

Relationship-Based Health Care in the United States, United Kingdom, Canada, Germany, South Africa and Japan

A Comparative Study of Patient and Physician Perceptions Worldwide

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OVER THE PAST DECADES, a variety of global forces and trends have collided and conspired to fundamentally transform the delivery of health care. These forces include the emergence of the health consumer movement, the creation of the Internet, an explosion of scientific discoveries, the aging of populations worldwide, the emergence of evidence-based medicine, the monetarization of medicine with associated evolving strategies for cost control, and renewed interest in relationship-based health care models.¹ Sociologists like James Coleman², Nan Lin³ and Ron Burt⁴ have demonstrated that enduring social relationships are properly understood as investments in social capital, which through the reciprocal exchange of information and support, create new resources for individuals which otherwise would be impossible were they to go it alone.

Recent studies in the United States have revealed that citizens believe the patient-physician relationship is second in importance only to family relation-

Context A number of forces have transformed the practice of medicine in the past two decades. Evidence suggests that these forces are impacting on both patients and physicians and on their relationship with each other.

Objectives To simultaneously survey patients' and physicians' perceptions of their relationship with each other in six countries on four continents.

Design and Setting Patients and physicians were simultaneously studied in six countries using nationally representative telephone surveys between July 22, 2002 and October 13, 2002. 2506 interviews were conducted on patients (63% response rate) and 1201 interviews were conducted on physicians (58% response rate) using a random digit dialing (RDD) methodology.

Participants Patients had to be at least 21 years of age. Physicians had to be general practitioners and in practice for five or more years.

Main Outcome Measures Relative importance of patient-physician relationships compared to other critical relationships in society. Type of relationship as defined by patients and physicians. Levels of patient empowerment and self-management of care. Actual and ideal performance ratings in 5 dimensions in the humanistic domain (compassion, trust, understanding, patience, listening) and 5 dimensions in the access domain (access to physician, time with physician, appointment scheduling, choice of treatment, choice of specialist).

Results The patient-physician relationship ranked second in importance to family relationships in all countries studied. Physicians were the leading source of health information, the most trusted source, and the source most likely to instigate positive behavioral change in patients in all countries studied. All countries agree that authoritarian paternalistic relationships between physicians and patients are relatively uncommon today. These relationships are being replaced by mutual partnerships or advisor models. Patients and physicians in all countries foresee future movement toward partnership and team based models. Compared to 10 years ago, most patients in all countries believe they ask more questions, make more choices, actively evaluate benefit and risk, and take better care of their own health. Patient's confidence in managing their own health is very high in all countries except Japan. Physician confidence in patient's self-management is lower than patients scoring in five of the six countries. In general, all cohorts rate physician humanistic performance higher than access performance. Physicians in all countries rate their ideal humanistic performance higher than do patients. In contrast, physicians in the United Kingdom and Germany rate their ideal access performance lower than the patients' expectation for ideal access performance. In actual performance both in humanistic and access domains, physicians score themselves higher than do patients in 8 of the 10 dimensions. Patients and physicians scoring of opportunities for improvement is relatively well aligned in five of the six countries studied. The greatest variance in opportunity scores between patient and physician exists in the United Kingdom in both humanistic domain (17% difference) and access domain (26% difference) and in Germany in the access domain (19% difference), with patients seeing more opportunity than do physicians.

Conclusions The findings indicate a fundamental shift in the patient-physician relationship away from an authoritarian and paternalistic model and toward partnership and team based approaches. Patients are significantly more confident and empowered than they were ten years ago. Physician confidence in patient self-management is more modest. Patients possess high confidence in physicians but also demonstrate higher expectations for ideal physician performance and higher expectations for improvement along five dimensions of humanistic care and five dimensions of access to care. The ability to align expectations of patients and physicians, and meet commonly held objectives, will be increasingly important in assuring the future health of this critically important societal relationship.

ship in their society and that it far exceeds in importance spiritual relationships, financial relationships and coworker relationships.⁵ This relation-

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Table 1. Relative Importance of Relationships**This relationship is extremely/very important to you?**

	United States	United Kingdom	Canada	Germany	South Africa	Japan
Family	95	92	94	91	95	71
Doctor	78	63	76	72	80	55
Spiritual Advisor	56	21	32	10	69	27
Co-Worker	51	63	46	64	68	40
Financial Advisor	43	36	35	35	60	19
Pharmacist	48	26	44	34	54	39

Question: Indicate how important the following relationship is to you. (% extremely or very important, 4 or 5 on a scale of 5)

ship was previously defined by more than 90% of United States patients and physicians surveyed nationwide as three things: (1) compassion, (2) understanding, and (3) partnership.⁶ Additional studies revealed remarkable evolution of the relationship over a two-decade period in the United States including the initial emancipation of the patient, their empowerment through patient education, and active patient engagement in the shaping of our current health delivery system toward patient-physician partnerships, team approaches and joint risk sharing.⁷ Since the forces that are believed to have fueled this fundamental reshaping of one of American society's most fundamental stabilizing relationships are global in nature, it was reasonable to hypothesize that the patient-physician relationship is actively evolving in other countries as well. This study was designed to simultaneously survey physicians and patients' perceptions of their relationships with each other in six countries on four different continents.

METHODS

The following results are based on 3,707 interviews with doctors and patients conducted in the United States, United Kingdom, Canada, Germany, South Africa and Japan. In order to qualify for the study, doctors in each country had to be general practitioners, practicing for five or more years. Patients had to be at least 21 years of age.

Interviews in the United States, United Kingdom, Germany, South

Africa and Japan were conducted between July 22 and August 30, 2002. Interviews in Canada were conducted between September 26 and October 13, 2002. Patients in each country were contacted via telephone using a random digit dialing (RDD) methodology that ensures that individuals with listed, as well as unlisted telephone numbers are included in the study. 2,506 interviews

were conducted with patients: 500 in the United States (response rate, 60%), 400 each in the United Kingdom (response rate, 73%), Germany, South Africa and Japan, and 406 in Canada. 1,201 interviews were conducted with doctors; 200 each in the United States, Canada, Germany, South Africa and Japan, and 201 in the United Kingdom.

