anything a doctor has done in the past that has made you happy/mad?
- Is there anything else you would like to add about what doctors can do to improve the doctor-patient relationship?

The purpose of the study was explained to all potential interview subjects. The subjects were informed that their responses would remain confidential, and they had the right to terminate the interview at any time. All participating subjects signed an interview consent form explaining these rights. This form is shown as Appendix B. The interviews were conducted in private sessions with the interviewer. Only the interviewer and interviewee were present. The length of the interviews was between fifteen and forty minutes. The researcher then transcribed the interviews. The verbatim transcripts are shown as Appendix C.

The sample population remains anonymous other than the demographic features of age, gender, and race. The subjects are identified as Subject #1, Subject #2, and so on. Pseudonyms have been used to further ensure confidentiality.

A content analysis was conducted on the results of the interview process. Content analysis involves identifying coherent and important examples, themes, and patterns in the data (Patton, 1987). A chart was created showing the subjects' responses to the various questions. The chart is shown as Appendix A. The phrases shown in the chart are topic summaries abstracted from the interviews, and are not verbatim quotes. The chart was used as an analysis guide. The responses in the interviews were then compared. The researcher looked for similar responses to the same question by multiple subjects. This would indicate that a certain opinion regarding the doctor-patient relationship converged across a diverse range of people. The researcher also noted question topics where the various subjects voiced a variety of responses. This could be interpreted as an area that lends itself to further research.

Results

Eight subjects residing in a small city in the Midwest were interviewed. The author concluded that theoretical saturation was reached after interviewing these eight subjects. It was at this point where the researcher felt interviewing further subjects would simply produce similar data than what had already been collected. Subject #1 is a middle age, Caucasian male. Subject #2 is an older, Caucasian male. Subject #3 is a younger, Caucasian male. Subject #4 is an older, Caucasian female. Subject #5 is a middle age, Caucasian female. Subject #6 is a middle age, African-American female. Subject #7 is a younger, African-American male. Subject #8 is a younger, Caucasian female. In describing the ages, younger refers to 18-35, middle age refers to 36-55, and older includes those 55 years old and older.

Table 1 (appendix A) summarizes the data collected in reference to the different topics. The table shows summaries of interview subject responses. What follows is a synopsis of the responses for each question, along with some quotes from the subjects. As stated, the questions were not asked in any specific order. The data presented here will follow in the order of questioning shown in the methods section.

“What attributes do you look for most in a doctor?”

Following that sequence, the first topic is what attributes patients look for in a doctor. Among the attributes listed by subjects were honesty, sincerity, competence, friendliness, sensitivity, patience, and reputation. As one can see, many different adjectives were used to describe the “perfect” doctor. However, the overall specifications seemed to be a doctor with a “good personality” and “knows what they are doing.” Subject #7 seemed to sum up everyone’s feelings on what a doctor should be when he said, “I look for

kindness, humor, and an all around nice guy. As well as someone that knows what they are doing.”

“What do you think doctors could improve upon in order to make you feel better about the care you receive?”

One subject felt there was nothing doctors could improve. Four of the subjects were concerned with the hierarchical nature of the doctor-patient relationship. They felt the doctor has too much control in the communication process during a clinical visit. The subjects expressed they often felt that what they had to say was not valued by the doctor, and that they were embarrassed to ask questions. This left the patient feeling uncomfortable in the office because of the doctor having so much control. Subject 6 stated, “If they [the doctors] change the nature of the relationship from a hierarchical relationship where the doctor is seen as the expert and the patient is a subordinate, to a situation where the doctor is seen as a consultant and advisor and the patient is involved in the decision making [that would be better].” Put in simpler terms, Subject #8 reported, “They can make you feel more comfortable, talk to you as a person and not as much professional.”

The other change proposed by three of the subjects dealt with the amount of time the doctor spends with the patient during an office visit. The subjects seemed to feel that doctors often seem rushed during meetings. Subject 2 stated “I’m always uncomfortable and unhappy when I think the doctor hasn’t spent enough time with me to be sure that I’m comfortable with the advice he has given me.” Basically, the patient wants to have a sense that the doctor was thorough, and be given an opportunity to voice their concerns before the visit ends.

“What is the one thing a doctor could do the first time you meet him or her that would make you feel more comfortable about the care you receive from them?”

In regard to what patients are looking for in a first impression of a doctor, seven of the eight subjects answered that they wanted a doctor to attempt to build rapport before starting the examination. This idea was best articulated by subject #5 when she said:

They [the doctor, should] come into the office and welcome you just for that appointment, shake your hand, sort of relax everyone and then start to ask why you are there, and sometimes I think a warmer comfort zone comes about then.

The subject that did not mention rapport, Subject #7, said “Aside from making sure the room is clean, [I want the doctor to] wash his hands.” This does not contradict the statements made by the other subjects, but emphasizes the individuality that can occur when discussing patient preferences.

“What do you think your doctor’s role is when you meet for an appointment?”

An important topic of discussion that may help doctors better fulfill the needs of their patients is what the patients think their doctor’s role is. Answers to this question ranged from “be polite” (subject #4) to “be punctual” (subject #3). However, the main themes seemed to be listening to the patient, and making an accurate diagnosis. Toward this point subject #1 stated: “A doctor’s role is to listen, mostly listen, and to analyze what your symptoms are, and to professionally come up with some type of solution or conclusion...and to prescribe the right type of medicine...to remedy the problem.” An interesting note within this topic was subject #2’s answer, which was “My doctors have usually asked me about my overall health and my overall plans for good health...and I value that.” This speaks to the doctor’s role in attempting to maintain their patients’

overall health, and not just focusing on the particular ailment that the patient may be in the office for that day.

“What do you think your role is when visiting the doctor?”

The subjects were also asked what they viewed to be the patient’s role during a visit to the doctor. Five of the subjects answered that they felt a patient had an obligation to be completely honest with the doctor. Subject #3 put it well when he stated, “The doctor can’t treat you without you telling him what’s wrong with you, and a lot of people are not very comfortable divulging that information, and without being honest, there is no way for the doctor to fairly treat you.” This speaks to people’s understanding that a doctor can’t do his job without all the pertinent information, and it’s the patient’s job to divulge this information. Subject #2 felt his job was to “follow doctor’s orders.” An interesting finding within this topic was that the two African-American subjects had outlying opinions on what the patient’s role should be. All Caucasian subjects answered similarly that their job is to be honest to the doctor. However, Subject #6, an African-American female, stated a patient’s role is “decision maker.” Subject #7, an African-American male, voiced that a patient’s role should be “evaluating the doctor.” These two subjects stated nothing further about their responsibilities. When comparing these two subjects, there seems to be no other difference other than race in relation to other subjects and their answers.

“What do you think the doctor’s role should be in dispensing information about what ails you?”

Another topic in which almost all the subjects agreed upon was the question of information disclosure by the doctor. In response to the question of what the doctor’s

role should be in dispensing information about the patient's illness, seven of eight subjects wanted full disclosure of all information the doctor knew. Examples of responses included, "They should give you everything, they shouldn't hold anything back. Even if they know it could concern you." (Subject #8) Similarly Subject #4 stated "You want to know the truth, and you don't want to go around the bush." Subject #5 was the only subject that gave the doctor leeway in respect to full disclosure of information when she said, "Perhaps not giving the complete bad news...is easier on the patient." She went on to say, "Doctors most generally have an awareness of just how much you should, you need to know at a time."

"What do you think your doctor's role should be in making the final decision on your course of care?"

Perhaps the most debated topic was the question of who makes the final decision on the course of treatment. Two subjects stated that the more severe the illness, the more say the patient should have in making the decision on the course of care. Two subjects felt that the doctor should have the final say. One subject felt that course of care should be a joint decision with the doctor. The other three subjects felt that the patient should have the final say in making the decision on the course of treatment.

"Is there anything a doctor has done in the past to make you particularly happy or satisfied?"

Another topic discussed had to do with experiences that made the subjects particularly satisfied with meetings they have had with doctors. Five of the subjects mentioned instances where they were able to talk with their doctor about things other than the medical issue at hand, and that made the patient feel more comfortable during the visit.

Subject #1 stated “They might ask you about your work... which tends to break the ice even though there might be some kind of serious nature which will follow. I feel a lot more satisfied walking out of the office knowing that he has some interest in my vocation or my interests.” Also voicing her satisfaction with rapport and comfort was Subject #6 as she stated “She [the doctor] established rapport, and she explained the procedures before she did them, and she was also very sensitive and gentle during the examination.” Thus, making the patient feel comfortable by being able to communicate with the patient on a topic they are familiar with, and being sensitive during procedures corresponds to increased patient satisfaction.

Brought up again by three of the subjects was the issue of time spent with the doctor. They felt more satisfied when the doctor seemed to take that little extra time to be thorough and/or give the patient the opportunity to have his or her questions answered. On this point subject #3 stated, “He [the doctor] sent me out right away to get all these extra tests done to rule everything out. So the fact he is covering all the bases... made me feel good that he was doing everything by the book and to the fullest extent of what he could do.”

“Is there anything a doctor has done in the past that has made you mad or unsatisfied?”

Equally important in this study was to find out what doctors did to make the patient mad or unsatisfied with the care they have received. This topic seemed to accent that there are many things a doctor could do to upset a patient. Subject #8 said she has never had a bad experience with a doctor. The other interviewees, however, reported negative experiences. Subject #1 complained of “poor English” by some doctors. Subject #2

again brought up the time issue by expressing his displeasure of “rushed meetings.”

Subject #3 was upset about a time when a doctor held back information from him that he thought he had a right to know. Subject #4 was having a difference of opinion with her doctor about what she is capable of doing. The doctor said she needed to eat more, whereas she said she could not. Subjects #5 and #6 were similar in citing instances where a doctor did not respect what the patient had said. For instance Subject #5 stated “I have a doctor tell me ‘You can’t be experiencing that, you’re too young.’ That’s when I left. They just kind of dismissed you because of the symptoms and your age.” Finally, Subject #7 thinks he has to wait too long in the waiting room when he sees a doctor. In conclusion, a doctor should inform the patient, and respect the patient’s opinion and the time they have sacrificed to be there at the office.

“Is there anything else you would like to say about what doctor’s can do to improve the doctor-patient relationship?”

When the subjects were asked to summarize their thoughts, the issues of personality, spending enough time with patients, and following up with the patient after the visit were discussed. Subject #3 spoke about follow-up care when he stated, “Even if they just had their staff call [after the visit] and make sure you are feeling alright, or that they [the patient] were happy with the course of action [that would make me feel better about my care.]” Subject #8 summarizes the general feelings of the patients with “[Good doctors are] serious when they have to be, but not [so serious] all the time.”

Discussion

The purpose of this study was to find out which of the factors identified by previous research are more relevant or accurate, and to uncover new topics for research. The data that was collected in this research showed that some factors described by previous research were more important than other factors previously described. In particular, the time that doctors spend with patient, and the follow-up that occurs when the patient leaves the office were factors that patients thought were important.

Northouse and Northouse (1998) described four factors that can affect the quality of the doctor-patient relationship. The first factor described is role uncertainty, whereby the patient is uncertain of the specific role of the health professional. The present study suggests that patients wanted the doctor to introduce himself or herself, but generally had a good idea of the role of their doctor.

