What matters in patient-professional relationships – now and in the future?

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Patient-professional relationships

- Defining element of care
- In patient surveys most important component of good treatment
- Quality of relationships predicts adherence and outcomes
- How to study and improve it?

K. Jaspers:

"…the ultimate thing in the doctor-patient relationship is *existential communication*, which goes far beyond anything that can be planned or methodically staged. The whole treatment is … defined within a community of two selves who live out the possibilities of Existence itself, as reasonable beings."

Jaspers, General Psychopathology, 1913

All you need is love?

The Beatles, 1967

Theoretical Frameworks

- Role Theory
- Psychoanalysis
- Social Constructionism
- Systems Theory
- Social Psychology
- Cognitive Behaviourism

Relationship and interaction

- <u>Relationship:</u>
  Psychological construct held by participating individuals on each other and their interaction

  Experimental research not possible

- <u>Interaction/communication:</u>
  Behavioural exchange between patient and clinician that is observable and may be described in objective terms

  Experimental research possible

Priebe & McCabe, Acta Psichiatr Scand, 2006

Good communication in psychiatry

- No specific theory of good communication in health care or psychiatry
- Differences from general medicine
- Differences from psychotherapy
- Appropriate communication varies in different situations and settings

Priebe & McCabe, Int Rev Psychiatr, 2008

Communication in psychiatry - general requirements

- Respecting the dignity and human rights of every individual
- Compliance with legislation and regulatory frameworks
- Responsible use of time and resources

Communication in psychiatry - objectives

1) Information for the clinician
2) Information for the patient
3) Decisions
4) Engagement and therapeutic relationship
5) Health attitudes and adherence to treatment
6) Psychiatry: Therapeutic change

Priebe et al., European Psychiatry, 2011

Communication in psychiatry - five principles

1) Focus on patient's concerns
2) Positive regard
3) Appropriate decision making practices
4) Genuineness with a personal touch
5) Application of a psychological model

Priebe et al., European Psychiatry, 2011

Shared decision making?

- Relatively new term
- Precise meaning?
- Formally correct in mental health care?
- More than good clinical practice?
- Sufficiently flexible to reflect variability of patient preferences and health care contexts?
- Useless or detrimental?

Priebe, World Psychiatry, 2017

New terms and progress

- For >30 years:
  no new and clearly more effective treatments in mental health care
- Yet, ongoing cycles of new terms such as:
  - empowerment
  - recovery
  - shared decision making
  - co-production
- Progress begins with distinct new ideas and not new terms!
- Does pretending novelty help or hinder progress?

How should psychiatrists introduce themselves?

- 12 psychiatrists videotaped
- Each with 3 different introductions:
  - brief
  - brief + information about what will happen
  - brief + information + self-disclosure
- Randomised exposure
- Patients prefer information about what is going to happen, but no disclosure

Priebe et al., British Journal of Psychiatry, 2013

Can training make a difference?

- Cluster randomized controlled trial with 21 psychiatrists and 97 patients
- Psychiatrists in experimental group received 4 afternoons of training in communication with patients with psychosis
- Significantly better communication (self-repair)
- Significantly more positive ratings of the therapeutic relationship, both by psychiatrists and patients

McCabe et al., Br J Psychiatr, 2016

Can routine patient-clinician meetings be made therapeutically effective in themselves?

- DIALOG+
- Based on
  - quality of life research
  - IT developments
  - concepts of patient-centred communication
  - solution focused therapy

DIALOG - questions

- “How satisfied are you with your…”

mental health	**physical health**
job situation	**accommodation**
leisure activities	**partner/family**
friendships	**personal safety**
medication	**practical help received**
meetings	