Table 2. Physicians Critical Role as Health Information Resource

Source = Origin of health information

Trust = Trust in information based on source

Action = Willingness to follow recommendations and advice based on source

	United States			United Kingdom			Canada		
	Source	Trust	Action	Source	Trust	Action	Source	Trust	Action
Doctor	67	82	98	67	76	91	58	81	95
Pharmacist	27	65	90	51	61	84	28	69	92
Family	42	42	82	69	52	78	36	38	77
Internet	36	21	52	42	17	41	30	17	47
Media	22	11	48	36	15	37	20	15	49
Government	10	20	58	19	17	39	10	21	54

	Germany			South Africa			Japan		
	Source	Trust	Action	Source	Trust	Action	Source	Trust	Action
Doctor	81	78	93	53	77	91	66	55	73
Pharmacist	37	50	70	43	65	86	14	34	63
Family	68	52	69	42	43	72	52	36	63
Internet	46	22	29	25	27	40	22	19	36
Media	46	16	29	23	21	33	48	21	53
Government	7	14	22	5	11	25	9	21	47

Questions:

Source: When looking for health information, which of the following do you regularly turn to?

Trust: If you were to receive health information from the following source, how much would you trust that information? (% great deal or very much, 4 or 5 on a scale of 5)

Action: If you were to receive health information from each of the following sources, how likely would you be to follow recommendations or advised based treatment based on that information? (% very likely or somewhat likely, 3 or 4 on a scale of 4)

Table 3. Confidence in Physicians
% Above Other Leaders (Great Deal/Fair Amount of Confidence)

	United States	United Kingdom	Canada	Germany	South Africa	Japan
Religious	+23	+44	+36	+49	+23	+21
Government	+39	+53	+52	+50	+52	+23
Hospitals	+17	+16	+16	+19	+33	+14
Corporations	+56	+52	+56	+48	+42	+24
Financial	+35	+38	+35	+34	+28	+27

Question:

Thinking about some of the institutions and people with whom you interact, please tell how much confidence you have in the following (% a great deal or a fair amount, 4 or 5 on a scale of 5)

Table 4. Patient Description of Patient-Physician Relationship
% Describing Relationship With Their "Regular Doctor" as ...

	United States	United Kingdom	Canada	Germany	South Africa	Japan
Authoritarian	17	20	13	13	16	12
Mutual Partner	41	41	44	40	55	49
Advisor	37	37	41	45	29	36

Question:

Which of the following best describes your current relationship with your regular doctor:

Authoritarian: Your doctor is an authority figure and in charge of interaction with you.

Mutual Partner: Your doctor is a mutual partner or collaborator, sharing interaction with you nearly equally.

Advisor: Your doctor is merely an advisor and you are in charge of interaction.

Table 5. Patient Description of Future Patient-Physician Relationship
% Describing Best Relationship for Future as ...

	United States	United Kingdom	Canada	Germany	South Africa	Japan
Authoritarian	4	6	5	5	7	3
Mutual Partner	41	35	31	30	51	42
Mutual Team Partnership	54	58	60	64	42	55

Question:

Thinking about the future of doctor/patient relationships which of the following descriptions of a doctor/patient relationship do you feel would be best in the future:

A compliance oriented relationship where the doctor directs the interaction and determines treatment, and you only have a small part in making decisions.

A mutual partnership where you and your doctor spend nearly an equal amount of time discussing diagnosis and possible treatments.

A mutual team partnership where you and a team of health care professionals including your doctor discuss diagnosis and possible treatments and reach conclusions through collaboration.

The margin of error for patients in the United States is +4.4%. The margin of error for patients in the United Kingdom, Canada, Germany, South Africa and Japan is +4.9%. The margin of error for doctors in each country is

+6.9%.

FINDINGS

Importance of Relations

In all countries studied, the patient-

physician relationship ranked second in importance only to family relationships (Table 1). The percentage gap between number one and number two rankings varied as follows: South Africa (15%), United States (17%), Japan (16%), Canada (18%), Germany (19%) and United Kingdom (29%). (Table 1) In all countries studied, the physician was viewed by patients as the dominant source of health information. In addition, patients had far greater trust in the accuracy of information coming from physicians versus other sources (including pharmacist, family, Internet, media and government) and were far more likely to change their health behavior based on information from a physician compared to information from other sources (Table 2).

Confidence levels in physicians (% having a great deal or fair amount of confidence) compared to government, hospitals, corporations and financial leaders far exceeded all others in all countries studied (Table 3). Most patients had a "regular doctor" including Germany (88%), United States (84%), Canada (84%), United Kingdom (80%), South Africa (80%), and Japan (73%). Of those who had regular doctors, large majorities agreed strongly or somewhat that "my doctor puts my interests above everything else" (Japan 92%, South Africa 83%, United States 80%, Canada 78%, Germany 73%, United Kingdom 72%).

The Relationship

In defining the current patient-physician relationship, patients in all countries agree that authoritarian, paternalistic relationships are relatively uncommon today. (United Kingdom 20%, United States 17%, South Africa 16%, Canada 13%, Germany 13%, Japan 12%). Most countries believe the dominant form of patient-physician relationship today is a mutual partnership with 50/50 joint decision making between patient and physician. Nearly as many patients in the United States, United Kingdom, Canada and Germany believe the current form is

Table 6. Health Consumer Empowerment – Role of Physician in Decision Making In Making Risk-Related Decisions, Which Do You Prefer?

	United States	United Kingdom	Canada	Germany	South Africa	Japan
Doctor takes total responsibility	5	6	6	3	10	4
Doctor provides options and tells you what to do	26	36	29	33	38	36
Doctor provides options and leaves decision to you	69	57	63	64	51	60
Not sure	0	1	2	0	1	0

Question: In making risk related decisions, which of the following do you prefer:

A doctor who takes total responsibility for making such a decision and tells you the course of treatments to follow without discussing alternatives.

A doctor who informs you of the alternative treatments and risks, and tells you the treatment he or she will follow unless you disagree.

A doctor who informs you of the alternative treatments and risks, tells you his or her recommendation and leaves it up to you to decide.

an advisor model where physicians act as consultants to patients who in turn make their own decisions independently (Table 4). When asked to define the best relationship for the future, authoritarian relationships decline significantly (3% to 7%). Mutual partnerships emphasizing one on one joint decision making and mutual team partnerships, a patient in a 50/50 partnership with a doctor lead team that provides both clinical

care and educational support are the preferred patient visions for the future (Table 5).