The next factor described by Northouse and Northouse was responsibility conflicts. This refers to how much the patient wishes to participate in their own care. The current study uncovered a wide spectrum of opinions on this matter from the research subjects. There did not seem to be a pattern associated with demographics. This factor was shown to be important, and seems to warrant further research because of the varied, but strong patient opinions on the issue. Research could try to identify factors that help to explain which patients want how much control over their own care. The author suggests inquiring as to what each patient's preference is to maximize individual satisfaction.

The third factor proposed is power differences. Power differences deal with who has the authoritative control in the relationship. This too seemed to be an important topic, because of strong patient opinion on the issue. However, this topic seemed to have a

more consistent answer. The subjects in this study favored a relationship with a doctor in which the patient was allowed more control and given more respect than what is the current situation with their doctors.

The fourth factor is unshared meanings. This is when the doctor and the patient may have different perceptions or definitions for various words, which can block effective communication. This study examined this issue from the patient's view and found that the subjects interviewed did not have communication problems with doctors because of unshared meanings. Toward this topic, Subject #1 stated, "Most doctors I can think of actually put it in common terms, you know, break it down into what a common person can understand."

Roter and Hall (1993) suggest talk is the main ingredient in medical care. This was found to be true in the sense that a doctor should be able to talk to the patient as a person and break down the professional-subject barrier. All in all, communication in general seems to be a critical topic for research. Many researchers have examined this issue (Thompson, et al., 1990; Bertakis, 1977; Latham, 1996; Smith and Bass, 1982).

Thompson, et al. (1990) indicated that patients whose physicians encouraged them to ask questions were more satisfied with the visit. The research conducted here seemed to concur with this. Bertakis (1977) suggests doctors summarize visits with patients and request patient feedback. This was especially poignant in the interview with Subject #1. He was describing a situation in a doctor's office after a particularly personal diagnostic procedure, and how the doctor's did not talk to him after the procedure. He stated, "By them saying nothing led my mind to think that perhaps there was something wrong with me that they were not telling me. And that just added to my anxieties at the time." A

couple of the subjects (specifically #3 and #6) mentioned the need for doctors to implement a better feedback system post-visit. Several researchers found that patients were more satisfied when they were allowed to participate freely during the medical examination (Beisecker, 1990; Brody et al., 1989; Kaplin, et al., 1995; and Street, 1992). This idea was echoed in several of the subjects when they spoke of being on an equal plane with their doctor, and having the doctor listen to and respect what the patient had to say about their own health.

Previous research has suggested that physicians underestimate the patient's need for information (Beisecker, 1988, Beisecker and Beisecker, 1990, Ende, et al., 1989, and Strull, et al., 1984). This research supported this idea. Most patients want as much information as possible. However, these same studies suggested that doctors overestimate the patient's desire to make medical decisions. This research suggests otherwise. All of the subjects interviewed wanted some input as to their course of care. Almost half of the subjects felt that it was ultimately the patient's decision to make.

Vertinsky, et al., (1974) suggest a difference of values can exist between a doctor and a patient causing a strained doctor-patient relationship. This topic was not mentioned by any of the interview subjects in this open-ended format. If this is an issue sometimes, it is not at the forefront of what is straining the doctor-patient relationship.

Becker and Maiman (1975) brought up the issue of the patient's perception of convenience and waiting time in a doctor's office. This research concurs that this is an important issue in regard to patient satisfaction. Subject #3 stated, "If you've got an appointment at 11:00, by five after 11:00 the doctor should be there to see you." The patients want the doctor to realize that a patient's time is valuable. If the patient feels

they have spent excessive time waiting to see the doctor, it can adversely affect the patient's attitude during the visit, and satisfaction when leaving the office.

An issue that warrants further study is the importance of race and the perception of the patient's role. In this study, African-American subjects responded differently than Caucasian subjects to this issue. The Caucasian responses dealt with the patient's responsibility to be honest with the doctor so that the doctor could diagnose accurately. The African-American response was one where the patient took a more aggressive role in the doctor-patient relationship. Subject #6 (African-American Female) expected the doctor to surmise a hypothesis, and she would make the decision on the course of care. Subject #7 (African-American Male) felt his only job as a patient was to evaluate the doctor in order to ensure competence. This could point to an issue of trust. The Caucasian patient seemed more willing to trust their health to the doctor. The African-Americans seemed more skeptical of the abilities of the doctors they had dealt with. Further study could focus on asking the question of patient responsibility to a wider population of Caucasians and African-Americans. Another hypothesis could point to the difference in quality of health care received by the different races.

This study was designed to produce results as generalizable as possible, and to give the research subjects as much leeway as possible to give their own opinions. Assumptions were made that people want to be satisfied with their health care, people have opinions on how that can be accomplished, and people know what they want out of their doctor to reach that goal. Another assumption in the questioning was that all the subjects would be able to give examples of good and bad experiences with doctors. This

was not found to be true. For instance, Subject #4 did not report any particularly good experiences, and Subject #8 could not think of any particularly bad experiences.

One of the weaknesses of the study was the relatively confined area in which the interview subjects were found. It might be difficult to generalize the data to a broader geographical area when all subjects were located in a fifty mile radius. An attempt made to overcome this shortcoming included interviewing a diverse population within this area. It could also be noted that some of the subjects interviewed had not lived in the geographic research area their whole lives. This fact could add to the geographic generalizability of this study.

Another weakness was the make-up of the sample. An argument could be made that the sample was too homogenous because it consisted of previous acquaintances of the researcher. An attempt was made to interview people that were not “close” to the researcher. An improved sample might be composed of complete strangers to the interviewer. This way, no relationship between subjects and researcher (or between subjects) could be made.

An argument could be made for yet another weakness in the study: the researcher’s inexperience with interviewing subjects. Although the author attempted to follow examples of previous research interviews, this cannot truly substitute for actual experience. Because of this, some of the discussions may not have been as open as possible. The researcher learned to let the subject do the talking, and to intercede in the conversation as little as possible.

As a strength, the study collected qualitative data. Predetermining topics, as is done with quantitative data, would limit the research subject’s ability to freely express their

opinions. In the spirit of grounded theory, the data gathered in this study could be considered more powerful in supporting or contradicting previous findings.

Also, a relative consensus was reached on certain topics. This shows promise that certain topics might have definitive answers, even across different demographic groups. The fact that this study was able to reach such a consensus adds to the validity of the research.

Conclusion

This study showed a need for further research to explore the possibility of racial differences in respect to the patient's role in the doctor-patient relationship. This study was able to both support and contradict previous research. Specifically, this study indicated that problems do exist with responsibility conflicts and power differences, but fewer problems exist with role uncertainty and unshared meanings. One way to sum up the issue of communication seems to be the more open the better, and doctors should be able to engage in small talk outside the medical realm to increase the comfort level of their patients. This study agrees with previous research that states that patients want more information. However, this study found that previous research underestimates the patient's desire to participate in medical decision making. Time spent with the patient is an important issue when discussing patient satisfaction. Doctors need to take the time to be thorough with every patient, and give the patient an opportunity to ask questions. Then the doctor should follow up with the patient after they have left the office. The previous study found to be most in line with this research is Haug and Lavin (1981). They noted that a good doctor-patient relationship is based on respect, open

communication, and is in essence, a contract of equals between the physician and the patient. What do patients want out of their doctor? Personality goes a long way.

The research in this study focused on what patients thought their doctor could do to improve the doctor-patient relationship. However, the information gathered could be considered useful to the health care field as a whole. Nurses, physician assistants, physical therapists, occupational therapists, and health educators all interact with patients on a professional level. Therefore, all workers in the medical field should be aware of patient preferences. Attempting to conform to these preferences increases patient satisfaction, a goal for the whole medical community.

Health educators counsel patients in an attempt to improve overall health. This can be accomplished in a number of ways. They can counsel patients on such issues as nutrition, exercise programs, weight management, smoking cessation, or even helping to find other agencies that can help with these issues. Health educators are an integral part of the medical community by being patient advocates.

Health educators can use the results of this study to better counsel patients. They can try to persuade their patients to have more open communication with their doctors. Health educators could fill the patient's intense need for more information about what ails them. Health educators, like doctors, should also note the patient's desire for post-meeting follow-up. Health educators are an important component of what the health care industry needs to accomplish to better serve patient needs.

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Appendix A (Table 1)

	Subject 1	Subject 2	Subject 3	Subject 4
Attributes patients look for in a doctor	Honesty, sincere about wanting to help patient	Ability to demonstrate medical competence Doctors should spend more time with patient, explain procedures, allow patient to ask questions	Knowledge	Good personality, shows concern, competence
What doctors could improve	Communication with patient during and after a procedure	Doctors should spend more time with patient, explain procedures, allow patient to ask questions	Spend more time with individual patients, make patient feel valued, comfortable	Be more polite, don't seem so rushed with patients
What a doctor can do to make a good first impression	Doctor's body language indicates he is sincere about caring for patient, eye contact	Be friendly, show interest in patient, not be so technical	Doctor gives general introduction of themselves	Be friendly, show confidence
What patients feel a doctor's role is	Listen, analyze, come up with solution to patient problem. Able to refer to another doc	To maintain overall health of patient	Be punctual, be thorough	Make patient feel comfortable, be polite
What patients feel the patient's role is	complete honesty to doctor about what ails them	Listen, follow doctor's orders	Honesty	Tell the truth
How much information should the doctor give the patient	wants all information in a straight forward manner	Want's doctor to be forthright, no hidden information	Patient wants as much information as possible	Doctor should tell whole truth, not "beat around bush"
Who should make the decision on the course of care	Patient wants to discuss options, but doctor makes final decision	Doctor should counsel, give opinion, then patient makes final decision	The more serious the illness, the more say the patient should have in decision	Patient makes final decision
What doctors have done in the past to make patient happy/satisfied	Doctor able to talk about other things going on in patient's life besides reason for medical visit	Doctor took time to listen to patient	Doctor was thorough, did extra tests	
What doctors have done in the past to make patient mad/unsatisfied	Poor English, doctor agitated by communication barrier	Short, rushed meeting with doctor Doctors should not try to see too many patients, spend adequate time with each patient	Doctor held back information	Doctor telling patient to do things she feels she is incapable of doing
Summary of what doctors can do to improve doctor-patient relationship	Be open and honest, friendly, caring, and sincere		Medical office should perform follow-up calls to patients that have visited office	Be polite, take your time, tell the truth

Table 2

	Subject 5	Subject 6	Subject 7	Subject 8
Attributes patients look for in a doctor	Doctor should be sensitive, make patient feel comfortable, be up to date on medical treatments	Competent, patient	Kindness, good sense of humor	Reputation for doing a good job
What doctors could improve	Value what patient has to say, Answer questions with patience	Doctors need to be on same level with patient, not look down on them	no answer	Doctors need to make patient feel more comfortable, not so serious all the time
What doctors can do to make a good first Impression	Start with small talk, build rapport before starting business	Introduce themselves, build rapport before starting business	Doctor should wash hands, office should be clean	Introduce themselves, small talk before starting business
What patients feel a doctor's role is	Accurate diagnosis, understand patient problems, willing to refer	Give advice to patient	Observe, evaluate	Figure out problem, or refer to someone who can
What patients feel a patient's role is	Complete honesty	Decision maker	Listen to doctor, evaluate doctor	Be honest about medical status/history
How much information should the doctor give the patient	As much as helps patient. Such a thing as too much information	Doctor should give patient all options available	Full disclosure, patient wants to know everything	Doctor should tell patient everything, even if it concerns patient
Who should make the decision on the course of care	The more severe the illness, the more say the patient has	Doctor advises, patient makes final decision	Doctor needs to earn patient's trust, then doctor makes the decisions	Doctor gives opinions, patient makes final decision
What doctors have done in the past to make patient happy/satisfied	Doctor was up to date on medical treatments	Doctor built rapport, explained procedure, was sensitive to patient	Doctor kept patient's spirits up when he was really sick	Made patient feel comfortable
What doctors have done in the past to make patient mad/unsatisfied	Doctors not respecting what patient has to say about own health/body	Doctor was dictatorial, did not respect patient	Too much time spent waiting to see doctor	No bad experiences
Summary of what doctors can do to improve doctor-patient relationship	Doctors should try to watch attitude when meeting new patients, not let bad day carry over	Follow up with patient after visit	no answer	A good personality goes a long way

Appendix B

What do patients expect from their doctor? Key informant interview

Hello. My name is Jason Dieterle and I am a student at the University of Michigan at Flint. As part of my Master's degree thesis, I am conducting interviews with various people in the Flint area to get their views of what a doctor can do to improve the doctor-patient relationship.