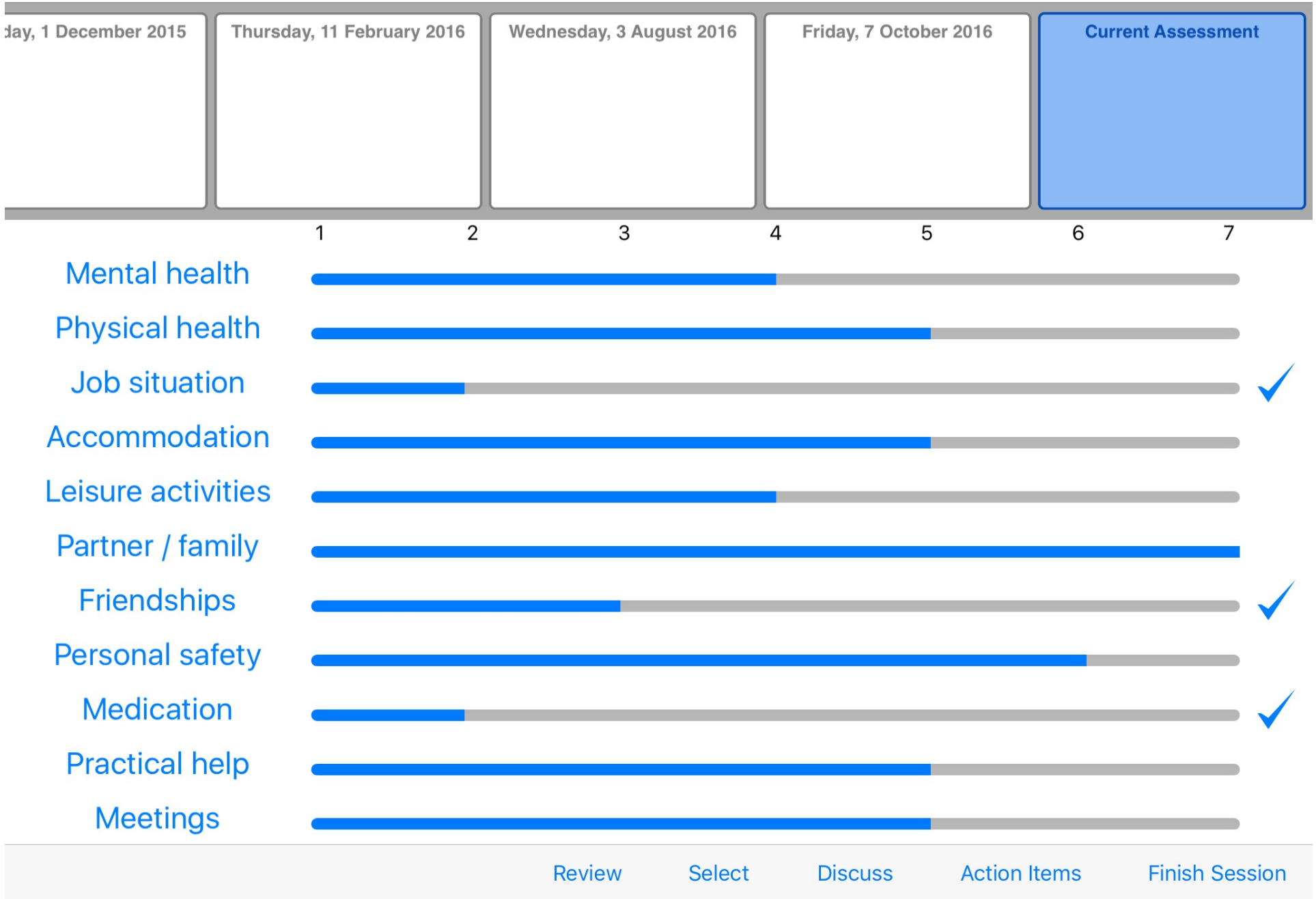
- Each rating from
  1 (extremely dissatisfied) to 7 (extremely satisfied)

How satisfied are you with your mental health?