Patient Empowerment

Compared to ten years ago, large majorities of patients agree that patients ask more questions (United States 91%, South Africa 91%, Canada 90%, United Kingdom 89%, Germany 89%, Japan 74%). Most believe that patients make more choices and active-

ly evaluate benefit and risk more than did patients ten years ago. (United States 87%, Canada 84%, South Africa 82%, United Kingdom 79%, Germany 78%, Japan 70%). Most agree as well that patients take better care of their own health (Japan 90%, Germany 76%, South Africa 70%, United Kingdom 68%, Canada 67%, United States 65%).

In making risk-related decisions, patients worldwide prefer doctors who

Table 7. Patient and Physician Ratings of Ideal Physician Performance

% Who Agree the Ideal Physician Provides (Pt = Patient, Phys = Physician):

	United States		United Kingdom		Canada		Germany		South Africa		Japan	
	Pt	Phys	Pt	Phys	Pt	Phys	Pt	Phys	Pt	Phys	Pt	Phys
Humanistic												
Compassion	94	100	85	100	86	94	73	93	73	95	91	98
Trust	97	98	93	100	97	100	91	100	73	91	96	98
Understanding	96	100	92	100	94	96	91	99	70	89	89	96
Patience	94	98	89	99	95	99	91	99	67	84	80	91
Listening	97	99	94	93	94	98	91	99	96	96	66	90
Average	96	99	91	98	93	97	87	98	76	91	84	95
Access												
To Doctor	91	98	87	99	93	99	89	97	66	89	84	83
Time With Doctor	90	95	87	78	79	91	87	87	88	93	61	80
Appointment Scheduling	89	92	91	51	88	78	84	71	89	86	57	21
Treatment Choice	96	90	93	70	93	91	95	72	94	92	55	65
Choice of Specialist	92	86	89	82	89	85	86	84	92	78	57	76
Average	92	92	89	76	88	89	88	82	86	88	63	65

Question:

Access Domain: How important would you say it is for doctors to have this in order to establish the best possible relationship with patients? (% extremely or very important, 4 or 5 on a scale of 5).

Humanistic Domain: Please indicate which of these words or phrases describe the best possible doctor under ideal circumstances (% affirmative).

Table 8. Patient and Physician Ratings of Current Physicians Performance

	United States		United Kingdom		Canada		Germany		South Africa		Japan	
	Pt	Phys	Pt	Phys	Pt	Phys	Pt	Phys	Pt	Phys	Pt	Phys
% Agree the Current Physician Possesses (Pt = Patient, Phys = Physician):												
Humanistic												
Compassion	73	84	58	93	71	90	51	74	57	70	56	71
Trust	87	84	77	98	89	97	76	92	62	86	69	67
Understanding	77	88	65	97	80	93	71	86	63	76	52	57
Patience	70	64	55	75	74	63	58	64	56	55	44	62
Listening	77	92	64	78	68	89	79	92	79	92	45	73
Average	77	84	64	88	76	86	67	82	63	76	53	66
Access												
To Doctor	60	67	47	78	60	55	70	79	55	65	47	61
Time With Doctor	66	83	54	49	58	69	63	73	76	82	33	57
Appointment Scheduling	63	84	42	48	53	64	75	78	74	68	38	22
Treatment Choice	73	87	54	68	64	84	65	81	76	85	42	72
Choice of Specialist	70	83	49	67	63	66	60	87	78	89	36	58
Average	66	81	49	62	60	68	67	80	72	78	39	54

Question:

Humanistic Domain: Do each of the following words or phrases describe most doctors? (% affirmative).

Access Domain: How satisfied would you say you are in this area? (% extremely or very satisfied, 4 or 5 on a scale of 5).

provide options and leave decisions to the patient versus doctors who provide options and tell the patient what to do or doctors who take total responsibility (Table 6). Patients' confidence in managing their own health is very high in all countries except Japan. Patients are completely (5 on a scale of 5) or very

confident (4 on a scale of 5) in self management in the following numbers: United States 76%, South Africa 72%, Canada 69%, United Kingdom 66%, Germany 63%, Japan 15%. 57% of Japanese patients are somewhat confident (3 on a scale of 5) and 23% are not very confident (2 on a scale of 5) in

self-management.

Physician confidence in patient self-management is lower than patient scoring in five of the six countries including the United States (-12%), South Africa (-32%), Canada (-11%), United Kingdom (-26%), and Germany (-20%). Japanese physicians are more confident in patient self-management than are their patients with 49% believing all or most patients (4 or 5 on a scale of 5) know what to do when it comes to taking care of their general health, and 39% believing some but not most (3 on a scale of 5) patients know what to do.

A majority of patients in five of the six countries agree that patients should take the most responsibility for health care overall in the future including United Kingdom (71%), South Africa (63%), Japan (61%), United States (55%) and Germany (52%). Less than half of the Canadian patients agree (43%).

Performance Ratings

Patients and physicians were asked to

Table 9. Average Opportunity Ratings: Patient and Physician Perceptions of Opportunity for Improved Physician Performance (Difference Between Average Ideal and Actual)

	United States	United Kingdom	Canada	Germany	South Africa	Japan
Humanistic Domain:						
Average of 5 dimensions:						
Patient Opportunity Rating	19	27	17	20	13	31
Physician Opportunity Rating	15	10	11	16	15	29
Perception Gap	4	17	6	4	2	2
Access Domain:						
Average of 5 dimensions:						
Patient Opportunity Rating	26	40	28	21	14	24
Physician Opportunity Rating	11	14	21	2	10	11
Perception Gap	15	26	7	19	4	13

Note: Opportunity Rating = Ideal Rating - Current Rating

evaluate the ideal physicians’ performance in five humanistic domains and five access domains. They were then asked to rate current physician performance in each of these areas. The gaps between ideal and reality or the opportunity rating were then calculated by simple subtraction and highlight patients and physicians’ perceptions of opportunity for improvement in physician performance in each of these dimensions. Humanistic domains included compassion, trust, understanding, patience, partnering and listening. Access domains included access to doctor, time spent with doctor, ease of appointment scheduling, access to varied treatment options and access to specialists.

Ideal physician ratings are displayed in Table 7. They reflect the patients and physicians’ perspectives of what should be possible in physician performance under ideal circumstances in each country. Displayed are five humanistic and five access dimensions as well as average scores in each domain.