Participation in this interview is completely voluntary. There are no negative consequences if you choose not to participate. Additionally, you may stop participating in the interview at any time. You may also refuse to answer any questions that you find uncomfortable. Your responses will be kept confidential and no names will be used in the final presentation of data.

The survey will take about one hour of your time. This interview will be taped, but again, your responses will be kept anonymous.

The results of this interview will be presented in my final thesis, which will be available for viewing at the University of Michigan-Flint library. The information gathered will be reported in a completely anonymous manner. The information will be used to help doctors better understand the needs and desires of the patients they serve. If you have any further questions, you may contact Dr. Gilbert Gee at the University of Michigan-Flint at (810) 762-3172.

If you are willing to participate in this taped interview, and are at least 18 years of age, please sign or initial below.

(participant)

Date

Appendix C

Subject #1

A: = Author (interviewer) I: = interviewee (subject)

A: Again I want to thank you for participating in this interview. Uh, you've read over my, what I'm trying to do here, and agreed to be tape-recorded. Basically what I'm trying to do here is get some ideas about what doctors can do to make patients feel more comfortable about their care to increase patient satisfaction. I guess we'll go ahead and start off with what attributes do you look for most in a doctor, when you go see the doctor, or you are going to see a new doctor?

I: What I look for most would be honesty, and sincerity with the type of problem that I take to that particular doctor, I would rather have again honesty as to what as to what my diagnosis might be not, not to what my liking would be but rather be honest and to try to mask it

A: So how would a doctor attempt to mask it as you say, your diagnosis?

I: Well, say to give you an example if you went in with a headache and it could be anywhere from just say from a nervous tension headache say to the worst extreme where you had a brain tumor and they would say well the usual joke about a doctor would be take two aspirin and just go home. Where to me that would mask and not try to confront what the actual problem is. Headaches can be a variety of things and I would say I would rather have him be honest to me as to what was actually causing that particular problem from the symptoms which I had disclosed to him rather than

try to pass it off and mask it and for me to accept it as being something relatively minor when in fact it could be something life threatening.

A: So given that, you would rather have the doctor take the extra time to run whatever tests are necessary to give you the most final and correct diagnosis you possibly can?

I: Oh absolutely, you know. Like I say it's my life I would just as soon have whatever it takes to further enhance my life and my health.

A: And how would that relate to the time that you might have to see the doctor that day? Some people for example would be concerned about missing time off work in order to go see the doctor and have to be back to work by a certain time or whatever. Would you be willing to spend that extra time or maybe come back another day?

I: Well the situation that I'm in now, I guess I'm retired and I have more time. Thinking back to when I was working that could be a problem. Because I had work related activities you must attend or must attend to, however my situation that I have now today that would not apply. I would have the time to take care of that. And attend.

A: So you think maybe that in your particular situation as a doctor it might be in his best to find out what your life situation is, and in your situation being that you're retired, that he could use that opportunity for that extra time to make the most correct diagnosis no matter how. What the tests are that are involved and the time it takes.

I: Yes I think a doctor should know a person's history as much as possible. Like in this situation here maybe this is the first time I have met the doctor but they within a short period of time should be able to obtain from that particular patient or myself

what my personal activities are at this time and I would explain to him or her that it would be a situation where the time would not be of essence as far as making the type of appointments I need to diagnosis. I could go ahead forward with that type of process and not have to worry about most of the time having to be somewhere else.

A: So you think that's your responsibility to tell the doctor that, or do you think it's the doctor's responsibility to find that out? About your time constraint's and your life in general?

I: I think initially I think it would be my responsibility to disclose that to him, but if it became a necessary element within the diagnosis of whatever the problem I might have it'd be the doctor's responsibility at that point in time to be able to put all that, all those variables together to be able to get the patients in their best interest.

A: OK, hum. Some of these things we have already touched on but I'll go ahead and ask. What do you feel doctors could improve upon in order to make you feel better about the care you're receiving? Say like in past situations, with the doctors that you've dealt with, maybe even give me a couple examples what they could have improved upon to make you feel better as you walked out the door of their office?

I: Well one recent one I had, I had a procedure done and, at the doctor's office, and the radiologist involved and the urologist involved and after the procedure was done, which was quite a personal procedure to me, I got absolutely no response from either doctor. They just stood there, one stood there and one sit there and I looked at them and they looked at me and nothing was said, nothing to ease my mind at all as to the, what I had to expect in the future. I felt very uncomfortable in that situation.

A: So you feel that open communication is important, especially like post-procedure?

I: Well yes, in that situation that is exactly true. What they're saying is that, well by them saying nothing led my mind to think that perhaps there was something wrong with me that they were not telling me. And that just added to my anxieties at the time.

A: OK, so in your mind saying nothing is bad news, so it's better for the doctor to give the patient an opportunity to ask questions, and to ease the mind?

I: Ask questions or in that situation, you know, silence was deafening almost to me. They could have made some other type of small talk, not even in relation to the medical procedure, but just to stand there, sit there, they looked at me and I looked at them and absolutely stone silence wall again very, very, aggravating to me actually.

A: So maybe not even related to the procedure, but any type of small talk with the doctor can help ease the anxiety that often goes along with seeing a doctor or going through you know in this case a personal procedure?

I: I think so. You know that eases a person's mind, puts the mind at ease I should say, somewhat, rather than just silence.

A: OK, now going back to say the first time that you meet a doctor, say you are in a hospital, and the doctor first walks in the room, what is the one thing that doctor could do the first time you meet him or her that would make you feel more comfortable about the care you are going to receive from them?

I: I think that has a lot to do with the body language of a doctor and their sincerity and how they approach that situation. If they're actually, can tell if they actually care about your well being. That would be my initial reaction to that. The old saying a first impression is a lasting impression. That would include doctors.

A: So what things, just to expound a little bit, what things do you think they could do to express that sincerity that you're looking for?

I: I think they should honestly be sincere in their conversation with you by looking you in the eye for example and saying, asking how you're feeling, or what your problem is today and taking a great interest in your well being and making you better.

A: OK, so like body language, eye contact, and displaying genuine interest in what you have to say?

I: Yes.

A: OK, is there anything that a doctor has done in the past to make you particularly happy or satisfied? During a visit?

I: Yes, I'd say there has been. I mean there's certainly, once a doctor gets to know you I will say this much, not necessarily a new doctor, but once a doctor starts gets to know you they might ask about your work, how work is going, if they know what you do for a profession. Or may even crack a joke about your profession. Which tends to break the ice so to speak, and even though there might be some kind of serious nature which will follow, it puts a person's mind at ease, with just that type of humor or enlightenment.

A: So perhaps, just getting back to like the small talk, kind of building a rapport you would say as far as being able to talk about things other than a medical nature in the doctor's office.

I: Right. Just a moment or two of that type of conversation, again, makes the whole visit a lot more personal affair then just sit there for strictly business. And I think a person, at least in my situation I'm talking about, I feel a lot more satisfied walking

out of the office knowing that he has some interest in my vocation or my interests or whatever I might want to do.

A: OK, to flip that around, is there, can you give me a specific example maybe of something that a doctor has done to make you upset or dissatisfied with the visit?

I: Well there again I can think of one doctor I had gone to in the past that, in this situation was a female doctor, and I have nothing against female doctors, but I, she spoke very poor english and I couldn't understand her, or hear her, and, or, either. And because of the language barrier, from the start, I ask her a number of times to repeat herself because I didn't understand her, her english was so poor, and I think she became agitated with my repeated inquiries as to what she was really trying to ask me. And got off on the so-called wrong foot, right from the start. And basically when I left the office, I didn't have much faith in what she had to say, I don't think that she really accomplished what I was in there for.

A: OK, so what do you think you would want to accomplish in those meetings then?

I: Again, in this situation here, it's hard to say. Except for the fact that, there again I put that on the doctor, the doctor where being that this is an english speaking country, we should be able to, they as they become doctors would be able to communicate in a language which is, our country has formally adopted. And not to the point where you can't even understand them. And I've not only heard that myself but from other people, same situation, you can't communicate in the language in which you are accustomed to that, then again the doctor may be well educated, however, you have to be able to verbally communicate within this country.

A: OK, going with that point again, what do you your doctor's role is when you meet for an appointment?

I: A doctor's role is to listen, mostly listen, and to analyze what your symptoms are in which you have that day, your concern, and to professionally come up with some type of solution or conclusion as to what you have given them plus their own diagnosis whether it be listen to your heart, or listen to your lungs, or taking your blood pressure, or whatever the type of routine type of examinations and be able to accurately diagnose what your problem is and to prescribe the right type of medicine or other diagnosis to remedy the problem.

A: So being able to listen and then being qualified or knowledgeable enough to make proper diagnoses (diagnoses) initially?

I: That's true and if they themselves can't, then be able to make an educated referral to some other doctor that's a specialist within that area to make an analysis of the symptoms. Be able to have the referrals available. And knowledgeable about other doctors and their profession. Within the specialists.

A: So having good contacts within his own field, knowing where to send you, so to speak, if he can't handle the situation himself. Being able to network, so to speak, within the community itself.

I: I think that's very essential.

A: OK, and how important is that to you that the doctor would have a diagnosis ready given on what you had just told him or whatever test he can perform there in the office. I guess the point being, in your mind is it OK for the doctor to say I don't know?

I: Absolutely. I would rather have him be honest with me, as I said from the start. Very honest I really don't know what your problem is, but I will refer you to somebody that may be able to find out what your problem is. Obviously there is no one doctor in the world that can, knows everything about everything, and if you can be honest up front and say I can't honestly describe what it may be but the symptoms you are exhibiting may be within this realm of professionalism by another specialist and I will refer you to that person for further diagnosis.

A: Even away from that referral, would it be OK in your mind for a doctor to say- hold on, I've got to go look something up in a book. Would that somehow detract, in your mind, would that detract from his professional ability?

I: No, I don't think so. If he's got to make a referral, there again, with the symptoms you exhibited, and given to him if he wanted to make a cross-reference or referral to a type of a pamphlet or publication or whatever it might be, a medical log, to get the exact type of handle on the problem, I would have no problem with that at all. As long as the end result was the correcting of the problem.

A: OK, so to on the flipside again, what do you think your role is when you visit the doctor?

