The 'good doctor':
Older people's perceptions

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ABSTRACT

Aim

To explore older people's perceptions of their relationships with their doctor, within assessment and medications interviews.

Method

Interviews on perceptions about medication-taking were conducted with 20 older people, and thematic analysis undertaken.

Results

The majority of participants revealed that a 'good doctor' was one who listened to them and whom they came to trust over a period of time. More importantly, the 'good doctor' was one with whom they could have a 'human' relationship, including a personal and sociable dimension. This relationship feature was able to exist within paternalistic consultations.

Conclusion

This study affirms the value placed by older people for their doctors' expressions of friendship and humanity within the therapeutic relationship. When treated as 'person first, patient second', a relationship of trust and thus compliance evolves more easily.

Key words

General practitioner, older people, qualitative interviews

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Introduction

New Zealand adults over 65 years old visit their general practitioner (GP) more frequently than any other age group in New Zealand[1] due to the prevalence of chronic illnesses and the resultant necessity for ongoing management.

GPs thus play a pivotal role in many older persons' lives. They are the health professionals seen most often and hold the most power in terms of their ability to treat, advise, refer and prescribe. Decisions made at the GP's clinic are often those which begin the treatment and recovery journey.

Traditionally, the GP has been held in great respect by older people.[2] Families had great loyalty and often longevity and continuity of attendance[3] to their GP and saw him (usually) or her as a figure of authority extending into the wider community. Faith and trust were placed in this person, perhaps even when it was not deserved and in spite of the relationship often being one way or even paternalistic.[4] This 'old style' health professional/patient relationship may not be what occurs today, despite being consistent with expectations and perceptions of the family GP over time.

More recent evidence suggests that the 'knowledge gap' between the medical profession and the consumer has diminished, reducing consumers' 'unquestioning trust'. There is a 'new professionalism' based on a partnership between patient and client,[5] and encouraging concordance in the doctor/patient relationship.[6] However, for some older people (the very ill or disabled), an authoritarian figure who leads may be reassuring.[7] A study on GPs' views on involvement of older patients in their care[2] found that: *'older people placed greater emphasis on doctors making decisions and valued a more dominant doctor to a greater extent than younger patients.'* A Canadian study comparing older people as patients visiting traditional (GP) practices and alternative practices (homeopaths etc.),[8] found the language used by the former group was more passive.

Lupton,[9] in her study on consumerism and the medical encounter, found that *'older people were far less likely than younger people to demonstrate consumerist behaviour.'* Thus it seems timely to explore how these views are now held by older people in New Zealand. Few studies have focused on the nature of this relationship, instead placing greater emphasis on clinical and diagnostic matters, except for a 2001 Australian study by Keller and Slee[7] which explored older Australians' perceptions of their GP.

This study explores how a group of contemporary local older people describe what is important to them in a GP, particularly in relation to dialogues about their medication management.

Methods

This qualitative study employed semi-structured interviews to obtain data on practices, routines, rituals, habits and beliefs regarding medication-taking. Twenty older people were recruited using convenience sampling from a larger community standardised assessment study which used the InterRAI assessment tool.[10,11,12] An interviewer in the initial study asked participants if they would be interested in further consenting to a 'medication study'. The 20 consenting participants comprised 13 women and seven men, aged from 67 to 92 years. All participants were receiving home-based support. Nine participants lived alone; the remaining 11 lived with a spouse (8), son (2) or live-in carer (1). All lived in and were interviewed in their own homes. Both the standardised assessment interviews and the medication interviews were audio-taped, then transcribed. Several interview questions concerned information on their GPs: who they were, where they practised, how the older person felt they could talk with them (particularly regarding medication), and how the older person would describe their relationship with their GP in general. The interviews were analysed using thematic analysis, drawing on themes which arose from the data. Ethical Approval was obtained for both studies.

Results

While the initial focus was on medications, this led to questions about the GP relationship, as the primary source of prescribed medication. Participants then frequently moved onto more general feelings about the overall quality of the relationship, without prompting. Conversation with a GP about medication appeared secondary to the ease or otherwise of the overall consultation encounter. The results are presented as a hierarchy of themes under the global theme of 'the good doctor' – as this overwhelmingly positive response (the 'good' doctor)[13] is what participants expressed. The themes from the narratives were: interpersonal skills, trust, longevity and continuity, the doctor's word is law, and bad doctor stories.

