

ARROGANCE

The purpose of the patient–doctor consultation is clear. Writing in this journal in the 1960s, psychiatrist John Ellard captured its essence: “. . . [the patient] needs to be told three things, in words that he can understand. He needs to be told what is wrong with him, what it may possibly mean in the future, and what medical science has to offer him.” In short, *diagnosis, prognosis and therapeutics*.

The 1960s was also a time of social upheaval. Not only were the ramparts of the Establishment under attack, but civil society witnessed the ascendancy of the individual “me” over the inclusive “we”. And medicine did not escape. Doctors were denounced for being arrogant, authoritarian and paternalistic. But, over time, such judgements gave way to patient–doctor partnerships and patient rights. The literal meaning of doctor — *docere* (“to educate”) — came to be actually practised, through emphatic and effective communication.

So, how are we seen today?

A recent report to the World Medical Association revealed that patients now feel more confident and empowered. Only a minority of patients in the nations surveyed (Canada, Germany, Japan, South Africa, the United Kingdom and the United States) still regard doctors as authoritarian and paternalistic, and the relationships patients have with their doctors are second only to those they have with their families. Furthermore, doctors are the most trusted source of health information.

Today, equality in patient–doctor partnerships and in decision-making rules supreme.

But, a partnership involves two people, and this prompts an obvious question: is there such a thing as patient arrogance? Doctors' arrogance has been surveyed, reported and discussed ad infinitum, but the medical literature is mostly silent on patient arrogance — arrogance that may arise from anti-scientific attitudes, patient autonomy and society's preoccupation with the “me” mentality.

Is this silence simply political correctness, or does patient arrogance simply not exist?



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