I: Again, the role, the flipside would be same thing. Would be to honestly tell the doctor what your problem is, don't hold back. Whether it might be somewhat embarrassing, even as such, but you still have the doctor-patient relationship, be able to accurately disclose to the doctor what your symptoms are whatever they may be, and honesty within that. And don't withhold anything that would maybe shed light on what the problem may be initially.

A: So your job would be honesty as far as disclosing whatever symptoms or problems you may have regardless of how that may be embarrassing?

I: Yes

A: OK, and then getting back to again the honesty, I know some of these may be somewhat repetitive. What do you think the doctor's role should be in dispensing information about what ails you?

I: The doctor should be very straightforward. For example had I put a limitation on some type of activity, whatever that might be, he should be able to accurately respond to that and dispense that type of information to the patient.

A: Even if it means having to go look it up in a book? As long as you leave the office with some type of answer, then you think the doctor has done his job clinically.

I: That would be the end result, yes.

A: So even if that answer would be, say you went in there with a headache using an example you used earlier, if he said well, it could be a brain tumor, then you would rather have him say that, if that was a possibility, even though there was only a 1% chance of that?

I: I would prefer that, yes. I would prefer they lay all the cards out on the table, so to speak, and then they can make an informed decision from with the doctor's analysis of your symptoms, as to how to proceed. Both directions at that point, how the patient would want to proceed and how the doctor should proceed with what they have. What the analysis would bring.

A: Besides a language barrier, as far as, the, not just the language, but I mean the language as in you know there is a certain type of lingo that the medical profession

uses. Do you think, have you run into problems before with maybe the doctor using the type of language that you don't understand? Using like medical terms and stuff that you're not familiar with?

I: I cannot recall where they would not put so-called common language. Obviously there's medical terms, you know medical jargon which is used in any type of profession that I don't fully know, not know what it is. But I think most doctors I can think of actually put it in common terms, you know break it down into what an average person can understand. Not necessarily the long medical terminologies which obviously like in the pharmaceutical field, for example, any type of medicine they normally give it to ya, for example, it might be some type of antibody, they say we'll just give you an antibody, this should cure it, not necessarily get into the medical terminologies of that, what that particular antibody is, and the certain properties which it contains. They would just put it in common lingo, we'll give you an antibody that would cure this.

A: So in your particular case even though you're an educated man, you would rather have 'em just keep with the so called layman's terms, then attempt to try vary their language based on a person's education level?

I: I think on the most part most doctors would prefer it that way, and I guess most people would prefer it that way. And then if the person was to the point, even myself I guess myself obviously, if I wanted anything further I would inquire as to further myself, I mean not necessarily the doctor would have to disclose that to me. I'm sure that I would be well adapt to wanting to know more if I was to ask a question what properties does this say antibody contain and what the side effects might be or

whatever. But if it's just a normal conversation I think normally just lay terms would be sufficient.

A: So as far as that goes, in your mind, your saying it would be the doctor's responsibility to try to explain to you what's going on in as simple as terms as possible and then it would become the patient's responsibility to inquire if he wanted more specific or further instructions or explanations about the procedure?

I: That's exactly how I feel, yes.

A: OK, so then what do you think the doctor's role should be in making the final decision on your course of care?

I: Well the final decision, again that, it could be what the diagnosis might be, it could be anything from terminal cancer to a sprained wrist, I guess you have to put your faith in the doctor which I think most people in the United States, even the world do today. They have a lot of faith in doctors, and rightfully so because I think most of them are highly educated. I guess at that point you would have to put our faith in a doctor. Perhaps a second opinion might be in order, in certain types of diseases or ailments. But then again you still have to put your faith in the doctor from the diagnosis which they determine to be.

A: Well, saying not even that you don't have to put your faith in a doctor what do you think the patients role should be in making the final decision on their course of care?

I: Again it's an informed decision that person would have to make, and if he thought the doctor's analysis was perhaps incorrect, I think it would be the patient's role to get a second opinion and to even voice that opinion to the doctor saying that I would

prefer a second opinion on this before I proceed. And have the doctor's ability to arrange that or even not attempt to block a person's right to a second opinion in case there was a some type of ailment that could be life threatening. It should be the patient's right to go to a different source and say what's your analysis of this situation.

A: OK, so what is your idea of an informed decision?

I: I think an informed decision, I think the body speaks for itself to some extent. For example I guess you might even say if a person was having or experiencing chest pains, maybe it be a heart attack or heart problems, where as a person think they might be could be an anxiety level more so than an actual heart attack, like a stress attack in relationship to a true heart attack, then initially the doctor might think it's a heart attack, and then they say well the procedure might say even an angioplasty or open heart surgery or whatever you might need to correct it. I think the person should say wait a minute, maybe this is not what I really have, maybe get a better second opinion before you proceed with this type of procedure. I think a person would know in his own mind perhaps with the limited amount or how much education one has as to the type of analysis what could be for the betterment of the patient.

A: So what you're explaining there is that the person that has the ailment is the number on keeper of the knowledge, as far they would have sort of an instinct as to what ails them, and then it would be their responsibility to convey that to the doctor?

I: Yeah, I think so. I think most people have a gut feeling as to what their problems are even before they even go to the doctor. And that they know either rightfully or wrongfully that they might think that something that could be extremely life

threatening where maybe if it's not, but then again to ease that person's mind perhaps a second opinion might be in order.

A: OK, now when I say informed decision, I mean having to do with what the doctor tells you and the type of discussion that may occur between the doctor and the patient as to what the final diagnosis is. Say like if you could give a percentage on it as when the doctor and patient make a final decision on the course of care, what percentage should be the doctor's decision and what percentage should be the patient's decision?

I: I would have to say that my initial reaction to that, it would be a 50/50 decision.

However, I think that there again, that person, the patient actually shouldn't have that much say. The doctor should have more say so I would say maybe 75/25, being closer I would say 75% of what the doctor has to say because that is their profession and they (the patient) has to put your hands in the doctor, their welfare, your welfare.

Where as maybe the person is hoping against hope so to speak that there is nothing wrong with them. Where as the doctor would really know that I guess. For example if a person has cancer, you know the dreaded disease of cancer, you come in and say well I hope it isn't, maybe it's not really yet, where the doctor is saying, you know you come back to the lab report saying yeah this is terminal cancer. Maybe in the back of your mind you want to block that out. You say no, that's not really true.

Maybe we better, why don't we think about something else. Where as the doctor is saying this is it. You gotta, I say within that, you know, that example that the doctor, you have to go along with what he says. Maybe you don't, wouldn't want to, maybe don't want to, it's not what you want to hear as a patient, but, then again,

<end of tape, continuing on other side> (good thing, because he was going nowhere with that)

A: OK, so in that case you're saying that, what you're describing, an actual diagnosis. I'm saying like in a specific course of treatment, now that the doctor has, it's been definitely diagnosed that you have cancer, you know, do we do radiation therapy or do we do chemotherapy. I mean whose decision is it to decide between the two different courses of therapy?

I: I would say in that situation, I would say 100% doctor. Because I myself would not know what type of, what the chemotherapy or radiation would be, be the best to cure the disease. If it was curable, they in that professional element would know far more than I as to, from other standard practice they have observed and from their own personal knowledge of that expertise, I would have to go along with, you would literally, all of it, have to 100% of what the doctor says.

A: OK, so would you rather have the doctor come in and say- OK you have cancer so we're going to do radiation therapy. Then you would be satisfied with that or would you rather have him come in and give you the two different options and then, you know you two go over the options?

I: Well I think the latter. I would just as soon go over the options, but I think when it came down to the, what of the two options would be best for the patient, I would go along with the doctor's recommendation. I guess if the end result were to be the same with both, obviously the people want the easiest way out. Whatever the easiest way out might be, with the least amount of intrusion of that person, and the shortest

amount of time to get the end result would be, the ultimate goal. I think, I'm sure the patient, and I'd presume the doctor also.

A: So if there are options you want to know the options?

I: I want to know the options.

A: However the doctor has the final say in which option you chose.

I: Yes

A: OK, you had mentioned several times about a second opinion. You think that patients have a responsibility, as somewhat of a loyalty, toward a specific doctor. Maybe in this case specifically a family practitioner?

I: Oh, I think so, I think there is some loyalty involved yes, and you have to have faith in that doctor from the start to gain that loyalty. But then again, you know, perhaps a practitioner is limited somewhat in all facets of the medical field. And he should at that point say to himself, to the patient that perhaps there is somebody that, oncology for example, going back to cancer, that could better treat you for this particular disease than I. And guess you go and pointed in that right direction.

A: OK, I guess I want to regress here a little bit, back to decision making because I think it's an important topic as far as what your course of care would be. Do you think that different courses of care, as far as the decision the doctor makes, and your power to make the decision, would change depending on the severity of the disease? Saying that the, you know, would the patient have more control in say you have a cold, or the patient should have more control with cancer? Or would there be no difference, the doctor has the say?

I: I think the doctor should have more of a say in more of a life threatening type of disease. In anything from having a head cold to cancer, or say even like diabetes or something where a patient can have a lot of input into that you know with insulin injections or whatever it make take to stabilize that particular person's body. With the more severe, the severity of the disease of the doctor should have more input and should have a higher percentage of a finalism as to what the best course of action would be.

A: OK, is there anything else you would like to say about what a doctor can do to improve the doctor-patient relationship in your mind?

I: Again, be open, friendly, caring, and sincerity. I think those are all high qualities which that a person looks for as a patient when he goes to the doctor's office. That the person would leave the doctor's office knowing that the, in his mind or her mind that that doctor really cares about me and cares about my welfare, cares about my health, he cares about my whole family. As far more of a rapport can be developed and the sincerity in which a doctor would care for that particular person. And to me that's the ultimate type of doctor.

A: OK, well thank you for taking the time today. I appreciate it.

Subject #2

A: Okay, this is an interview with _____. I would like to thank you for taking the time to do this.

I: You're welcome Jason.

A: I guess we'll go ahead and start off. What attributes do you look for most in a doctor?

I: I like to try to choose doctors that can demonstrate medical competence somehow and I've been fortunate in that usually I've gone to doctors that other people have recommended and therefore I have some awareness of how good they are before I go in. And then as I go in, I verify that based upon the degrees that I see hanging around and the kind of advice the person gives me and the referrals that he is able to make when I have a serious problem.

A: Okay. So you judge competence then would be the degrees that he earns?

I: And his reputation.

A: So reputation through other people?

I: Right.

A: Is there other ways that you can see just by visiting him that might give you an idea of his competence?

I: Uh, yes. I, I would evaluate his competence based upon the kind of advice that he gives me and also how thorough he is in terms of diagnosis, you know the kinds of questions that he asks or the kinds of procedures that he goes through and also in discussions with him, what he has to say in terms of diagnosis so that. I mean I guess

I'd have to say that I'm evaluating his competence in a lot of ways all through my whole association with him.

A: Okay. What do you feel doctors can improve upon in order to make you feel better about the care you are receiving?

I: Uh, I think some doctors are perhaps a little too busy and have so many people that they are, they really are running around from office to office and I'm always uncomfortable and unhappy when I think that the doctor hasn't spent enough time with me to be sure that I'm comfortable with the advice that he has given me and/or to explain, let's say, any of the medical problems that I might have. So I wouldn't go to a doctor who seemed to be so busy that he wouldn't adequately diagnose my problem and advise me soundly about it.