The predominant reason why the older people appreciated their GPs involved a personalised and personable approach

Interpersonal skills

The interpersonal skills most appreciated were: listening, being friendly, a holistic approach, suggesting practical help.

'But the doctor was very good, he gave me a letter and I got a print-out from the chemist and a print-out from the doctor...I can talk to him yes, and he listens and he's very good and it was his idea about me going to WINZ to get relief.'

Both listening and a full explanation were valued: *'He jokes with you and he talks to you, you know, and he doesn't leave anything out, he tells you everything...'*

The predominant reason why the older people appreciated their GPs involved a personalised and personable approach. Important to participants was a personal connection that went beyond a professional relationship. Social conversation outside of the medical encounter was valued, including knowledge of the doctor as a person within their professional cloak, and the doctor's knowledge of them as people beneath the patient persona. *'He always asks after my husband [who is in care]'*, *'I knew his father'*, *'He [GP] came into the waiting room and he spotted me and he stood there talking for ages'*, *'He said you look a lot better today than last time I saw you.'*

A few participants referred to their GP on a first name basis. Some mentioned the word 'friend' or described the kind of interaction friends would participate in: *'I think that ah...we're friends, you know, we can talk to each other. Nice down to earth lady.'*

This somewhat intimate approach was often reciprocated by participants who seemed to hold genuine care for their doctors as well: *'...and when my doctor's mother died, I said to her oh I'm so sorry and I went over to her and I put my arm around her and she said what a lovely person you are!'*

Some GPs gave home visits or phoned the person directly at home. This was particularly valued: *'When my GP came back from holiday she rang me and she said Happy New Year, how have you been? She told me that she'd said to her husband while she was away. I'm worried about Mrs S...'*

Trust

Trust was implicit in the narratives, becoming particularly evident when participants were asked about their faith in their doctor's medication decisions. They seemed to value knowledge: *'He's been an anaesthetist so he's familiar with pharmacology.'* Innate trust was also evident: *'I basically trust my GP and I know he's doing the best for it'* [blood pressure],

as if trust was an inevitable part of the good doctor package. Even the participant who indicated she would like to change her doctor stated: *'Yes, but on the whole I don't think Dr S would give me anything that he didn't think would be good.'*

Longevity and continuity of relationship

Length of time that participants had been attending their current GP was variable (from six months to 20 years). Some participants spoke more of a former GP with whom they had had a good long-term relationship rather than their current GP: *'I went to Dr T for 30 years. He's a good sort.' 'She's wonderful, I've known her since 1983, and she's in her early 40s, so she's wonderful. Three grown up daughters. The children were only young, just toddlers and that...'*

A not uncommon situation was described by one participant whose current GP was the son of his former GP: *'I knew his father.'*

One participant spoke of how she found a new GP when she shifted: *'I had a friend who goes to Dr H and she seemed to think the world of him, so I thought I would go there.'*

The Doctor's word (is law)

When asked if they thought they needed to be taking their medication, several participants were able to quote their GP's words as they had been warned or spoken with firmly regarding this matter: a strong case for compliance. One participant had been told years ago: *'...he [the GP] said most severely to me that if you weren't taking those pills you'd be dead.'*

One man narrated his brother's tale of caution which he had taken on as his own warning: *'I just wonder what would happen if I stopped taking them. But it's just like my brother...because he stops taking his pills and then he gets gout again. And his doctor said to him are you taking the pills and he said no and he said well you'll get gout. So he says keep taking the pill.'*

Another participant felt that of all her medications, her GP had stressed to her years ago that her antihypertensives were the most important: *'He put me on to what I'm on now and I've been on that for years. But he was quite shocked, he said this is only the second highest [BP reading] he'd seen in the years he'd been a doctor.'*

'Bad doctor' stories

Negative stories about GPs were very much in the minority. Only three of the 20 participants mentioned any dissatisfaction with their current GP. One woman spoke graphically of her shock and disapproval of a previous GP's behaviour which she overheard and which influenced her decision to change GPs: *'I'd only just got into the surgery and the phone rang,...well he hung up and he said, 'dopey bloody woman', he said, 'giving me all these instructions' and I thought whoa, that's not on...I thought no way, I can't have him delivering my babies, you know, so I decided we would go to...'*

