

From Gemeinschaft to Gesellschaft: The Erosion of the Doctor-Patient Relationship

John B. McKinlay, Ph.D., Lisa D. Marceau, MPH

Background

Ferdinand Tonnies (1887) distinguished two general “ideal types” of social relationship:

- **Gemeinschaft** - Characterized as more personal relationships in which individuals are oriented to some association rather than to their own self-interest and;
- **Gesellschaft** - Referring to the more impersonal relationships found in complex societies in which individual self-interest takes precedence over any commitment to some larger association.

The shift from Gemeinschaft to Gesselschaft has already occurred in many areas of everyday life (banking, travel, law, religion and education).

A combination of factors associated with the organization of medical care in more developed societies are now undermining the once special Doctor-Patient Relationship (increasingly termed “a Provider-Client Encounter”).

Findings

Contributions and Evidence of Erosion of DP Relationship

	Mid 20 th Century	21 st Century
Terminology	Doctor-Patient Relationship	Provider-Client Encounter
State (Government) and Insurance Companies	Recognizes sanctity of “the” relationship	Intrudes on the encounter (e.g., gag-rules)
Ownership	Patient is “owned” by the doctor	Client is “owned” by provider’s employer
Reference Group	Independent physician works for the patient (sole practitioner)	Salaried provider works for an employer
Duration of Relationship	Continuity of care (often over many years)	Discontinuity of care (changes with employer and medical staff)
Length of encounter	15-20 minutes	6-8 minutes
Power	Doctor in control (patient has few options)	Client more in control (able to “shop around”)
Trust	Credat Emptor	Caveat Emptor
Treatment Options	Physician does what the patient requests/needs	Provider does what organizational policy permits
Reimbursement	Physician rewarded for doing more (fee-for-service)	Provider rewarded for doing less (salaried employee)
Confidentiality	Held to be inviolable	Threatened by the number of parties involved and computerized medical records
Distance	Sat in same room, across desk	Conduct interview at computer (back to patient) or online

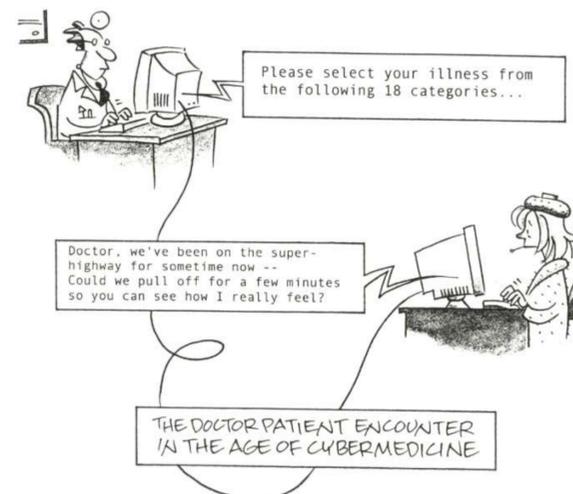
Findings continued

Factors contributing to the demise of the Doctor-Patient Relationship include:

- **Corporatization of medical care** and reduction of physicians to bureaucratic employees;
- **Profit driven pressures to increase patient** throughput and physician productivity reduce the “face time” available for therapeutic encounters;
- **Health insurance ties to often changing employment** and physicians themselves frequently change employers;
- **Health insurance restrictions** and clinical guidelines determined content of care;
- **Status of primary care** physicians continues to decline;
- **Knowledge-empowered patients** obtain much of their care on-line;
- **Negative publicity** and media depictions of modern doctors undermine patient trust;
- **Just another commodity** – what medical care is becoming;
- **Virtual medicine** is becoming more prevalent distancing the patient from the doctor;
- **Ever fewer medical students** are entering primary care (2% in 2012);
- **Retail clinics** provide equally effective but more accessible cost efficient services.

Increasing Use of Technology Creates Distance between Doctor and Patient

- Over 10 million Americans use a form of telemedicine each year.
- Fifteen states have passed laws requiring private insurers to cover telemedicine.
- Basic email communication between doctor and patient has more than doubled: 29 million people sent or received email from their doctor in 2011.



Where’s the Doctor?



Conclusions

- Despite efforts to preserve the Doctor-Patient Relationship, it is likely to follow what has already occurred in many other service industries.
- It is unrealistic to expect the Doctor-Patient Relationship will somehow withstand the ever increasing concentration, corporatization, commodification and digitization of for-profit medical care in the U.S.

Policy Implications

- Recognizing the importance of primary care, it is essential to understand the factors contributing to changes in the Doctor-Patient Relationship.
- Critical understanding of these changes can help to ensure that the tools and resources are appropriately directed to improving the practice of primary care, despite the changing role of the primary care physician.