What is a Good Doctor?

BY ALAN M. JOHNS, MD, MED

Health systems, medical societies, medical school faculty and academic leaders have all attempted to define the characteristics of a good physician. What has been absent in these endeavors is the patient’s voice. This article explores patients’ definitions of the term “good physician” found in the literature and in a recent informal qualitative study of retired university staff and faculty. Common themes include communication, expertise, compassion and respect for patient autonomy. This work will be used to inform changes to the curriculum for first-year medical students at the University of Minnesota, Duluth.

“I need a doctor. Can you recommend someone?” Many of us have been asked this by patients, family members and friends. When faced with this question, I often have to stop and think. Sometimes, I’ll ask the person about their preferences. Do they want someone young or mature? Male or female? Would they prefer a clinic in their neighborhood or a downtown location? Their usual response: “I don’t care. I just want a good doctor.”

There have been numerous attempts to identify what constitutes a good doctor. Medical schools and residency programs use as criteria a physician’s research activity, publications and ratings by peers. Health systems use quality metrics related to patient care such as chronic disease management data, timely chart completion, number of patients seen and online educational modules completed. City and regional magazines devote entire issues to identifying “best doctors” based on recommendations of their peers. Medical societies recognize physicians through yearly awards. All of these efforts are missing one important perspective: the patient’s.

The Missing Perspective

A PubMed search using the term “good physician” produced only three articles and a thoughtful editorial that considered the patient’s perspective. In one of the articles, Pellegrino identified medicine, law, ministry and some academic occupations as “learned professions.”¹ What distinguishes them from others, he wrote, is their focus on the welfare of the people they serve. In the case of physicians, they commit themselves to patients whenever they ask the question, “What can I do for you?” Pellegrino further stated that patients look for virtues such as trust, benevolence, intellectual honesty, courage, compassion and truthfulness in members of the medical profession.²

Two other articles reported results from studies in which patients were asked directly to identify characteristics of good physicians. Schattner, Rudin and Jellin surveyed 445 hospitalized and ambulatory adult patients over one month. The patients were asked to pick the four most important attributes of a good physician from a list of 21. The results showed a variety of opinions, with only six patients making identical choices. The attributes most frequently chosen were “experienced” (50%), “patient” (38%), “informed” (36%) and “attentive” (30%). Other frequently chosen attributes were: “representing the patient’s interests,” “truthfulness,” “up-to-date knowledge” and “respectful of patient preferences.”³

Bendapudi and colleagues asked patients to identify ideal physician behaviors. In their study, they contacted 192 patients from Mayo Clinic by phone and asked them to describe a “best physician” experience and identify ideal physician behaviors. This qualitative study found the ideal physician is confident, empathetic, humane, personal, forthright, respectful and thorough.⁴ Technical skills were not specifically discussed, although the authors said they thought patients generally assume their physician is technically competent.

In his review of Bendapudi’s article, Li stated “The quality of care and the quality of caring are inseparable.”⁴ Li also noted the ideal clinical encounter involves caring for both the physician and the health system.

I recently gave a talk about medical education to a group of retired university faculty and staff. They were a bright, motivated group who returned to college to continue their learning. During the question-and-answer session, I decided to take advantage of their collective wisdom as patients. I asked them to work together to describe “a good physician.” I wanted to compare the common themes in their discussion with those in published articles on the topic.

The retired faculty and staff identified many of the same qualities as noted in the published articles. Participants said good physicians do the following: They listen, explain, work as partners with the patient, work in teams with other providers, are available and have expertise. These correlate with Schattner’s identified attributes of a good physician and Bendapudi’s list of ideal behaviors. Some of the retired faculty and staff indicated that a focus on prevention should be on the list of desired qualities. The group also felt physician assistants and nurse practitioners should be held to the same standards. Interestingly,
in my group and in the published studies time spent with a patient was rarely mentioned as an indicator of a good physician. Perhaps that is because time is not always a good metric for “caring.” Some physicians are able to demonstrate the virtues patients are looking for during a 10-minute visit; conversely, others can spend an hour with a patient and leave them cold.

Communication is Key

The findings from this literature review and qualitative study will be used in a curriculum redesign presently underway at the University of Minnesota Medical School, Duluth. Many of the attributes identified relate to communication skills. For that reason, greater emphasis will be placed on those skills in an introductory course on fundamentals for success as a primary care physician. Students will be made aware of the literature related to patient preferences in the way physicians communicate. Scenarios may be developed to illustrate what patients want in a physician. As part of the redesign, actors and real patients rather than faculty may assess students’ communication skills.

The new curriculum also should emphasize how to appropriately use an electronic health record (EHR) while talking to a patient. In a review of articles on the EHR’s effect on physician-patient communication, Shachak and Reis noted that EHRs have the potential to negatively influence patient-doctor communication. One article in the review found screen-gazing was present during 40% of patient visits and heavy keyboard use was noted in 24%. Teaching appropriate methods for EHR use such as getting fingers off the keyboard and eyes off the screen will encourage better connection between patients and future physicians.

Conclusion

After reviewing the scant literature, doing the exercise with retired faculty and staff, and reflecting on my 36 years as a general internist, I’ve concluded that being a good physician comes down to listening, caring and engaging patients in their medical care. Patients hunger for our personal attention in an increasingly impersonal health care system. We need to teach the next generation of physicians how to give them what they deserve. MM

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REFERENCES


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