

Redefining the Doctor- Patient Relationship in the Care of Chronic Illness: **The Collaborative Model**

Dr. Kathryn Muyskens
Research Fellow
Centre for Biomedical Ethics
National University of Singapore

The “Four Models” (Emanuel & Emanuel 1992)

- **Paternalistic**

- Doctor is the authority, tells patient what is best
- Patient receives care

- **Informative**

- Doctor is the expert, tells patient the options
- Patient picks between them

- **Interpretive**

- Doctor helps the patient interpret the best course in light of the patient's values

- **Deliberative**

- Doctor and patient are equal partners in finding best path forward

The “Four Models” (Emanuel & Emanuel 1992)

All models continue
to shape medical
practice to some
extent

Yet, Emanuel and
Emanuel clearly
hold the
Deliberative Model
up as the ideal type



The Unique Challenges of Chronic Illness

- Rising to epidemic levels (~45% of Americans have at least one chronic illness)
- Examples:
 - COPD, Diabetes, ME/CFS, etc.

Shifting Emphasis

- Chronic illness is, by definition, **long-term**, sometimes **incurable**
- This shifts goals away from **cure**, toward **management**
- The doctor-patient relationship also by necessity expands, to a **network of caregivers** (nurses, family, etc)

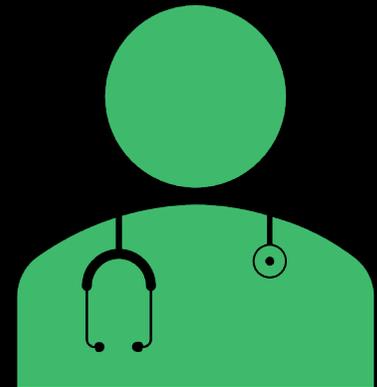


Medical Information & Patient Empowerment

- **Power dynamics** in medicine are also shifting, e.g. more information and knowledge is in the patient's hands
- Doctors are **no longer the only experts** in the room (especially in the case of chronic illnesses – which often demand patients become experts in their condition)
- This puts **new pressures** on traditional models of the doctor-patient relationship

The Collaborative Model:

- Presumes an **ongoing relationship** between doctor-patient and care network (not one-off clinical encounter)
- **Flattens the power dynamic** – doctor “comes alongside” the patient, like a friend or guide, not an authority
- Extends the doctor-patient relationship **beyond a two-person dyad** – including other healthcare workers, family networks and support systems in the patient’s life



The Collaborative Model in Practice:

Doctor meets with patient, learns about the patient's biography

Identifies non-professionals close to patient who may be involved in caregiving and support

Educates the patient about the disease and options for treatment/care

Doctor and patient come to an agreement about the intended course of action

Attention is given to long-term management and lifestyle adjustments, beyond medical care

Doctor assists in the construction of routines and lifestyle adjustments with patient

Doctor encourages and initiates communication with other health professionals and support systems to support the patient

Limitations

- Admittedly, the Collaborative Model is **resource intensive** – and thus, it may not be feasible to apply in every scenario or system
- Also, **not every patient will want** such intensive collaboration with doctors or healthcare workers



Thank you!