A: Okay. So that, you want to make sure doctors are spending enough time with the patient in order to fully explain the diagnosis and whatever procedures are about to be done to the patient's satisfaction?

I: Right. And sometimes like, like my primary doctor, if I go in with a particular problem, since medicine or physical problems can be so complex, I like the fact that I believe when I'm in there, even though I'm dealing with a specific problem, I know that he's checking for other things. So that as part of spending time with me and as part of his practice, he is not just taking what I say, he is also looking for other possibilities or other problems that might exist that I'm not even aware of that might be related or might

interact with the problem I've got that only with his medical competence would he have the ability to discern.

A: Okay, so going on that point, you're saying that the doctor is not only responsible for diagnosing the problems that you bring up but also for making sure that there aren't other things along that you might not be aware of. What do you think your doctor's role is when you meet for an appointment?

I: Well, I, I don't go of course, I don't go to the doctor unless I've got some specific problem, unless it's for a physical. So I mean it is generally about a specific problem although the doctors that I have had are interested in my total, general health and so even though, so even if I go there wanting some specific information, my doctors have usually asked me about my overall health and my overall plans for good health so the doctor is, I think, interested in my whole relationship to health, not just the, and long range, not just the particular ailment that I might be going for him to see him about at that time, and I value that.

A: Okay. So this is speaking basically of your primary care physician?

I: Yes.

A: Basically, and then his role would be to not only properly diagnose what you went to see him for that day but to care about your overall health?

I: Right.

A: And to make sure that your overall health is good not only today but in the future?

I: That's right. If I haven't had a physical in awhile, he says "you really should get a physical." If I haven't had this test in a long time, he says "you really should have this test" so that they are always concerned about my total health and over the long

range as much as they can and I think their role, I think that's a significant part of their role and not, so it's almost like preventative medicine to some extent. It's not just related to the fact that well you came in here and you're sick but it's unfortunate that you didn't come a long time ago to get this thing solved and now you've got a major problem. The doctors I've been with have always projected well ahead and tried to steer me in right directions so that I would have long range health, not just deal with the physical ailment I might have at the time.

A: Okay. So then on the flip side of that, what do you think your role is when you visit the doctor?

I: Well, I think I have to listen and I have to try to do what the doctor says and I think if I have questions, I think it's, I think I should answer those questions so that, in other words, I'm trying to, should be trying to establish a relationship to my own health and my own best interest but, at the same time, I should be according the doctor a respectful decision-making role in that, a significant role in that so that if I follow or do what he suggests then I should, I should, I should expect good outcomes as much as possible.

A: Okay. So you, basically all the power is in the doctor's hands and your role as the patient would be to take heed to what he says, what his opinions are, and follow those precisely?

I: Uh huh.

A: What about your role as far as disclosing as much information as possible?

I: Well, yes of course I should do that. I mean if I expect, if I go there and expect a doctor to try to help me with something then I better, you know, convey to him all the

information that pertains to that. But I also believe in this day and age that where you have serious health problems, if someone says you need a major heart operation or something so that some of these things might be left life threatening or debilitating, that you really should seek a second opinion from another highly qualified doctor as much as

you can find or determine before you make a final decision about something.

A: Okay. So talking on the point of the decision making, what do you think the doctor's role should be in making the final decision on your course of care? Say like to give you an example like a percentage, what percentage should be your decision and what percentage should be the doctor's decision?

I: Well, I think the ultimate decision rests with the individual. I don't think it rests with the doctor. The doctor can advise me or counsel me or suggest things or whatever but ultimately I have to say "Yes, that's what I want to do, yes I'm agreeable to doing that." I don't think you, I don't think the doctor necessarily wants total responsibility for some decision and I wouldn't want that doctor to assume that for me and I think, I think it's, I wouldn't say its 50/50, I think it's more like 70/30. Obviously I don't have to do anything the doctor recommends or wants done. I could go seek another opinion or I could just decide that's not what I'm gonna do. I don't think it's fair to place all that responsibility on the shoulders of the doctor. I think the patient has to assume that responsibility for himself or herself.

A: So 70 percent is the patient's decision?

I: 70 percent, 80 percent.

A: Just an estimate.

I: Yeah sure.

A: Okay. So when you went over earlier, your patient's role is to follow, you know, whatever the doctor had decided but what you're saying there is that when you, when the doctor is making his opinion, it's ultimately your decision to decide on your course of care but then together you make a decision and then you follow that course of care?

I: That's true. I have to, I have to hear what the doctor says. I have to agree with it or evaluate it and if I, you know, and it really is up to me to follow that and/or go along with what the doctor says, that's ultimately my responsibility I think.

A: Okay. Now going from the final decision making to the information, what do you think the doctor's role should be in dispensing information about what ails you?

I: I think doctors should be forthright. I think they really ought to, right up front, in the most pleasant way possible, tell the patient what legitimately the doctor thinks. I don't think things should be hidden. I think that would be a violation of trust and/or confidence and a violation of the patient's right to make a legitimate decision. If a person has pretty much terminal cancer and the doctor says, and the doctor does not convey that but instead runs the patient through a series of programs or whatever when the ultimate will be death anyway, I think it is only right that the patient understand at the outset exactly what the doctor has found out and what the doctor thinks. So a full disclosure, straight forward disclosure in the most humane way possible I think is the only way to do business ethically.

A: Okay. What is the one thing a doctor could do the first time you meet him or her that would make you feel more comfortable about the care you are about to receive from him, speaking of first impressions?

I: Uh, I think the doctor should be friendly and should show a real interest in the patient. I think a good relationship with the doctor is a human relationship. It's not just based on technical merit, I mean, I think, I think there has to be a communication there of individuals, of human beings together and a certain respect for that, not just the fact that the doctor has his technical expertise and you're just going there to hear that. So, I mean I can't imagine going to a doctor who was hard and brisk and didn't seem to care about me individually and in some hard, official kind of way, simply was going to deal with my medical problems. I don't think I would go to a doctor like that, or not for very long.

A: So given the choice, would you rather go to a doctor that was technically sound and didn't have as good a bedside manner or a doctor that had the bedside manner that you speak of but maybe was not as adept technically?

I: No. I think frankly, I mean, I choose a doctor who is technically competent. I think that's a first order but at the same time, I mean I don't know, the doctors that I have had a lot of respect for and value not only have superb technical merit but also have a human quality to them which I think is necessary. So I guess I've been fortunate in having both needs met and have always had good medical care in that way.

A: Okay. Is there anything a doctor has done in the past that has made you especially happy or satisfied and could you maybe give an example?

I: Well, the last time I went in for a small test, the doctor being concerned about my overall health suggested that I need to have a physical and when I asked him about a couple of tests that maybe I should be having, he said “yes, of course you should have those on a regular basis” and he immediately set up an association of referral for me to get that business done which I did. So yes I appreciate that and you know I had some surgery done quite a long time ago for a hernia and I was really impressed with not just the technical nature of the operation itself but the fact that the doctor seemed to care about my pain and/or what was happening to me and when I went back sometimes afterwards because I thought I’d reinjured myself, he seemed to be very friendly to remember me and to be concerned about my own concerns. So, I mean, I think it’s great to run into doctors who not only have the superb technical competence but also seem to be caring, very professional people.

A: Okay. On the flip side, is there anything a doctor has done in the past that has made you mad?

I: No. I haven’t had any real serious, I’ve had more problems with dentists and lack of competence with, and so on with some dentists. The dentists have made me more angry than medical people. I do attend a doctor and sometimes I think that he is not thorough enough. I have a dermatologist and sometimes I wonder because he seems to flit around, going from room to room, just and the diagnosis is always the same, I sometimes wonder how, and so is the treatment, I sometimes wonder how competent he is or how much in depth he really would go in order to render adequate treatment. So, but as far as all the

other medical problems that I've had, I've been pretty well satisfied with the doctors that I've, you know, associated with.

A: So given the example that you gave about the dermatologist, your dissatisfaction would be the amount of time spent in the office diagnosing your particular problem and you walk away from the office feeling that the doctor wasn't thorough enough?

I: Yes. I, I don't know, I don't know whether he could have taken skin samples or looked at stuff under a microscope. I just felt something was lacking there. I was diagnosed with, what's that some early stages of psoriasis and I, so I have problems with it especially during the winter. It gets all inflamed and itches and I put on this cream and it seems to go away but it seems to be chronic and I keep wondering if the doctor should not do other tests or look at it through the microscope or do something to find out if it really is psoriasis or if it may be something else that could be cured so that I wouldn't have to endure it in a chronic way.

A: Okay. Is there anything else you would like to say about what doctors can do to improve the doctor/patient relationship?

I: No. I've been fortunate because I've sought out good medical care and I won't, I won't tolerate medical care that I think is not good, along the lines that I've just described. And I would say that doctors should guard against being so busy during office hours that every patient, more or less, is looked at as a little unit or something to get in and get out so that you can get on to the next patient because I think, I think ultimately that is the way mistakes are made and that's the way people end up getting medical treatments that are costly and are inadequate. In fact, I think most doctors, the ones that I know, limit their practice just for that reason. That they know that

during a given day, given all the demands upon them, that they only have, they can only see so many people and if they go beyond that, they are not going to be able to do a very good job with individuals and not only that, but it probably will destroy their own health so I think that's a real danger for some doctors to get too busy.

A: Okay. Good enough.

I: Great. Thank you Jason.

A: Thank you for participating in the interview.

I: Your welcome.

Subject #3

A: Okay. I want to thank you for participating in this interview process first and foremost.

I: My pleasure.

A: We'll go ahead and get started here. What attributes do you look for most in a doctor?

I: Knowledge. Make sure he is knowing what he is doing, or she for that matter.

A: How would you go about finding out if they were knowledgeable?

I: Well, seeing as how my family is in the medical industry, I have a lot more options than most people, word of mouth and just general concepts or ideas about people.

A: So you go by word of mouth as far as the doctor's reputation for their ability to perform medicine?

I: Yes.

A: Okay. What is the one thing a doctor could do the first time you meet him or her that would make you feel more comfortable about the care you receive from them?

I: I guess a little bit of a general introduction, not just coming in and immediately examining you, kind of giving a little bit of background about them. Hi, my name is so and so and I have been practicing for so many years or just a little bit of a history to kind of give you an idea of what is going on with them.

A: What would you look for in that history that they told you that would make you feel more comfortable about that?

I: Well, in the history I mean it's a twofold thing. It gives you an idea, it allows you to check out how they are and you can kind of feel if they are being deceptive, the history itself. I mean, new versus old doesn't really matter. I mean there's a lot of good doctors who are younger versus a lot of good doctors who are older. There is also quacker ones who are older versus quacker ones who are younger so it's just more as an introduction for you to use, the patient to use as a feeling out the doctor.

A: Okay. So would you look for his qualifications?

I: Absolutely.

A: Academic history?

I: Absolutely.

A: And that would make a difference of your opinion from him like if he went to a good college or a bad college or ...?

I: Absolutely.

A: Okay. What do you feel doctors could improve upon in order to make you feel better about the care you're receiving?

I: I think treated as a person, not as a number. My current doctor actually comes in, he knows me by my first name. I have been with him a few years now and when I go in it's like I'm talking to a friend.

A: So you think it's important to have rapport with your doctor?

I: Yes.

A: To be able to be comfortable with them?

I: Absolutely.

A: What do you think your doctor's role is when you meet him for an appointment, what is his job?