In general all cohorts are more optimistic regarding possibilities for humanistic performance than for access performance with ideal humanistic scores exceeding ideal access scores by an average 4 points by patients and 14 points by physicians respectively. In all

countries studied physician’s average humanistic scores in the ideal exceed patients. In contrast, physicians’ average ideal access scores fall below expectations in the ideal set by patients in the United Kingdom (13 points), and in Germany (6 points).

Current ratings of physicians are displayed in Table 8. They reflect the patients and physicians’ perspectives of what current performance of physicians is in each country. When compared to ideal ratings the difference demonstrates perceived opportunities for improvement in physician performance toward the ideal. The level of opportunity is affected by both the level of expectation as expressed in the ideal score and the measure of today’s reality reflected in the current score. In all countries studied current physicians performance as an average of all dimensions of both humanistic and access domains are scored higher by physicians than by patients by an average 12 points in the aggregate. Patients and physicians in the United States, United Kingdom, Canada and Japan score current humanistic performance higher than current access performance.

Table 9 displays Opportunity Ratings (the difference between ideal and current ratings) for improved physician performance in humanistic

and access domains by country. Patients perceive the greatest opportunities for humanistic advances in the United Kingdom and Japan and the greatest opportunities for access advances in the United Kingdom, Canada and the United States. Patient and physician perceptions of opportunity for improvement are relatively well aligned in the United States, Canada, South Africa and Japan. The greatest variance in patient and physician point of view exists in the United Kingdom in both the humanistic domain (17% difference) and access domain (26% difference), and in Germany in the access domain (19% difference).

COUNTRY PROFILES

United States

In the United States, the patient-physician relationship is viewed by 78% of patients as extremely or very important. This compares to 95% for family relations, 56% for spiritual relations, 51% for co-worker relations and 43% for financial relations. United States patients’ confidence in physicians exceeds other societal leaders from government (+39%), industry (+56%), financial sector (+35%), religious community (+23%) and hospital industry

Table 10. United States: Physician Current Performance and Opportunity Ratings (Parenthesis)

Current Humanistic Rating	Compassion	Trust	Understanding	Patience	Listening
Patients (Opportunity Rating)	73(11)	87(10)	77(19)	70(24)	77(20)
Physicians (Opportunity Rating)	84(16)	84(14)	88(12)	64(34)	92(7)
Perception Gap	11(5)	3(4)	11(7)	6(10)	15(13)
Current Access Rating	Access to Doctor	Time Spent With Doctor	Appointment Scheduling	Access to Treatment	Access to Specialists
Patients (Opportunity Rating)	60(31)	66(24)	66(23)	73(23)	70(22)
Physicians (Opportunity Rating)	67(31)	83(10)	84(8)	87(3)	83(3)
Perception Gap	7(0)	17(14)	22(15)	14(20)	13(19)

Question:

Humanistic Domain: Do each of the following words or phrases describe most doctors? (% affirmative).

Access Domain: How satisfied would you say you are in this area? (% extremely or very satisfied, 4 or 5 on a scale of 5).

Note: Opportunity Rating = the difference between Ideal Physician Score and Current Physician Score.

Table 11. United Kingdom: Physician Current Performance and Opportunity Ratings (Parenthesis)

Current Humanistic Rating	Compassion	Trust	Understanding	Patience	Listening
Patients (Opportunity Rating)	58(27)	77(16)	65(27)	55(34)	64(30)
Physicians (Opportunity Rating)	93(7)	98(2)	97(3)	75(24)	78(15)
Perception Gap	35(20)	21(14)	32(24)	20(10)	13(15)

Current Access Rating	Access to Doctor	Time Spent With Doctor	Appointment Scheduling	Access to Treatment	Access to Specialists
Patients (Opportunity Rating)	47(40)	54(33)	47(49)	54(39)	49(40)
Physicians (Opportunity Rating)	78(21)	49(29)	48(3)	68(2)	67(15)
Perception Gap	31(19)	6(4)	6(46)	14(37)	18(25)

Question:

Humanistic Domain: Do each of the following words or phrases describe most doctors? (% affirmative).

Access Domain: How satisfied would you say you are in this area? (% extremely or very satisfied, 4 or 5 on a scale of 5).

Note: Opportunity Rating = the difference between Ideal Physician Score and Current Physician Score.

(+17%). 48% of United States patients agree strongly that "my doctor puts my interests above everything else", while 32% agree somewhat with this statement. Physicians are the leading source of health information (67%), the most trusted source of health information (82%) and the most likely source to instigate positive health behavioral change (98%).

Patients in the United States are highly evolved as health consumers. 76% of patients are completely or very comfortable in managing their own general health while 40% of physicians are completely or very comfortable with patient's self management and 39% of physicians are somewhat confident in patient self management. Patients (69%) and physicians (63%) agree in the majority that in making risk-related decisions with patients, the doctor should provide options and leave the decision to the patient rather than tell the patient what to do.

A minority of United States patients (17%) and physicians (19%) see themselves in an authoritarian doctor-driven patient-physician relationship. The majority of physicians (73%) and patients (41%) identify a mutual partnership with joint decision making as their current model. A significant number of patients (37%) identify their

relationship as a more independent advisor model, where physician provides information and patients make independent decisions. In viewing the preferred model relationship for the future 93% of physicians and 95% of patients favor partnership models over authoritarian ones and 52% of physicians and 54% of patients support the movement toward team-based approaches.

United States patients and physicians share in common high expectations for ideal physician performance (Table 7). Average ideal physician humanistic ratings of five humanistic dimensions are 96% by patients and 99% by physicians. Average ideal physician access ratings of five access dimensions are 92% by patients and 92% by physician. Patients and physicians share as well common expectations for improvement including 19% (patients) and 15% (physicians) upgrades in average humanistic performance and to a lesser degree in average access performance at 26% (patients) and 11% (physicians) (Table 9).

In rating current performance in individual dimensions in the humanistic domain, ratings are lowest by patients and physicians for patience (patients – 70% with a 24% opportunity for improvement, and physicians – 64% with a 34% opportunity for

improvement). Scores in current performance in access dimensions are moderately high by patients (66% to 73%) and somewhat higher by physicians (67% to 87%) with patients seeing greater opportunity for improvement than do physicians in four of the five dimensions (Table 10).