1	2	3	4	5	6	7
totally dissatisfied	very dissatisfied	fairly dissatisfied	in the middle	fairly satisfied	very satisfied	totally satisfied

Do you need more help in this area? Yes | No

- Physical health
- Job situation
- Accommodation
- Leisure activities
- Partner / family
- Friendships
- Personal safety
- Medication
- Practical help
- Meetings


day, 1 December 2015
Thursday, 11 February 2016
Wednesday, 3 August 2016
Friday, 7 October 2016
Current Assessment
1
2
3
4
5
6
7
Mental health
Physical health
Job situation
Accommodation
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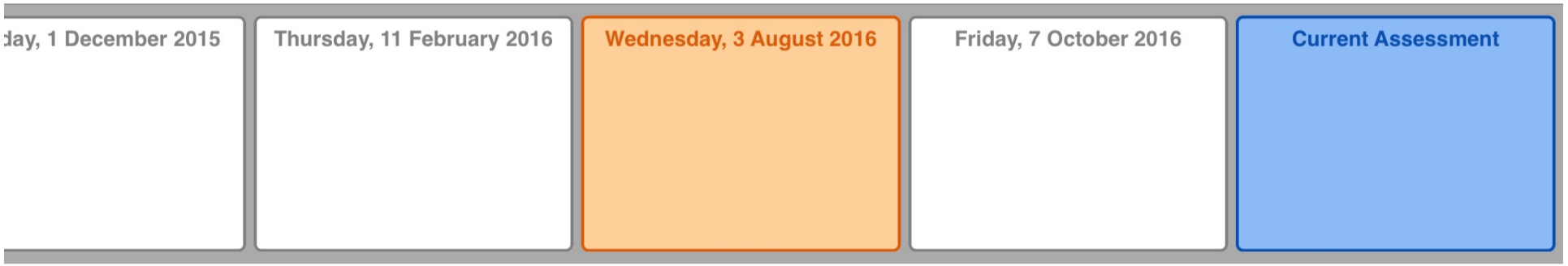
