



Patient-centered Communication in Medicine & Public Health



10045562

ห้องสมุด วพบ. สุรินทร์

Associate Professor Dr. Prathurng Hongsrnanagon

Content

Chapter 1 - Patient-physician communicative interactions – the paradigm	1
1.1 Medical cosmology – from bedside medicine to biomedical science	1
1.2 Biomedical science & the domain of medical professionalization	9
1.3 From medical professionalization to medical deprofessionalization	13
1.4 From deprofessionalization to the paradigm shift	19
1.5 The new medical paradigm of disease & illness	23
1.6 From biomedical model to biopsychosocial model of care	27
1.7 Patient-centered model and patient’s illness narratives	31
Chapter 2 - Asymmetric power relationship in clinical encounter <i>versus</i> patient autonomy	39
2.1 Autonomy, power, dominance, and exploitation	39
2.2 Professional dominance	41
2.3 Types of clinical autonomy	42
2.4 Characteristics of communication in the clinical setting	43
2.5 Asymmetric doctor-patient relationship	46
2.6 Chronic illness and importance of doctor-patient communication	49
2.7 Chronic patient as therapeutic partner	52
2.8 The chronically ill and their perspectives	54
2.9 Chronic patient autonomy	59

Chapter 3- Models of physician-patient relationship in clinical encounter – strengths & limitations **67**

3.1 Importance of doctor- chronic patient communication in medical encounter	68
3.2 Types of medical interaction	72
3.3 Impact of doctor- chronic patient communication	73
3.4 Chronic patient involvement in medical care	74
3.5 Models of doctor-patient relationship	77
3.5.1 Paternalism model	77
3.5.2 Patient-centered model	81
3.5.2.1 The Collegial Model	81
3.5.2.2 The Collaborative Communication	82
3.5.2.3 The Doctor’s Prudential Judgment	83
3.5.2.4 The Enhanced Autonomy Model	84
3.5.2.5 The Physician-Patient Accommodation	85
3.5.2.6 The Mutuality /Relationship-Centered Care	86
3.5.2.7 The Working-Alliance	88
3.5.2.8 The Informed Model	89
3.5.2.9 The Client - Centered Model	90
3.5.2.10 The Collaborative Management	94
3.5.2.11 The Relationship - Centered Medicine	95
3.5.2.12 The Connexional Relationship	96
3.5.2.13 The Shared Decision-Making Model	99
3.5.3 Contractual Model	102
3.5.4 Consumerist Model	107

Chapter 4 - Patient-centered communication	119
4.1 Ubiquity of patient-centered healthcare	120
4.2 Power in medical care	123
4.2.1 Dyadic power in medical encounter	123
4.2.2 Trust building as a means of empowering patient	126
4.3 Principles of patient-centered communication	129
4.3.1 Communication as the bedrock	129
4.3.2 Explanatory model as patient's illness experience	130
4.4 Benefits of patient-centered communication – lessons learned from previous research	135

Chapter 5 - Explanatory model in Thailand context – the role of village health volunteers (VHVs)	151
5.1 VHVs and local health care services	151
5.2 Health literacy and its importance to the chronically ill	153
5.3 VHVs as lay experts for gap closing between Western medical knowledge and patient's health literacy – a case of chronic kidney disease (CKD) patients	157
5.4 VHVs' explanatory model on pain as MUPs – a Buddhist perspective on the interrelationship of natural phenomena - <i>Paṭiccasamuppāda & Tilakkhaṇa</i>	160

Chapter 6 – Illness narratives as a means to an end	171
6.1 Different properties between doctor's and patient's knowledge	171
6.2 Learning about patients from their illness narratives	173
6.3 History of medicine as interpretive activity	177

6.4 Narratives in medical encounter	180
6.5 Joint construction of narrative in chronic illness	183
6.6 Some cautions on the use of patient's illness narratives as a speech act	187
Chapter 7 – Infrastructures & ethical issues	197
7.1 Infrastructures for patient-centered communication	198
7.2 Ethics regarding patient-centered communication	202
Index	211
Author's CV	239