United Kingdom

In the United Kingdom the patient-physician relationship is viewed by 63% of patients as extremely or very important. This compares to 92% for family relations. Co-worker relations (63%) score relatively high in the United Kingdom compared to other countries and far exceed spiritual relations (21%) and financial relations (36%). Confidence in physicians by patients in the United Kingdom is high compared to other leaders far exceeding government (+39%), corporations (+56%), financial community (+34%), religious community (+23%), and hospitals (+17%). 33% of United Kingdom patients agree strongly that "my doctor puts my interests above everything else," while 40% agree somewhat with this statement. Physicians at 67% are the second leading source of health information (next to families 69%), but are the most trusted (76%) and most likely to insti-

Table 12. Canada: Physician Current Performance and Opportunity Ratings (Parenthesis)

Current Humanistic Rating	Compassion	Trust	Understanding	Patience	Listening
Patients (Opportunity Rating)	71(15)	89(8)	80(14)	74(21)	68(26)
Physicians (Opportunity Rating)	90(4)	97(3)	93(3)	63(36)	89(9)
Perception Gap	19(11)	8(5)	13(11)	11(15)	21(17)

Current Access Rating	Access to Doctor	Time Spent With Doctor	Appointment Scheduling	Access to Treatment	Access to Specialists
Patients (Opportunity Rating)	60(33)	58(21)	53(35)	64(29)	63(26)
Physicians (Opportunity Rating)	55(44)	69(22)	64(14)	84(7)	66(19)
Perception Gap	5(11)	11(1)	11(21)	20(22)	3(7)

Question:

Humanistic Domain: Do each of the following words or phrases describe most doctors? (% affirmative).

Access Domain: How satisfied would you say you are in this area? (% extremely or very satisfied, 4 or 5 on a scale of 5).

Note: Opportunity Rating = the difference between Ideal Physician Score and Current Physician Score.

gate positive health behavioral change (91%). Patients in the United Kingdom are well evolved as health consumers with 70% completely or very confident in managing their own health and 22% somewhat confident. Only 28% of physicians in the United Kingdom are completely or very confident in patients taking the right actions to manage their own health with 41% of physicians somewhat confident and 24% of physicians not very confident. This is in spite of the fact that 91% of physicians and 71% of patients in the United Kingdom agree that patients currently do take the most responsibility for their own health. While the majority of patients (57%) and physicians (50%) believe that in making risk-related decisions with patients they prefer a doctor who provides options and leaves the decision to the patient, a significant number of patients (36%) and physicians (50%) prefer a doctor who provides options and tells the patient what to do.

A minority of United Kingdom patients (20%) and physicians (10%) see themselves in an authoritarian doctor driven patient-physician relationship. The majority of physicians (76%) and patients (41%) identify a mutual partnership with joint decision making as their current model. A significant number of patients (37%) identify

their relationship as an independent advisor model, where physician provides information and patient makes independent decisions. In viewing the preferred model relationship for the future, 93% of patients and 92% of physicians favor partnership models to authoritarian ones. In addition patients (58%) support movement toward team-based approaches to a greater degree than do physicians (35%).

United Kingdom patients and physicians demonstrate moderate variance in their expectations for ideal physician performance (Table 7). While physicians rate ideal performance for the humanistic domains at 98%, patients place their expectation at 91%. Conversely patients rate the ideal physician performance in access domains at 89% while physicians expectation of access in the ideal is rated at only 76%. Patients and physicians in the United Kingdom diverge as well in their expectations for improvement. Patients foresee an average 27% potential for improvement in the humanistic domain and 40% potential for improvement in the access domain while physicians see only the opportunity for a 10% and a 14% improvements in humanistic and access domains respectively (Table 9).

In rating current humanistic performance, physician scores are high in

three dimensions and moderate in two while patients scores are moderate in three and low in two. In addition, patients see greater potential for improvement than do physicians with opportunity ratings exceeding those of physicians by 20% for compassion and 24% for understanding. Access dimensions are scored low by patients and moderate to low by physicians. Most notable is a striking difference in opinion on opportunity for improvement in access with patients opportunity ratings exceeding physicians by 46% in appointment scheduling, 37% in access to treatments and 25% in access to specialists (Table 11).

Canada

In Canada, the patient-physician relationship is viewed by 74% of patients as extremely or very important. This compares with 94% for family relations, 46% for co-worker relations, 35% for financial relations and 32% for spiritual relations. Confidence in physicians by patients in Canada is high compared to other leaders far exceeding leaders in government (+52%), corporations (+56%), financial community (+35%), religious community (+36%) and hospitals (+16%). 41% of Canadian patients agree strongly that "my doctor puts my interests above everything else," while

Table 13. Germany: Physician Current Performance and Opportunity Ratings (Parenthesis)

Current Humanistic Rating	Compassion	Trust	Understanding	Patience	Listening
Patients (Opportunity Rating)	51(22)	76(15)	71(20)	58(33)	79(12)
Physicians (Opportunity Rating)	74(19)	92(8)	86(13)	64(35)	92(7)
Perception Gap	23(3)	16(7)	15(7)	6(2)	13(5)

Current Access Rating	Access to Doctor	Time Spent With Doctor	Appointment Scheduling	Access to Treatment	Access to Specialists
Patients (Opportunity Rating)	70(19)	63(24)	75(9)	65(30)	60(26)
Physicians (Opportunity Rating)	79(18)	73(14)	78(-7)	81(-9)	87(-3)
Perception Gap	9(1)	10(10)	3(16)	16(39)	27(31)

Question:

Humanistic Domain: Do each of the following words or phrases describe most doctors? (% affirmative).

Access Domain: How satisfied would you say you are in this area? (% extremely or very satisfied, 4 or 5 on a scale of 5).

Note: Opportunity Rating = the difference between Ideal Physician Score and Current Physician Score.

37% agree somewhat with this statement. Physicians at 58% are the leading source of health information with families rating second at 36%. Physicians are also the most trusted source of information (81%) and the source most likely to instigate positive health behavioral change (95%).

Patients in Canada are significantly evolved as health consumers with 79% either completely or very confident that they take the right actions in managing their own health compared to 34% of Canadian physicians who believe the same to be true. 58% of physicians and 43% of patients agree that patients currently take the most responsibility for their health. A majority of physicians (69%) and patients (63%) prefer a doctor who provides options and leaves decisions to the patients in making risk-related decisions. Less than one third of doctors (31%) and patients (29%) prefer a doctor who provides options and tells the patients what to do under these circumstances.