I: Well, when I arrive for a job I like to be, my boss actually to be punctual so I think a doctor should be punctual. If you've got an appointment at 11:00, by five after 11:00 the doctor should be there to see you. As far as like generally, I mean, get the hellos and stuff over and he should examine you and go to work, I mean.

A: Okay. What would that work consist of then?

I: A thorough checkup. I mean if I'm in there for a cold, I hope he checks all the bases. I mean I don't want to just kind of be pushed through the office, yeah okay you've just got this. I mean it's more or less check out the bases, don't just assume that it's a common cold when it could be something worse or vice versa.

A: Okay and what do you think an adequate time frame would be then for that appointment to occur that would make you feel satisfied when you walked out the door?

I: There's no real time, you can't set a time frame. I mean, depending, it depends on what we are in the office for, it depends on what's going on.

A: Alright. What do you think your role is when you visit the doctor?

I: Honest and open. The doctor can't treat you without you being telling him what's wrong with you and a lot of people are not very comfortable divulging that information and without being honest there is no way for the doctor to fairly treat you.

A: Okay. What do you think the doctor's role should be in dispensing information about what ails you?

I: Personally, I think he should be completely and totally open. If there is something wrong with me I want to know. If that requires follow up testing to figure out what's going on, then he should use follow up tests but in the meantime, he should tell you as much as he can of what might be causing whatever is bothering you or what have you.

A: So as much as he knows about the subject, even if it might not be pertinent or it might worry the patient more about details that may not pertain to him?

I: Yeah. The truth hurts, I mean.

A: So you would prefer to have it that way?

I: Yeah.

A: Okay. Then as far as the treatment, what do you think the doctor's role should be in making the final decision on your course of care?

I: Well it has to be talked over with the patient. It depends on what the patient's wishes are. I mean, it depends on whether or not it's life threatening, it depends on if it's not life threatening. I mean, if it's the common cold it is more or less what the doctor thinks but I mean if it's a more serious ailment then, or a disease that's like life threatening, it would depend on the care that is going to be given. If it's that you only have a couple of months to live and you have the option of trying to take on a whole bunch of therapy or whatever to try and prolong your life but your quality of life goes down then the doctor should be forward with that information and it's a joint decision.

A: So in your opinion, the more serious the illness, the more the patient should have the say in the course of treatment?

I: Yeah.

A: What would you say then, for like a common cold to use your example, percentage wise, what percentage should be the doctor's decision in the course of care and what percentage should be the patient's?

I: You kind of fall in a catch 22. I mean, the doctor went to school for the medicine. He is the one who is able to diagnose what is going on. If I'm going to a doctor that means I think there is something wrong and I want him to fix me so I'm relying on his judgment to do a good job. However, if I don't agree with his judgment, there should be alternate courses of action. If I don't like just being given an antibiotic self scribed as it is, there should be some other course of action that the doctor can be forthcoming.

A: So when it comes to alternative courses of action, is it the patient's responsibility to ask about different treatment options or is it the doctor's responsibility to talk about all the treatment options up front?

I: I believe it's the doctor's responsibility to give forth all the information up front.

A: Okay. Is there anything that a doctor has done in the past that has made you particularly happy or satisfied with the care you received?

I: Uh, generally most of the doctors I have been to have done a pretty decent job and there is nothing that really one thing stands out. Just recently I was to the doctor, had a liver enzyme count come up high and he sent me out right away to get all these extra tests done to rule everything out so the fact that he is covering all the bases and the fact that ____ (interviewee's brother) sat there and basically concurred with the

doctor's course of action made me feel good that he was doing everything by the book and to the fullest extent of what he could do.

A: So then by you saying that ____ agreed with the course of action, ____ being your brother, then you would depend on other peoples in your family or friends that were medically knowledgeable, you would depend on their opinion to see if the doctor had treated you properly?

I: Well, part of the reason why I'd gone to ____ was all of the information was not disclosed to me. It was more or less left as an enzyme is high in your liver and we need to test it. There was no other information given to me as far as what does that mean, what possibilities are there as of what's causing it so by asking _____, _____ being a paramedic who is a pre-med student, he has the ability to look up this information,

give me more feedback on it which more feedback made me feel better knowing that there was nothing wrong that may be screwed up but we don't know until these tests come back and knowing that the doctor is doing everything correctly made me feel better.

A: Okay, then on the flip side, can you think of an example in the past that is something a doctor has done to make you mad?

I: Lack of information. More often than not, not being told the entire story.

A: Okay. Is there anything else you would like to add about what doctors can do to improve the doctor/patient relationship?

I: Something that I think that has been lost along with the relationship is personal type of deal. I know they are busy considering their schedules and stuff. Sometimes

even if they had just their staff call and make sure that you are feeling alright, or that they were happy with their course of action. Just a little call, make sure that I'm feeling alright. It's not expensive and it's not time consuming so it shouldn't be too big of a deal.

A: Okay, that's a good idea. That's all I have. Thanks a lot!

I: No problem.

Subject #4

A: Well again I want to thank you for participating in this interview. This is an interview with _____.

So I guess we'll go ahead and get started.

I: Okay.

A: What attributes do you look for most in a doctor?

I: Personality.

A: Okay. What kind of personality do you look for?

I: Well, I look for somebody that's not grumpy.

A: Okay.

I: And somebody that knows what he's doing.

A: Okay. Can you give an example of how you would go about finding out if the doctor knew what he was doing, how he could show that to you?

I: Well, probably.

A: How do you find out if the doctor knows what he's doing and is there things that he can do to show that to you, to show his competence?

I: Yeah, yeah.

A: Can you give any examples?

I: Well, when you go in there you don't want him to just pass you off like you are a nobody.

A: Right.

I: You want a little bit of concern.

A: Okay. What do you feel that doctors can improve upon in order to make you feel better about the care you receive? What can doctors do better?

I: Well, I think they can be polite and I think that they can act like you are the only patient, that you are the only patient that he is going to see all day because he is in such a good frame of mind. He is not in a rush to get out of there.

A: So they could spend, or at least perceive like they are spending a little more time with you?

I: More time with me, then they don't act like there is another patient out there.

A: Okay. What is one thing a doctor could do the first time that you meet him or her that could make you feel more comfortable about the care you are going to receive? What do you look for in a first impression?

I: Well, I don't know. I can't put it in words. I think, I think he should know what he's talking about.

A: Okay, so when you say that the doctor knows what he is talking about, I guess to go further, when the doctor goes and you tell him what's wrong with you, in your mind is it okay for the doctor to say "I don't know" and go look it up in a book or would you somehow perceive that as taking away from his professionalism?

I: I don't think he has to look up in a book. If he's qualified to be a doctor, I don't think he has to go to look in a book.

A: Okay. What do you think your doctor's role is when you meet for an appointment? What do you think your doctor's job is? When you go meet to an appointment what's your doctor's job?

I: Well my doctor, he always greets you with a smile and he acts like there isn't anybody in that waiting room and you're the only one that he is going to see all day long. Then you walk out in the waiting room and my god, there's ten, eleven people out there that he's got to see yet!

A: So his job is just basically to make you feel comfortable about being there?

I: To make you feel very comfortable.

A: Okay. What do you think your job is when you go see the doctor as a patient?

I: Well, I want him to tell me the truth. I don't want him going around the bush. I want him to tell me the truth, what's wrong with me and how he can correct it.

A: Okay. What do you think the doctor's role should be in making the final decision on your course of care, like how much should your course of care be your decision and how much should be the doctor's decision?

I: Well, it would be my decision, my decision. Whatever he told me, it would be my decision what to do, not his.

A: So then the doctor, his job would be to give you some examples of things he could do, give you some options,

I: Yeah

A: and then it would be your decision?

I: Yeah, yeah.

A: And as far as information goes, you want the doctor to be completely honest with you no matter how bad the news?

I: That's right, I want the honest truth. What he thinks and how he can make you feel better or feel worse.

A: And if he says he is going to make you feel worse, that's okay as long as he tells you?

I: Well yeah. You want to know the truth, you want to know the truth and you don't want to go around the bush.

A: Okay. Is there anything that a doctor has done in the past that has made you particularly happy or satisfied?

I: Yeah.

A: Can you give an example of maybe a situation where that happened?

I: Well, I'm having problems with my doctor right now. I'm having big problems. Every time I go down there he gives me the bad news cause I'm losing weight so fast so, but it's not his fault, it's my fault. I can't eat that much anymore. I can't eat like I used to so.

A: So does that make you happy or mad that he tells you that he is upset about you losing weight?

I: Well, it doesn't do me any good. It doesn't do me any good to say I'm gonna eat more because I can't hold it. My stomach has shrunk so that I can't hold a lot of food.

A: So that makes you upset when your doctor tells you to do something and you just can't do it?

I: Yeah. That's my biggest problem right now is this eatin' deal. I can't eat so much and that's it.

A: Well I can eat a lot!

I: Well, you've got a big case to put it in and I don't have!

A: Okay.

I: How many of those do you have to get?

A: Oh, I've just got to get a good range of people, probably ten or so. Is there anything else that you'd like to add about what doctors can do to improve the doctor/patient relationship, a guess it's kind of like a summary?

I: No. I can't add anything that I haven't already sold you.

A: Okay. So basically be polite and take your time with the patient and tell the truth,

I: Yeah

A: no matter what, and let the patient decide the course of care.

I: Yeah, that's it.

A: Okay. Well that's it.

I: That's it.

A: Thank you.

I: That didn't take too long.

A: Nope. Thank you for your time.

I: Your welcome, your welcome.

Subject #5

A: Okay. I want to thank you for agreeing to participate in this, I appreciate that.

This is the interview with _____ and we will go ahead and get started. What attributes do you look for most in a doctor?

I: Comfortableness, compassion, sensitivity and I think intelligence and being up-to-date on medical issues and such.

A: Okay. What things would you look for then to tell you that that doctor would be sensitive to your needs or what things can he do to comfort you when you come to the office?

I: I think how he answers questions that you have and how he responds to concerns that you have.

A: Well how could he do that? How could he answer those questions?

I: Perhaps by taking a little, a little bit more time in answering them so that you feel what you have asked is valued by him and that he does feel there is an importance to it, to the questions that you're asking.

A: Okay. What do you feel doctors could improve upon to make you feel better about the care you receive?

I: In the experience that I have had, sometimes I have had doctors that tend to dismiss your feelings about an issue and don't, don't give it a lot of value by some sort, by just the remarks that they make or the comments that they make.

A: So you need to take into consideration the patient is the best indicator of what ails them and they need to take the things that you say as being important to help diagnose?

I: I think they don't sometimes give you credit for knowing your own body and, and the changes that could be happening that you are experiencing and that's why you are there in the first place.

A: Okay. So would you say that they insult your intelligence?

I: Okay. Yes.

A: Yes.

I: At times they can.

A: Okay. What is the one thing a doctor could do the first time you meet him or her that would make you feel more comfortable about the care you are about to receive? First impressions, what can he do?

I: I've had experiences with one particular doctor that when they come into the office and welcome you for just for that appointment, shake your hand, sort of relax everyone and then start to ask what, why you are there and sometimes I think a warmer comfort zone comes about then. Does that make sense?

A: Yeah. So you want to start out with a little small talk

I: Sure.

A: to help the patient relax a little bit before you start right into the diagnosing and interview process?

I: That alleviates a lot of the tension and you always have that when you go, or nervousness or worry or what have you.