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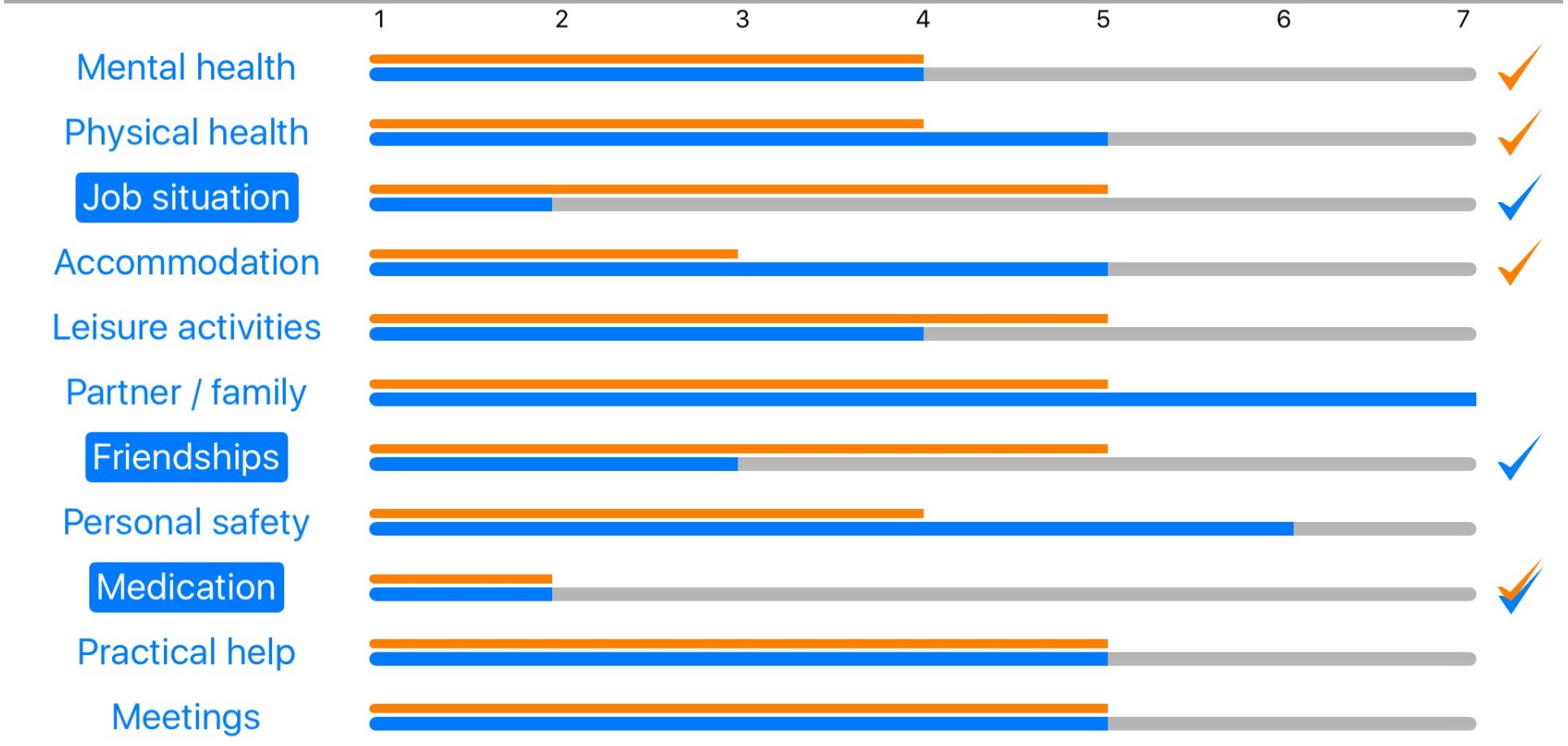
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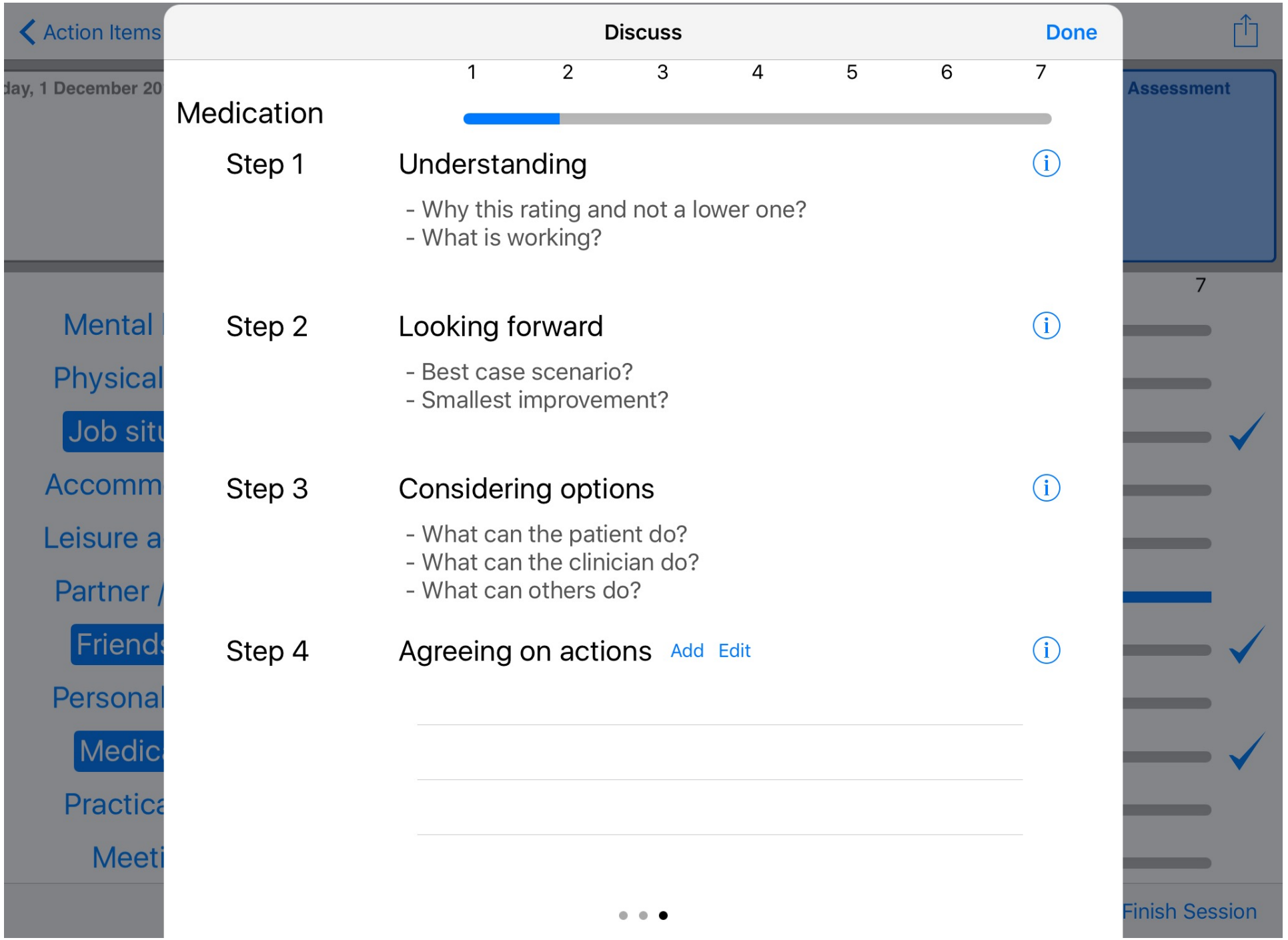
Action Items
Discuss
Done
1 2 3 4 5 6 7
Medication
Step 1
Understanding
- Why this rating and not a lower one?
- What is working?
Step 2
Looking forward
- Best case scenario?
- Smallest improvement?
Step 3
Considering options
- What can the patient do?
- What can the clinician do?
- What can others do?
Step 4
Agreeing on actions
Add
Edit
Assessment
Finish Session