A minority of Canadian patients (13%) and physicians (10%) see themselves in an authoritarian doctor-driven patient-physician relationship. The majority of physicians (70%) and patients (44%) identify a mutual partnership with joint decision making as

their current model. A significant number of patients (41%) identify their relationship as an independent advisor model, where physician provides information and patient makes independent decisions. In viewing the preferred model relationship for the future, 91% of patients and 94% of physicians support partnership models over authoritarian ones. In addition, 60% of patients and 52% of physicians support movement to team-based approaches.

Canadian patients and physicians show little variance in their expectations for ideal physician performance on humanistic scales (patients 93%, physicians 97%) or access scales (patients 88%, physicians 89%) (Table 7). Canadian patients and physicians also see similar room for improvement in both humanistic (patients 17%, physicians 11%) and access (patients 28%, physicians 21%) scales (Table 9).

In rating current performance in individual dimensions in the humanistic domain, ratings by patients are moderate and ratings by physicians are high except for patience (63%). In patience, patients and physicians see significant room for improvement (21% and 36%). In current access ratings patients grades are low as are physicians except for access to treat-

ments where physicians rate 84% while patients rate 64%. Patients and physicians agree generally in high opportunity potential (19% to 44%) in access to doctor, time spent with doctor and access to specialists. However visions for improvement in appointment scheduling and access to treatments vary by 21% and 22% respectively with patients more optimistic than physicians (Table 12).

Germany

In Germany the patient-physician relationship is viewed as extremely or very important by 72% of patients. This compares with 91% for family relations, 35% for financial relations, 64% for co-worker relations, and 10% for spiritual relations. Confidence in physicians by patients in Germany is high compared to other leaders far exceeding leaders in government (+50%), corporations (+48%), financial community (+34%), religious community (+49%), and hospitals (+19%). 33% of German patients agree strongly that "my doctor puts my interests above everything else," while 40% agree somewhat with this statement. German physicians at 81% are the leading source of health information with families rated second at 68%. Physicians are also the most trusted source of information (78%),

Table 14. South Africa: Physician Current Performance and Opportunity Ratings (Parenthesis)

Current Humanistic Rating	Compassion	Trust	Understanding	Patience	Listening
Patients (Opportunity Rating)	57(16)	62(11)	63(7)	56(11)	79(17)
Physicians (Opportunity Rating)	70(25)	86(5)	76(13)	55(29)	92(4)
Perception Gap	23(9)	24(6)	13(6)	1(18)	13(13)

Current Access Rating	Access to Doctor	Time Spent With Doctor	Appointment Scheduling	Access to Treatment	Access to Specialists
Patients (Opportunity Rating)	55(11)	76(12)	74(15)	76(18)	78(14)
Physicians (Opportunity Rating)	65(24)	82(11)	68(18)	85(7)	89(-11)
Perception Gap	10(13)	6(1)	6(3)	9(11)	11(25)

Question:

Humanistic Domain: Do each of the following words or phrases describe most doctors? (% affirmative).

Access Domain: How satisfied would you say you are in this area? (% extremely or very satisfied, 4 or 5 on a scale of 5).

Note: Opportunity Rating = the difference between Ideal Physician Score and Current Physician Score.

and the source most likely to instigate positive health behavioral changes (93%).

Patients in Germany are well evolved as health consumers with 73% of German patients completely or very confident that they take the right actions in managing their own health. Approximately one-quarter of German patients (26%) are only somewhat or not very confident in patient self-management of general health. A majority of patients (64%) and a minority of physicians (44%) prefer a doctor who provides options and leaves decisions to patients when confronting a risk-related decision. In contrast, a majority of physicians (53%) and a minority of patients (33%) prefer a doctor who provides options and tells patients what to do under similar circumstances.

A minority of German physicians (14%) and patients (13%) see themselves currently in an authoritarian doctor-driven patient-physician relationship. A majority of physicians (66%) and a minority of patients (40%) identify a mutual partnership with joint decision making as their current model. A majority of patients (45%) and a minority of physicians (16%) identify their relationship as an independent advisor

model where physician provides information and patient makes independent decisions. In viewing the preferred model relationship for the future, 20% of German physicians choose an authoritarian model in contrast to 5% of German patients. The majority of physicians (80%) and patients (94%) prefer partnership models over authoritarian ones. In addition, 64% of patients and 53% of patients support movement toward team-based approaches.

German patients and physicians show mild variance in their expectations for ideal physician performance on humanistic scales (patients 87%, physicians 98%) and access scales (patients 88%, physicians 82%) (Table 7s). Patients and physicians show mild variance in room for future improvement in average humanistic performance (patients 20%, physicians 16%) and moderate variance in room for improvement in average access performance (patients 21%, physicians 2%) (Table 9).

In rating current performance in individual dimensions in the humanistic domain, physicians and patients scores are moderate to low. Greatest variation between patients and physician scoring occurs in compassion (23% difference). Opportunity ratings

in the humanistic domain show patients and physicians well aligned. In rating current performance in individual dimensions in the access domain, scoring by physicians is moderate and by patients moderate to low. Greatest variance exists in access to treatment (16% difference) and access to specialists (27% difference). In addition, physicians are significantly more pessimistic in their opportunity ratings which differ from patient ratings by 31% for access to specialists, 39% for access to treatments and 16% for appointment scheduling (Table 13).

South Africa

In South Africa, the patient-physician relationship is viewed by 80% of patients as extremely or very important. This compares with 95% for family relations, 68% for co-worker relations, 60% for financial relations and 69% for spiritual relations. Confidence in physicians by South African patients is high compared to other leaders far exceeding leaders in government (+52%), corporations (+42%), financial community (+28%), religious community (+23%), and hospitals (+33%). 56% of South African patients agree strongly that "my doctor puts my interests above everything else," while 27% agree somewhat with this statement.