A: Okay. What do you think your doctor's role is when you meet him for an appointment?

I: To give me the most accurate diagnosis he can. To make me feel he understands the problem and he has, he knows there are different ways to diagnose and will do so to take care of the problem.

A: Okay. Would you feel comfortable with a doctor that said "I don't know?"

I: Actually, I would respect a doctor that says "I don't know" and I have had that experience as well and then the suggestion was let's go to another doctor to see if he can find out what's wrong and I was very impressed that he did that versus well, just to keep trying and trying and trying. He had at least the confidence in himself to say "I've done everything I can think of. Let's try another hospital, another, you know, another doctor that is a specialist."

A: Okay. What if your doctor was to say "Well I'm not sure but given your symptoms, let me go look this up so that I can give you a more accurate diagnosis." If he had to leave the room to maybe look something up, would that lower your professional image of him?

I: I don't think so. I think they have, they can only know so much and I think sometimes they need to refer to books or what have you. I think if he came back and said "Well I'm not sure" and then decided "Well let's just try this and see if this works" versus "I don't know. Let's go to a specialist that may know."

A: Okay. So basically you're looking for a definitive answer?

I: Uh huh.

A: You don't want to leave the office with "I don't know?"

I: Right, right.

A: Okay. There is something else I want to talk about there. You had talked about understanding your problems, what do you think the patient's role is when they visit the doctor?

I: I think to be as honest with the doctor as to things that you have experienced that could have dealings with the problem, things that you have done in your life, what you've done and types of things, risky behaviors perhaps that you should tell him about as he is trying to diagnose what could be the problem. But I think honesty on both sides is probably the best deal.

A: Okay. So is it the doctor's responsibility or the patient's responsibility to inquire further about outside factors in the patient's life which may affect the diagnosis?

I: I guess I would think the doctor should have some responsibility because many times he can see the correlation of something, an outside factor would have something to do with what's wrong and I think the patient's responsibility is to be on the level with him.

A: Okay. Now you mentioned honesty too. What do you think your doctor's role should be in dispensing information about what ails you?

I: In regards to others?

A: Just like, uh, to give maybe an example, you might have cancer but he is not sure yet. Would you rather have him tell you "Well you might have cancer, we're not sure" or would you rather have him say "Well we are going to run some tests first and then we'll discuss the results later." I mean as far as honesty up front, do you want the bad news or not?

I: I think, I think it's a decision that has to be made at that time. Perhaps not giving the complete bad news until you ran a couple more tests is easier on the patient and then when you reach a point, they are going to have to tell you what it is.

A: Okay. So not, you don't necessarily want to know everything the doctor is thinking at that point until a definitive diagnosis is made.

I: Right, because I think you can, you can dream up a great deal of things from worry and stress and make it worse for your system.

A: Right.

I: I think doctors most generally have an awareness of just how much you should, you need to know at a time.

A: Okay. What do you think the doctor's role should be in making the final decision on your course of care?

I: That's hard. I guess you are going to assume that the doctor is going to give you the best care he can and I think perhaps if it's a life and death situation or an eventual death situation, I think perhaps you should have the right to say "No, I don't want to do that. Just let me go on with my life until it's no longer." I don't like, I guess I don't want to give up a decision completely to a doctor to have him have his final say so on things.

A: Okay. So it depends on the severity of the illness?

I: I think so. I think because cancer is out there, I think if you had a specific cancer that you knew was eventually going to take your life and you would prefer to keep it as it is until it worsens on its own versus having medication and going through chemotherapy and all of that, sometimes I think maybe you don't want to go through

all that. Maybe you just want to go the other direction and live as nicely as you can until, until you become so ill it doesn't matter.

A: Okay. So let me give an example of say you have a sore throat and you go see the doctor. Percentage wise, how much of the decision of course of care is the doctor's and how much is the patient's?

I: To me that would be probably something that's not real life threatening and I would probably just let the doctor tell me what he had to do and do it. (Laughs)

A: Okay. So a hundred percent for the doctor?

I: Pretty much. But I think when it comes down to terminal things, that's when I think it has to be, the patient has to be allowed to do and I may be oddly, you know, okay so I have that "Well then let's just leave it alone until it takes me" kind of thing versus they could have a whole number of different things to do to combat it but there is no guarantee in the end that it's going to cure it. Does that make sense?

A: Yeah. So it's, what's the doctor's responsibility when it gets to that point?

I: I think he can just do, he can do what he can do and he can be as honest as he can be and he gives you all the options and then you are allowed to make the decisions, the final decision if you want to follow that or not.

A: So the doctor's job in the example of a terminal illness is to explain fully the options that are available to you but it's the patient's decision as to the course of care?

I: Uh huh.

A: Okay. Is there anything a doctor has done in the past that made you particularly happy or satisfied with the care?

I: The doctor I have right now I have been very comfortable with, um, and I have felt that anything we have had to deal with he has been right up on, up-to-date on all treatments and such and he, we did fine. (Laughs)

A: So you're saying "we" as in it's important to you that the doctor and the patient work together

I: Uh huh

A: towards an overall health? Okay, on the flip side of that, maybe can you give an example of a situation where

I: Well of course I can.

A: you weren't happy with it?

I: I have had, when I have a doctor tell me "You can't be experiencing that, you're too young." "You can't be experiencing that because of your age" and I am experiencing something and they will not listen, that's when I left and found someone who said "You are absolutely right, that can be happening now." So that's the only thing that I have run into is in that respect, they just kind of dismissed you because of the symptoms and your age, it's just "That can't be happening."

A: So it goes back to what you were saying earlier about the doctor not respecting what you have to say about your own care or your own health?

I: Uh huh. The knowledge I guess that you have even from reading things. You know, I mean it does make you a little bit more aware of different things.

A: Okay. Uh, is there anything else you would like to add, somewhat of a summary just about what doctors can do to improve the doctor/patient relationship?

I: I don't think so. I think there's not, you're not always going to have a good relationship with everybody and I understand that. Sometimes a personality can just, of the patient or of the doctor, might not make it work like you would like it to but I think at that point then I think the individual that's uncomfortable with that doctor should then look for another doctor and switch doctors. Can a doctor ever say "I don't want to work with this patient?"

A: Yes.

I: Okay.

A: So. But, before we answer that question, is it the doctor's responsibility to try as hard as he can to work with the patient or is it the patient's responsibility to say this isn't going to work and find another doctor.

I: I think maybe the first time you meet a patient, become very uncomfortable and usually there is a worry, they come with some concerns and a lot of times there is a nervousness and that sometimes they can't, the more often they see the doctor they can become more acclimated to him and I think a doctor can do the same thing at first to see. Because the first time when you meet a doctor and a patient it doesn't always go quite as well. The first time with this one doctor that I really enjoyed, at first he seemed real abrupt with his answers and whatnot but as I have gone back to him, you just get past that and maybe he was tense that day or something or has had a bad day. So I think it is both of them but maybe, maybe the doctor a little more has to be careful because he sees so many patients that he has to start with everyone fresh.

Does that make sense to you there? In other words, he sees ten patients and by the time he seems number ten he has

had a real long day and he may not be as, have the bedside manner he had with the first patient. But I think they have to remember that the first patient, these patients haven't seen ten doctors in the day type of thing so the stress probably.

A: So it's important for the doctor to treat every patient as if that's the only patient they had all day so to speak?

I: Just, perhaps. Not, yeah, just, just the mannerisms and stuff sometimes I, that makes sense. And it could be, like I said, sometimes if you see one in the morning at 9:00 he is a lot more relaxed than if you see him at 4:00 in the afternoon type of thing. I suppose that's just human nature, I don't know.

A: Okay. So watch the attitude later in the day!

I: (Laughs) If that happens.

A: Okay. That's all I have. Thank you, thank you again.

I: And you really want to become a doctor, huh?

A: Yeah.

I: You just don't want me for a patient. No.

Subject #6

A: First I want to thank you of course for participating in this study. I appreciate your time. This is an interview with _____. May as well go ahead and get started here. What attributes do you look for most in a doctor?

I: Competence, patience

A: OK, how would you go about discerning if a doctor was competent or not based on your meeting?

I: Um, I would base that on, (pause) compare the information I had about my ailment, and in some cases I'll even get a second opinion.

A: OK, so you base that basically on information that you might have about your own illness and kind of see if that coincides with what the doctor has to say?

I: uh-huh

A: OK, what do doctors could improve upon in order to make you feel better about the care you receive?

I: If they change the nature of the relationship from a hierarchical relationship where the doctor is seen as the expert and the patient is a subordinate to a situation where the doctor is seen as a consultant and advisor and the patient is involved in the decision making.

A: OK, so do you think that at the current state so to speak that the doctor almost has too much control?

I: yeah

A: OK, so you want the doctor to.....

I: more of a consultant and an advisor, yeah

A: OK, I guess on that same subject , what do you think the doctor's role should be in making the final decision on your course of care?

I: The doctor should be an advisor and consultant, I should make the final decision, because it's my health and my life.

A: OK, so given a situation where you go in and you have an illness, what is the doctor's role when you meet for an appointment then?

<at this point I think why did I bother to ask this question and am wondering if I am going to get the same answer for every question>

I: To give you his or her expert advice.

A: So you are looking for the doctor's advice as a professional but you want to be able to make the final decision on your care solely on your own?

I: Right, right

A: OK so what do you think your role is when you go visit the doctor as a patient?

I: I see my role as the decision maker.

A: So your job would be to advise the doctor, um, he gives you options of course of care

<I realize here I am kind of putting words in her mouth, a better question would have been- you make those decisions based on what?>

I: and then I would make a decision given those options

A: OK, what about your role as far as your information toward the doctor?

<I realize I am leading the interviewee here, her answer to the question was “I am the decision maker” and I should have left it at that>

I: I think I am suppose to give the doctor all the pertinent information. (saying in tone that says that the answer to that question is obvious)

A: Do you think it's the patient's responsibility to disclose all pertinent information or do you think it's the doctor's responsibility to elicit all pertinent information in the interview process?

I: I think it's both

A: 50/50?

I: Yeah

A: It's both their jobs?

I: Um-huh.

A: OK, now first impressions, what is the one thing a doctor could do the first time you meet him or her that would make you feel more comfortable about the care you receive from them?

I: Hum, introduce themselves, and establish rapport.

A: So that kind of goes back to what you were saying earlier as far as you want to be on the level of the doctor and they should establish a human relationship before a professional relationship.

I: Right.

A: OK, What do you think the doctor's role should be in dispensing information about what ails you?

I: I think they should tell you about all the options available.

A: So completely honest as far as, you would rather hear all the bad news and then make your decision, instead of the doctor holding something back to decrease the worry level?

<again I realize I am putting words in her mouth>

I: Yeah, uh-huh

A: OK, is there anything a doctor has done in the past that has made you particularly happy or satisfied, and can you give an example?

I: Yes. I went to an OB-GYN female physician, and she established rapport and she explained the procedures before she did them, and she was very sensitive and gentle during the examination, and as she performed the examination she talked me through it so I was able to learn also something from the examination.

A: So when you to a doctor you consider that a learning experience for yourself as well?

I: Yeah, yeah

A: You keep using the word a 'doctor would be sensitive', can you describe what that means to you, a doctor being sensitive?

I: Rather than treating the patient as a thing (emphasis on "thing"), I'm treated as a human.

A: So what would that entail?

