

# Dentist-Patient Relationship

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## Abstract

*What was highlighted were the impact of communication through the internet and its utilization in improving the physician-patient relationship, the results of the realized research in the field being divided, because of the consideration that using internet-based communication has positive aspects by raising the level of trust, but also negative aspects by impacting interpersonal, nonverbal communication.*

*Several aspects related to the psycho-dynamic model of the physician-patient have been highlighted, which are represented by problematics given by the real relation, treatment alliance and transfer.*

*In the dentist-patient relationship confidence comes from the assurance that personal information (belonging to the patient) will remain confidential; this is in the interest of the patient and the patient's autonomy is recognized. There were presented several behavioral types which can lead to a physician-patient relationship, based on trust.*

**Key words:** communication, trust, confidentiality

**J.E.L. classification:** I120

## 1. Introduction

The medic-patient relationship represents the base of a medical service in which medics, medical personnel, medical institutions and the patient are involved, being the central object of medical practice.

The doctor-patient relationship in general and the dentist-patient relationship in particular is based on a sustained, open and reliable dialogue, as well as on an exchange of information and knowledge. (Roter, 2000)

The evolution of society requires physicians and patients alike to adapt to the new requirements, mustn't influence negatively the medic-patient relationship.

This paper present particular aspects of the medic-patient relationship, extracted from specialty literature about the impact of communication and the technological development of communication in regards to the medic-patient relationship and the short analysis from a from a psycho-dynamic p.o.v. of the medic-patient relationship. These aspects which make the focal point of the studies are important in accurately determining the physician-patient relationship and reconsidering the problematic raised by this relationship.

This paper is aiming to realize the following objectives: to highlight the impact of internet-based communication on the medic-patient relationship; presenting the positive utilization of the patient's access to information via the internet; highlighting the aspects of the psycho-dynamic model of the medic-patient relationship; the presentation of certain types of behavior which can lead to the constitution of a medic-patient relationship based on trust.

## **2. The impact of communication and the technical development of communication in the medic-patient relationship**

Communication and communication technology provide information channels for both patients and dentists. Examples of this type include: websites, e-mail communication, computerized management systems, electronic records containing material about oral health, digital images. (Schleyer, et al., 2003)

The quick access to information, and also the beliefs or confidence in the value of such information sent via the internet affect the doctor-patient relationship tremendously. Some dentists are concerned about patients presenting information found through the Internet, while other dentists embrace the role of the internet providing health information and links to their preferred sources of information on health, through their own websites.

Featuring a high level of access to information, patients are more involved; thus, they actively participate in their health care. The access to information about a whole-range of treatment options is useful because it allows the patient to work with the dentist to decide on treatment. (Reents, 1999)

Communication via e-mail can be an important way to build a positive doctor-patient relationship. Communication, personal knowledge and confidence can be influenced in a positive way by using internet-based applications. (Anderson, Rainey and Eysenbach, 2003)

Despite the growing popularity and the use of Internet-based applications on a large scale, some doctors and researchers believe that communicating by e-mail may not have a positive impact on the doctor-patient relationship. Moreover, they believe that this type of communication affects interpersonal nonverbal communication which is essential in establishing a therapeutic relationship based on trust. (Baur, 2000) Other clinicians believe the opposite and see electronic communication as a positive trend that improves the doctor-patient relationship. (Sandz, 1999)

Another growing use of the Internet in building the dentist-patient relationship is the Website of the dental office. Typically, these websites provide general information about the dentist, the medical staff, dental practice, dental health information and links to other websites relevant in terms of health.

When a website includes relevant information about the dentist and how the therapeutic practice is performed, a patient can determine whether his/her own values and preferences match those of the dentist. This initial "communication" can lay the foundation for the doctor-patient relationship by providing a sense of trust and common values. (Reents, 1999)

Providing patients with direct access via the Internet to their own archives related to dental health can improve the patient-dentist relationship. This reduces the asymmetry between power and knowledge, allowing the patients to feel themselves under more control, leading them to more confidence; this increases the level of trust in the dentist-patient relationship.

Studies have shown that when the patient is given access to his/her archive, s/he finds it easier to talk to their doctor (Elbourne, et al., 1987), (Ross and Lin, 2003), thus, "useful discussions" being facilitated. (Stevens, Stagg and Mackay, 1977)

Informatics in the dental field represents the application of computer technology and information science for improving dental practice, research, education and management. As such, it is based on a range of disciplines, including cognitive sciences, psychology, decision science, human engineering factors and mathematics. (Schleyer, et al., 2003)

## **3. Psycho-dynamic aspects of the medic-patient relationship**

From a psycho-dynamic perspective, dental health is the effort of two persons, namely the dentist's work with the patient and the patient's ability to accept the treatment proposed and offered by a dentist.

The dentist-patient relationship requires the health professional to remain flexible, to be able, if necessary, to make adjustments regarding treatment plans and thus maximizing the equal status while minimizing the potential disruptions in this relationship.