Table 15. Japan: Physician Current Performance and Opportunity Ratings (Parenthesis)

Current Humanistic Rating	Compassion	Trust	Understanding	Patience	Listening
Patients (Opportunity Rating)	56(35)	69(27)	52(37)	44(36)	45(21)
Physicians (Opportunity Rating)	71(27)	67(31)	57(39)	62(29)	73(17)
Perception Gap	15(8)	2(4)	5(2)	18(7)	28(4)

Current Access Rating	Access to Doctor	Time Spent With Doctor	Appointment Scheduling	Access to Treatment	Access to Specialists
Patients (Opportunity Rating)	47(37)	33(28)	38(19)	42(13)	36(21)
Physicians (Opportunity Rating)	61(22)	57(23)	22(-1)	72(-7)	58(18)
Perception Gap	14(15)	24(5)	16(20)	31(20)	22(3)

Question:

Humanistic Domain: Do each of the following words or phrases describe most doctors? (% affirmative).

Access Domain: How satisfied would you say you are in this area? (% extremely or very satisfied, 4 or 5 on a scale of 5).

Note: Opportunity Rating = the difference between Ideal Physician Score and Current Physician Score.

Physicians at 53% are the leading source of health information with families (42%) and pharmacists (43%) on a second tier. Physicians are also the most trusted source (77%) and the source most likely to instigate positive behavioral change (91%).

Patients in South Africa are significantly evolved as health consumers with 76% completely or very confident that they take the right actions in managing their own health compared to 24% of South African physicians who share this belief. 68% of physicians are somewhat or not very confident in South African patient self-management. A majority of patients (51%) and a minority of physicians (44%) prefer a doctor who provides options and leaves decisions to patients when faced with risk related decisions, while a majority of physicians (54%) and minority of patients (38%) prefer a doctor who provides options and tells the patient what to do under similar circumstances.

A minority of South African patients (16%) and physicians (10%) see themselves in an authoritarian doctor-driven patient-physician relationship. The majority of physicians (79%) and patients (55%) identify their relationship as a mutual partnership marked by joint decision making. A minority of doctors (11%) and patients (29%)

identify their relationship as an independent advisor model with doctors providing information and patients making decisions independently. In viewing the preferred model relationship for the future, 93% of patients and 96% of physicians support partnership models over authoritarian ones. In addition 42% of patients and 57% of physicians support movement toward team-based approaches.

South African patients and physicians show moderate variance in their expectations for ideal physician performance on average humanistic scales (patients 76%, physicians 91%) but little variance in their expectations for ideal access performance (patients 86%, physicians 88%) (Table 7). South African patients and physicians largely agree on average opportunity ratings both in humanistic performance (patients 13%, physicians 15%) and in access performance (patients 14%, physicians 10%) (Table 9).

In rating current performance in the individual dimensions in the humanistic domain, patients and physicians scores are highly variable. The greatest variance between patients and physicians is in compassion and trust (physicians rate these 23% and 24% higher respectively than do patients). Physicians see greater opportunity for improvement in patience (18% differ-

ence) than do patients. In current access ratings, scoring by patients and physicians is moderate to low with mild variability between the two groups. Patients and physicians see similar opportunities for improvement in access dimension except in access to specialists where patients see a 25% greater opportunity for improvement than do physicians (Table 14).

Japan

In Japan, the patient-physician relationship is viewed by 55% of patients as extremely or very important compared with 71% for family relations, 40% for co-worker relations, 19% for financial relations and 27% for spiritual relations. Confidence in physicians in Japan exceeds other leaders in government (+23%), corporations (+24%), financial industry (+27%), religious community (+21%) and hospitals (+14%). 39% of Japanese patients agree strongly that "my doctor puts my interests above everything else," while 53% agree somewhat with this statement. Physicians are identified as the leading source of health information (66%) with family second (52%). Physicians are also the most trusted resource (55%) and most likely to instigate positive behavioral change (73%).

Patients in Japan are less evolved as health consumers than in other nations

studied with only 28% completely or very confident that they take the right actions in managing their own health. Japanese physicians are generally in agreement with 22% completely or very confident in patient self-management. The vast majority of patients (58%) and physicians (57%) are somewhat confident of patients self management or not very confident (patients 10%), physicians (17%). Patients (60%) and physicians (57%) in Japan prefer a doctor who provides options and leaves decisions to patients when faced with risk related decisions. A smaller but significant number of patients (36%) and physicians (39%) prefer a doctor who provides options and tells the patient what to do under these circumstances.

A minority of patients (12%) and physicians (4%) currently see themselves in authoritarian doctor driven patient-physician relations. A majority of patients (49%) and a large majority of physicians (84%) currently define their relationship as a mutual partnership marked by joint decision making. A large minority of patients (36%) and a small minority of physicians (11%) see their relationship as an independent advisor role with physicians providing information and patients making independent decisions. In viewing the preferred model for the future, the majority of patients (97%) and physicians (92%) prefer partnership models over authoritarian ones. In addition 55% of patients and 58% of physicians foresee movement toward team-based approaches.

Japanese patients and physicians show little variation in their expectations for ideal physician performance on average humanistic scales (patients 84%, physicians 95%) and on average access scales (patients 63%, physicians 65%) (Table 7). Expectations for ideal access are significantly lower in Japan than in any other country studied. Japanese patients and physicians are in close agreement and see large areas for improvement in average physician humanistic performance (patients

31%, physicians 29%). Expectations for gains in access performance are more modest (patients 24%, physicians 11%) (Table 9).

In rating current performance in individual dimensions in the humanistic domain, Japanese patients and physicians provide low scores with little variability between patient and physician assessment except in listening where physicians rating exceeds patients by 28%. Yet patients and physicians are optimistic for the future, seeing high opportunity for improvement across all dimensions with little variability between patient and physician perception. Low scores dominate as well in the current access dimensions with patients scoring time spent with doctor, access to treatments and access to specialists 24%, 31%, and 22% lower than do physicians respectively. Patients and physicians have similar opportunity ratings in access to doctors, time spent with doctor and access to specialists, but doctors see less opportunity than do patients for improvements in appointment scheduling and access to treatments by 20% and 20% respectively (Table 15).

Discussion

Democracies are relationship based societies infused by two integrated themes: individualism, marked by both rights and responsibilities and community, marked by principles of civility, respect for law and active expressions of citizenship. Stability and progress rely on highly functional and enduring relationships capable of capturing learnings and transmitting them intergenerationally and securing an environment that is durable, forward looking and optimistic⁸.