I: Well rather than just coming in and just examining you without talking to me or telling me what they are going to do, being sensitive means that you establish rapport and talk to me and walk me through what you are doing as opposed to not saying anything and just treating me as a thing.

A: OK, and on the flipside of that, is there anything a doctor has done in the past to make you mad?

I: Yes.

A: Can you explain that or give an example?

I: Um, he was dictatorial and tried to tell me what I had, what I couldn't do or had to do.

A: So you didn't like that because he didn't give you options or

I: He didn't give me options and he talked down to me, and I, um, I was no longer his patient after that. (smiling)

A: OK, well is there anything else that you would like to add about what doctors can do to improve the doctor-patient relationship?

I: Yeah, they might want to initiate patient satisfaction surveys.

A: So as a follow up to the visits?

I: Yeah.

A: So you think that's important for an office to follow up with a patient after a visit has occurred?

I: Yes

A: And what kind of things do you think that they should include on that patient satisfaction form, as far as questions that they can ask the patient?

I: They should ask if the patient was satisfied with the service that they provided, if they were satisfied with their interactions with the physician and the staff and the facilities.

A: Do you think a doctor is ultimately responsible for his staff as well?

I: Well, if not whoever is in charge is. If they are in a management position, yes. It depends on how they are organized.

A: OK, that's all I have

I: OK

A: Again I thank you, and appreciate your time.

I: Your welcome. Good luck.

Subject #7

A: First I want to thank you, _____, for agreeing to participate in this interview.

Let's go ahead and get started. What attributes do you look for most in a doctor?

I: Attributes? I look for kindness, humor, and an all around nice guy. As well as someone that knows what they are doing.

A: So personality would probably be the number one trait?

I: Yup

A: How would you go about assessing if they knew what they were doing?

I: How would I go about it? Basically by checking out their attitude. Seeing if they crack a couple of jokes. You know, getting on.

A: And that would relate to how competent they are?

I: Yeah

A: So you want to get to know them as a person?

I: Yeah, I want to get to know them on a name to name basis so that I can become comfortable and everything like that. I like to be comfortable with someone that's working on me. Not like a complete stranger.

A: OK, what do you feel doctors could improve upon in order to make you feel better about the care you receive?

I: (laughing) Uh, really nothing they could improve upon. Good service I guess. Nothing really. I've never had any problems.

A: So the doctors you've seen you've been real satisfied with?

I: um-huh (nodding yes)

A: You think the profession in general is doing a good job?

I: oh yeah

A: You probably already answered this, but I'll ask anyway. As far as first impressions go, what's the one thing the doctor could do the first time you meet him or her that would make you feel more comfortable about the care you receive?

I: Uh, aside from making sure the room is clean, the environment I'm in, you know wash his hands. Make sure that the number one, wash his hands before he does anything with me.

A: So cleanliness is important in a doctor?

I: Yup

A: OK, what do you think your doctor's role is when you meet for an appointment? What's his job?

I: When I meet for an appointment? What's his job? It depends on what the appointment is. What's his role? Basically to (pause) I want to say observe. I don't know. That's what I look for. Put that into more specific terms.

A: Ok, just to give you an example, say you had a sore throat, and you went and saw your family practice physician and told him you had a sore throat. What are your expectations of that doctor in that meeting?

I: Evaluate what's wrong with me and then help me solve the problem.

A: How would you expect him to evaluate you?

I: Um, the way I've been evaluated before, they've always basically look me over, check my ears, shine a light in my face (laughs), use that little thing that make you go

ahhhhhh. (tongue depressor) That's about it. That's what they did. Then he prescribed me some medicine, and told me what was wrong, and sent me on my way.

A: So are you expecting some type of prescription?

I: No, I'm expecting (pause) say if I was there for the flu, I wouldn't mind a flu shot, something like that. I'm expecting to be taken care of, just put it that way. Instead of blown off or something like that. I guess that's the way I want to say it.

<I can see he is getting frustrated on this topic, so I decide to ask another question>

A: So would it be OK for a doctor to say I don't know what's wrong with you?

I: No. That's not at all. A doctor has to know. A doctor has to be confident in what he does, if a doctor is not confident in what he does and in his answers, then I will not deal with that doctor. That's one. That definitely got to be the number one thing also besides cleanliness is that a doctor has to be very confident in his work. I can tell if he's confident.

A: So if a doctor were to say I'm not really sure but given your symptoms I need to make a reference to a book and walked out of the office and came back that would lower your professional image of him?

I: Yes it would. It would make me feel as if he didn't know what he was doing. As if he couldn't think on his own, and if he can't think on his own why is he helping me out, you know?

A: OK, on the flipside of that what do you think your job is as a patient in that situation?

I: My job as a patient? Sit back and listen. And at the same time he is evaluating me to see what's wrong with me I need to evaluate him. Make sure he is doing everything right, make sure he meets up to my expectations.

A: So when you go to the doctor you are evaluating him as much as anything?

I: Yup. Because if I don't evaluate him, to make sure he isn't messing up, then that could be my life or something you know?

A: OK, what do you think your doctor's role is in dispensing information about what ails you? Do you want to know everything?

I: Yeah, I'd like to know if I had cancer (laughs). You know. If I had any other diseases that could come down the line and hurt me in any way, I'd like to know. So I could know if there was any way of taking care of it before hand before anything grows or whatever that makes it worse.

A: What if there was a situation where the doctor really couldn't do anything about it anyway, would you still want to know worse case scenario no matter how bad the news was?

I: Yeah, I would like to know how long I had to live.

A: OK, and what do you think the doctor's role should be in making the final decision on your course of care?

I: What do I think about it? What his role is?

A: Yeah, like who makes the decision, you or the doctor?

I: I think if it was a decision that would help save my life, and I knew he could get the job done and I trusted him. That goes back to getting to know my doctor. And I trusted him, I would say I would give the decision to the doctor. If I was unable to

make that decision myself. But if I was able to make the decision myself, then it would be my decision. So basically if I was unable to talk or whatever and couldn't make the decision, then I would want my doctor to make that decision. In hopes that he would make the right decision I guess you would say.

A: Ok, I'll give you an example. Say you went in and had cancer. And the doctor was trying to say do you want radiation therapy or chemotherapy and then explained the options and the doctor recommended chemotherapy, even though it might be worse for your overall health, you might have to go through more to get to the cure. Do you trust the doctor's opinion or is it still your decision ultimately as the patient?

I: Depends on his experience, his years and everything. I mean, if he seemed confident on his job and everything like that than I'd probably go with the doctor. I'd go with what the doctor said, because the doctor would know best. You know?

A: So you feel confident in the doctor's opinion because of his experience in the field.

I: Yup

A: But there has to be that rapport first that you spoke of earlier. And the trust?

I: Yup

A: OK, is there anything a doctor has done in the past to make you particularly happy or satisfied? And can you give an example?

I: Yeah (laughs) One time when I had, um, got real sick let's just say. The doctor knew I was sick, he did things when I was sick to make me feel comfortable, even though I couldn't laugh as much, he helped me laugh a little bit about it and everything. I felt like I was about to die. So basically him having a good personality

made things a lot better. Made me feel more comfortable getting my flu shot and everything I needed to get done in order to get better.

A: So you think it's in a doctor's job description to not only treat you medically, but it's better if he also keeps up your mental capacity, gives you hope, and builds that good rapport with you?

I: Exactly

A: OK, on the flip side of that is there anything a doctor has done to make you mad?

I: Uh, all the time. Whenever I get sick. Or somebody in the family is sick and we go like at 12 o'clock at night to what's wrong with us or something like that. Or not even to know what's wrong, but to go get some prescribed medicine for it. We have to wait five or more hours you know just to get waited on you know in the waiting room I guess you would say, you know, in the emergency room. That's about the only thing. And when we do get in the room, we have to wait another hour, after he comes and says a couple of words to us, to come back. I understand he gets a little busy, but you know, that's whack. That's basically what it is. I understand getting busy, but ain't never that busy. To check up on your patients.

A: So the amount of time you spend in the office and the amount of time the doctor actually spends with you, that's probably the most upsetting thing?

I: Yup (laughs)

A: OK, is there anything else that you'd like to add in summary about what doctors can do to improve the doctor-patient relationship?

I: Hire Jason. There you go. That's about it.

A: You've said everything that you needed to say

I: Yup

A: OK, that's all I have. Thanks again.

I: Yup

Subject #8

A: OK, _____, first I want to thank you for participating in this interview. What attributes do you look for most in a doctor?

I: Like, is he good is he well known.

A: So you want to know about his reputation?

I: Yeah, like if lots of people recommend him.

A: So how would you find out his reputation?

I: I go to people and ask them who they go to, like who's their family doctor or whatever. And ask if they like him.

A: Who would you ask to find that out?

I: Maybe some of my friend's parents, or who their family doctor is. Or find out about some specialists and what other doctor's may recommend if they know someone.

A: What do you feel doctors could improve upon to make you feel better about the care you receive?

I: They can make you feel more comfortable. Like, not really make jokes, but talk to you more as a person and not as much professional.

A: You want to build a little rapport then with your doctor?

I: Yeah, like how friends talk to each other, not just a professional relationship.

A: OK, now dealing with first impressions, what is the one thing a doctor can do the first time you meet him or her to make you feel more comfortable?

I: Introduce themselves, maybe a handshake. Ask some things about you.

A: OK. What do you think your doctor's role is when you go see him for an appointment?

I: Um, figure out what the problem is, and if he can't figure out the problem, then advise me to another doctor.

A: How would you expect him to attempt to figure out the problem?

I: Run some tests, x-rays, ask you questions about your medical history.

A: What do you think your role is as a patient then?

I: To tell the truth, and be honest about what your medical status is, your history.

A: What do you think your doctor's role is in dispensing information about what ails you?

I: Hum?

A: What do you think your doctor's role is as far as giving you information about your illness?

I: They should give you everything, they shouldn't hold anything back. Even if they know it could like, concern you.

A: So you would rather hear the bad news, no matter what?

I: I would rather hear everything. I wouldn't want to not know about something that's wrong with me, and then wonder what happened if it gets worse, why it's going on.

A: What do you think your doctor's role should be in making the final decision on your course of care?

I: What a doctor should do is give you the options, and maybe ask the patient what they want, if they have a choice.

A: So basically they should give you options, and then.....

I: He can say like what he thinks is best option, and then explain all the options to you so you understand and then if you have say in it, like if it's not as serious then maybe you could choose the option.

A: Ok, so ultimately it's still the patient's decision?

I: Yeah

A: Is there anything a doctor has done in the past to make you particularly happy or satisfied, and can you give an example?

I: Um, well my family doctor is really sociable. He likes to talk to you about other things. He asks questions like how have you been lately. Not like- OK what's the problem. He likes to crack jokes, nothing about you or nothing about other people. He just likes to joke around.

A: OK, on the flipside of that, is there anything a doctor has done to make you mad?

I: Not really, (long pause while thinking, shakes her head no)

A: OK, is there anything else you would like to add, as in summary about what doctors can do to improve the doctor-patient relationship?

I: I don't think so, I've always been to really good doctors. They've always been nice, and they talk to you. They're really friendly. They're no as much professional. They're serious when they have to be, but not all the time.

A: So probably personality would be the number one thing?

I: Yeah. He can be- hi I'm doctor so and so, what's the problem? And not really say much else and that makes you uncomfortable.

A: OK, that's all I have. Thanks again.

I: OK, good luck on your paper.