There are three aspects of the psycho-dynamic model to be highlighted. These are as follows:

1. Real relationship;
2. Alliance in treatment;

### 3. Transfer. (Greenson, 1989)

The real relationship is an equal and unique relationship between two adults, an authentic and realistic interaction in which the uniqueness of the dentist is complemented by the uniqueness of the patient. The interaction between dentist and patient has, therefore, a distinction that belongs only to that particular patient who interacts with that particular dentist.

In the adult-adult relationship of equality, the dentist will be chosen by the patient for his/her clinical skills and attributes. The real relationship, in this respect, will remain unaffected by anxiety or concerns the patient may have about the dental treatment.

Alliance in treatment is an equality relationship between two adults, and not just an evolution of the real relationship, being affected by patient's anxiety and worries regarding the acceptance of dental treatment.

For the first time, in the doctor-patient relationship, the patient's concerns and anxiety about the dental treatment seem to merge with the dentist's skills to manage the patient and with the clinical skills of the dentist.

Studies suggest that there are certain barriers that prevent compliance with these principles. These barriers are: dental phobia, dental treatment costs, etc.; they can distort the relationship between dentist and patient.

The intensity of anxiety, for example, may make it impossible for the patient to depend on the ability of the dentist, so the patient is unable to accept or use the treatment provided by the dentist.

The transfer evolves over time; it is not an interaction between adults, but it represents the past, being a repetition of previous major emotional relationships that are unjustifiably imposed by the patient to the dentist. This is very important especially in the management of patients who are anxious about dental treatment since for them their previous dental experiences are lived once more as taking place "here and now". (Freeman, 1999)

In literature, Szasz and Hollender describe the relationship between dentist and patient as a relationship in which the dentist acts as a caring parent, and the patient as a child to be taken care of. (Szasz and Hollender, 1956)

The patient's participation reflects the actual relationship and the alliance in treatment. The patient re-participates due to the care taken by the dentist. The fact that the patient was able to use the care provided by the dentist through participation illustrates that the alliance in treatment is operative.

Observations of the dental treatments revealed that the patient is passive and the dentist is active. This is natural. In order for the dental treatment to be possible, the patient's passivity and the dentist's activity are needed.

Another model that can be used to characterize the physician-patient relationship from a psychodynamic perspective is the mutual participation model. This is explained by the fact that two adults work together for common goals in dental health. Through this model can be described the negotiation of the objectives for maintaining dental health, thus suggesting that preventive dental care requires the effort of two adults (dentist and patient).

Through this expression of mutual participation, the dentist, by recognizing the capacity of transfer and the patient's desire to be cared of is acting to strengthen the alliances in treatment. This can be done by encouraging the patient to be active and to use the exchange of information, helping him to participate and allowing him to take the responsibility, therefore, to be more responsible regarding their dental health. In order to help the patient, in this regard, the dentist must be both active (provider of information, advice) and passive (listen to the patient) and capable of carrying out adjustments to maintain the alliance in treatment.

Dental assistance recognizes the role in a dynamic framework of the real relationship, alliance in treatment and transfer. (Freeman, 1999)

#### **4. Behavioral types which lead to constituting a medic-patient relationship based on trust**

Some researchers have investigated what constitutes the personality of a typical dentist and his/her structural value; one of the models found is the way the dentist tends to show a preference for concrete more than theory, granting advantage to practice and objectives. In other words, the dentist places a greater emphasis on the practice of his profession. (Chambers, 2001)

In the dentist-patient relationship, confidence comes from the assurance that personal information (belonging to the patient) will remain confidential; this is in the interest of the patient and the patient's autonomy is recognized. (Epstein, 2003) Patients who experience a high degree of confidence in the dentist's integrity present a much higher probability in assuming a more passive role in deciding on a treatment plan, while the lack of confidence of other patients compels them to want a more active role in making decisions about the treatment plan. (Chapple, et al., 2003)

To instill a greater degree of trust in the patient and improve the patient-dentist relationship dynamics there are many elements that must be taken into account. For a consultation based on mutual trust and communication, both sides need to understand and accept each other's needs and requirements for equal roles in the whole process.

To ensure a successful relationship with the patient and continuity in the treatment process, the dentist should focus on building a strong sense of trust that pervades all aspects of the dentist-patient interaction. (Jacquot, 2005)

#### **5. Conclusions:**

1. The patient's access to information regarding health issues via the internet is further involving the patient, making him very active.
2. Utilizing the various sites can act as a cornerstone for the medic-patient relationship.
3. Dental informatics is used in order to improve dental practice, research and the patient's education.
4. From a psycho-dynamic p.o.v., the medic-patient relationship (the real relation) is not affected by the patient's anxiety because it's an equal and unique relationship between two adults – the patient choosing the medic for his abilities and clinical attributes.
5. The understanding and reciprocal acceptance of mutual needs are necessary in order to constitute a consultation based on trust and mutual trust.

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