While listening was upheld as the most valued attribute in a GP, lack of listening was one participant's reason for disappointment in her GP: *'Oh he just gives me medication, no changes, and I go out, I don't think he's really listening to me.'*

It was important to them that the GP knew them personally, was interested in their family and their social situation and even that they knew something social about the GP

Only one participant spoke of a deliberate change of GP. When asked why, the participant said that he was not comfortable with his GP's 'mannerism'. This GP was apparently agreeable to the change and further agreed with the participant that patients needed to feel comfortable with their doctor.

Another participant who was not keen on her GP and wanted to change said: *'I very often just haven't got enough emotional energy to go and change a doctor, that's what it amounts to, but I'd quite like to, I think he's got used to me and probably thinks I moan too much or something, I don't know.'*

Discussion

In the analysis of interviews with older people about their beliefs and practices relating to medication-taking, their relationship with their GP emerged as a significant element. The focus of this paper, therefore, has been a deeper exploration of this element.

A key finding in keeping with previous literature is that older people appreciate being listened to and see this as a marker for a good relationship with their GP. When questioned further about the nature of this ability to listen,[15] it appeared to be associated with a sense of personal involvement on the part of the GP. A sense that the encounter was an individualised, personable one was important to the older person as patient. This perception of their GP as a friend seems to obfuscate feelings of being 'just another patient' which was neither desirable nor adequate for the majority of the participants. It was important to them that the GP knew them personally, was interested in their family and their social situation and even that they knew something social about the GP. These findings reinforce those of other Australian research.[7]

Interestingly, the older participants expected the social and personable aspect of the therapeutic relationship to be reciprocal and manifest. Just as they appreciated the GP engaging in social talk with them, many gave examples of a social interest in their GP. Some knew of the GP's personal and family situations and apparently did not see this as inappropriate or crossing boundaries. Thus the GP's personal context further added a 'human' dimension to the relationship. This reci-

procity fits more with the notion of friendship than with the notion of contract where one is paying for professional service and expertise. Stories of personalised encounters contributed significantly to satisfaction with the relationship from the older person's perspective.

The 'new' style of doctor/patient encounter is about a partnership where the doctor is not the only expert and takes into account patient wishes towards a negotiated outcome. Indeed *'professional practice from this perspective has more to do with the development and use of interpersonal skills than the application of esoteric knowledge.'*[5] Fittingly, well developed interpersonal skills are precisely what older people in this study note as what they like in their GP. Perhaps it is not so much the content of the therapeutic encounter which is so important, but the way in which it happens which matters. It is possible that as long as older people feel valued and listened to, they are still prepared to let the doctor be the 'expert'. This passive stance is evident in the discussion of *'Doctor's word is law'*. Of course, this is not true of all older people, particularly the ageing cohort of 'baby boomers'. Their expectations of primary health care are already very different from those of previous generations.[17,18] Indeed Lupton[9] suggests that patient-doctor relationships are complex in that passivity and consumerism can exist independently in the encounter or coexist depending on the context.

Perhaps it is not so much the content of the therapeutic encounter which is so important, but the way in which it happens which matters

Nobody in this study spoke of approaching the GP as a 'consumer' of a service. They did not go in to their GP's rooms with a list, or Internet-acquired knowledge about prescribed medication. The majority seemed to have a regular GP whom they had been visiting for some time. Adults over 65 are the least likely group to be 'new to practice',[1] indicating a long-term loyalty to their GP where practicable. In some cases, as Heath writes, the GP and the older person 'age together'.[17] This continuity means patients *'share stories with their doctor on numerous occasions over long periods of time and these shared stories form powerful bonds which can actively enable trust and affective care.'*[17]

Ultimately the quality of the GP/older person relationship will impact on compliance in medication-taking. The goal of concordance (negotiated outcome) which is encouraged in current literature may be achieved more gradually in this particular population, but a relationship with the GP – where the older person feels they are listened to, known and cared about in a personable way – will assist him or her in adhering to and enquiring about prescription medication and regimes.

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Competing Interests

None declared

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