Enduring relationships are recognizable as real and formative rather than superficial in so far as individuals who actively care for each other, give meaning to each other as participants in something larger than their own limited self interest. Enduring relationships are committed, that is they resist separation and unite individuals who pro-

vide each other with real time feedback designed to strengthen their bonds through mutual self improvement. Such feedback requires a supportive societal environment marked by facilitated partner contact and open access to information. Societal support of such relationships represents an investment in social capital or the creation of new resources unable to be realized by individuals working independently in a non-cooperative fashion.^{2,3,4,8}

In the six countries surveyed the patient-physician relationship is highly valued by citizens, second only in importance to family relationships. Prior studies have defined this relationship in over 90% of patients and physicians as possessing three key elements: compassion, understanding and partnership.⁵ While the deeply personal nature of the engagement in part explains its power in each of these societies, it does not fully define its purpose or value to those societies. On one level this relationship delivers what we would quite literally expect and that is individual evaluation and treatment of medical conditions and the provision of increasingly preventive oriented information and council through remarkably decentralized and pervasive grassroots networks.⁹ A secondary benefit that is somewhat less visible is a byproduct of this partnership and that is the reinforcement of the integrity of the family unit as relatives and loved ones are intentionally included and immersed in meeting the challenges of medical conditions or planning prevention for the patient in order to secure a brighter family future¹⁰. A third function, largely taken for granted, is the capacity of these relationships, exercised some 750 million times a year in the United States alone, in the aggregate, to absorb, process and manage the daily fears and worries of a populace in a constructive, well controlled and hopeful manner¹¹. Finally, as a fourth role, transmitted progressively from individual, to family, to community and to society, is the creation of general confidence and trust on the macro

level that our day to day world is relatively safe, somewhat protected and generally hopeful and therefore worth the daily investment of our human, social and financial capital.^{2 3 4 8 12}

To accomplish these four highly integrated objectives, the patient-physician relationship has been aggressively redefining itself over the past two decades. The emancipation of patients embodied in the realization and acceptance of personal responsibility for one's own health management gained credence as part of the civil rights movement in the 1980's¹. Fueled by the Internet, general support from a widening array of caregivers and an enlightened self interest, patients correctly identified education as the lever that would empower them to move with their physician toward new partnership and team approaches and away from passive dependence on authoritarian based models¹³. Now facing the challenges of aging with the emergence of four- and five-generation families, an expansion of scientific understanding and new discoveries, an increasing emphasis on health prevention as a responsibility not only to oneself and one's family, but also to one's community and society, a more enlightened understanding of the impact of state policies and approaches on this most fundamental and dynamic societal relationship is emerging.

While this study clearly reveals that the evolution of the patient-physician relationship is a worldwide phenomenon, the speed, readiness, and stresses felt vary somewhat from culture to culture. The comparative studies reveal variability in the alignment of expectations of patients and physicians in the ideal, and in their current reality in both humanistic performance of physicians and access performance of physicians. To fully realize the potential of the patient-physician relationship to deliver the care, reinforce cooperative networks, and act as a societal stabilizer, the relationship must manage service on the micro level in a manner that accumulates social capital to advantage

communities and societies on a macro level. This requires at a minimum social policy that draws physicians and patients closer together rather than farther apart giving them the opportunity to participate and advocate for each other.

It requires as well a relatively well-aligned vision by both patient and physician of what is excellence (ideal performance) and what is the current opportunity for improvement (the difference between ideal and actual performance). Patient expectations are affected by their level of emancipation and empowerment as health consumers which in turn is a function of the level of educational and emotional support provided by physicians and other caregivers to the patient¹⁴. Physician aspirations are affected by their general support for patient emancipation, empowerment, and team approaches tempered by their perceptions of what is realistic in light of the available resources and the level of function or dysfunction of their health delivery system¹⁵. In general, a highly dysfunctional system would be expected to prevent a physician from providing the access and advocacy he would ideally choose to provide in support of the patient. Over time, such obstacles would be expected to artificially depress what the physician would consider to be ideally acceptable leading him to accept a lower goal as the best he can do under the circumstances. Given more time, a performance ideal that would initially be unacceptable gradually and grudgingly becomes acceptable. In contrast, the patient, newly empowered and progressively more educated (with or without the physician) to what is in fact ideally possible, would be expected to react negatively to the physician whose "ideal" has gradually descended to what is "possible".

The empowered health consumers' expectation of the physician and of this fundamental relationship is extraordinarily high. Met with an unresponsive physician, patients are left to logically acknowledge the presence of one of two

realities. Either my physician doesn't care about me or my physician is powerless to advocate for me. Either way, the common result is to draw the patient away from the relationship as he/she acknowledges "I now must fend for myself," and to draw the physician away from the relationship mired in helplessness and hopelessness. The net effect is that patients and physicians who are natural allies, are gradually repositioned as adversaries. The physician is redefined as a protector or agent of the state and the patient redefined as an endless consumer of valuable resources without regard to cost. Under such circumstances, a health care system may appear to be delivering care, albeit with high levels of dissatisfaction on the part of both patients and physicians, while in fact it is receiving only a partial return on its investment.

In contrast, designing health care systems that set well aligned and high ideals for performance, and that set and realistically resource well aligned and reasonable expectations for improvement, assure not only more cooperative and appreciated care delivery by all concerned, but also a fuller return on investment in public support and accumulated social capital¹².

SUMMARY

The patient-physician relationship is a critical underpinning of stable societies, second only in importance to family relationships in all countries studied. Over the past two decades this relationship has been fundamentally transformed from an authoritarian and paternalistic physician control model to a mutual partnership with team support of both clinical and patient education missions. The emancipation, empowerment and active engagement of health consumers has reinforced high expectations for physician performance in both humanistic, access, and advocacy dimensions. Physicians ability to align with and aspire to meet these expectations in support of patients continued evolution will large-

ly define the physician's future effectiveness as a health care leader, the future viability of this most critical relationship, and its ability to deliver on a micro level movement toward prevention and wellness and on a macro level expansion of social capital and general societal well being. The profile comparisons of six countries on four continents, each with a different approach to health care system design and financing, demonstrate significantly different levels of patient-physician alignment in the scoring of ideal and actual performance of physicians on five dimensions of humanism, and five dimensions of access. These scorings would benefit from future tracking. While it is not possible to assign cause and effect, the relationship between the structural design, financing, and incentives of the health delivery system and the positioning of patients and physicians/caregivers as partners or adversaries, and the resultant impact on the patient-physician relationship and public support for its investment in health care infrastructure warrants further study.

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