Cluster randomized controlled trial

- Intervention over 6 months with active control
- Outcomes after 3, 6 and 12 months
- Better quality of life throughout
- Effect size at least as large as for CBT
- Lower levels of general symptoms throughout
- Better objective social situation after one year
- Cost savings

Priebe et al., Psychotherapy Psychosomatics, 2015

Patient experience

“The questions … made me look and reflect on my life… I’d never addressed some of the issues that I came across in [DIALOG+].”

“You start improving yourself because you’re aware of it now… It made me realise what I needed to do.”

“[DIALOG+ was] more structured, more professional, more focused … Constructive things were being done about certain issues.”

Clinician experience

“It was structured, it was easy for them also to follow what we are talking about.”

“I got so much more information out of him.”

“I found it the most empowering tool in the 10 years I have been qualified as a clinician. By far…. It definitely changed our therapeutic relationship… By the end really he was very very much in control of his own care.”

Why so effective?

- Addressing patient concerns
- Activating patients
- Help with communication

Now increasingly used in the National Health Service in England and Global Health Initiatives

All information on: www.dialog.elft.nhs.uk

Current developments

- Increasing involuntary admissions
- The United Nations Convention on the Rights of Persons with Disabilities
- Widespread use and criticism of ‘informal coercion’
- The case of a trainee pediatrician

Valenti et al., Social Psychiatry and Psychiatric Epidemiology, 2015

Future?

- In 20-30 years?
- Various uncertainties and potential driving factors, including
  - the weakening of enlightenment and scientific discourse
  - demographic changes and urbanization
  - development of political and social systems
  - technological progress
- No prediction, but….
- different scenarios

Professionals as assistants

- Patients take over the organization and running of services
- They employ professionals through personal budgets
- Professional role and training as advocates and supporters
- Professionals have no responsibility for decisions
- No coercion in health care

Giacco et al., Lancet Psychiatry, 2016

Split of mental health care

- Widening market of services
  - in a mostly privatized system
  - for people who can pay (directly or indirectly)
  - including life coaching and performance enhancement

- Public and voluntary services
  - for people who may not seek treatment
  - for the poor, disadvantaged and marginalised
  - more closely linked with social care and justice system

Giacco et al., Lancet Psychiatry, 2016

The ideal professional

- always available
- never forgets anything the patient has ever said
- learns very quickly
- knows absolutely all evidence, always up to date
- Communicates reliably in the style that is preferred by the patient
- Sending medication through drones or 3D printing

Giacco et al, Lancet Psychiatry, 2016

Patient-professional relationships in the future

- Depending on time frame, very difficult to anticipate
- Considerable consistency since enlightenment
- Some further continuity of current models probable
- Reflecting commonly held beliefs and constructs more than evidence
- Value of empathy unlikely to alter
- Yet, radical change possible, mainly driven by
  - social changes and
  - technological progress

Welcome To
The Future