CRITICAL ANALYSIS OF DOCTOR PATIENT INTERACTION IN PUBLIC AND PRIVATE HOSPITALS

RESEARCHER:

Saba Batool

37-FSS/MSCSOC2/F08

SUPERVISOR:

Mr. Hazir Ullah

DEPERTMENT OF SOCIOLOGY

FACULITY OF SOCIAL SCIENCES

INTERNATIONAL ISLAMIC UNIVERSITY

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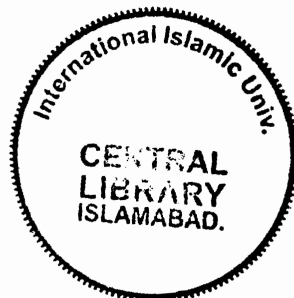

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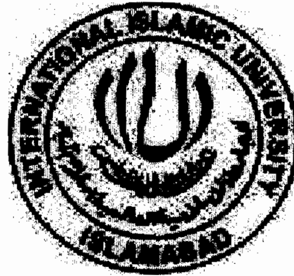

BY:

Saba Batool

37-FSS/MSC SOC2/F08

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DEDICATION

This thesis is dedicated to my parents and my best friend Shazia Javed, who has supported me all the way and who have always been a great source of motivation and inspiration for me.

INTERNATIONAL ISLAMIC UNIVERSITY, ISLAMABAD
FACULTY OF SOCIAL SCIENCES
DEPARTMENT OF SOCIOLOGY

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It is certified that thesis submitted by Ms. Saba Batool, Reg.No.37-FSS/MSCSOC/F08 titled "Critical Analysis of Doctor-Patient Interaction in Public and Private Hospitals" has been evaluated by the following viva voce committee and found that thesis has sufficient material and meets prescribed standard for the award of Degree of "Master in Science" in the discipline of Sociology.

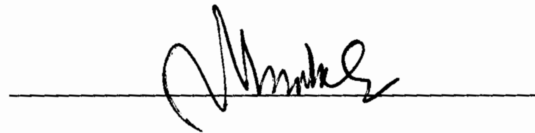
Viva Voce Committee

Supervisor:

Mr. Hazir ullah

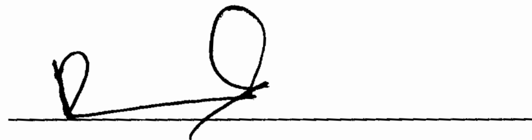
External Examiner:

Dr. Muhammad Iqbal Zafar



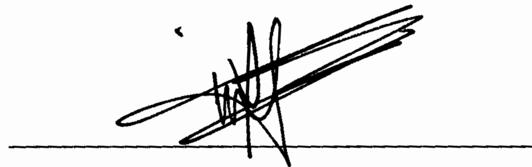
Internal Examiner:

Mr. Akhlaq Ahmad



Head Department of Sociology:

Dr. Saif Abbasi



Dean Faculty of Social Sciences:

Professor Dr. M. Nazrul Islam

ABSTRACT

This study aimed at the sociological analysis of doctor patient relationship in public and private hospital. The main focus was to have complete understanding of doctor patient relation and how this relationship has variations in public and private sectors of hospitals. The study was conducted under quantitative research design with a sample size of 200 respondents from which 180 were patients and 20 doctors of public and private hospitals. The study reveals that illiteracy and poverty were the main reasons that cause distance between doctor and patient relationship in both sectors of hospitals. The data has been analyzed through (SPSS) and presented in tabular form with description and interpretation.

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All praise and thanks are due to Almighty Allah, Who in his infinite Mercy and Grace enabled me to complete this thesis. I bow my head with all submission and humility by way of gratitude due to Almighty Allah.

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CHAPTER # 1

INTRODUCTION

The study of health and medicine from a sociological perspective is having a long history. Sociology has a distinctive approach of studying medicine – a society's standard ways of dealing with illness and injury- and health.

In social science health is a human condition measured by four components; physical, mental, social and spiritual. Health is defined in the WHO constitution of 1948 as 'A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity.

Taking structural functionalists into account a social function well when all its people are healthy enough to perform their normal roles. This means that society has to develop ways to control sickness. One such mechanism and setup is the institute of health- a society sub-system to heal, control and overcome sickness and ills.

Health sectors like all others institutions in society have been divided into public and private hospitals. Doctors and patients are the key actors involves in the whole process of treatment with the active participations of nurses.

Private hospitals are those which do not come under the control of Government rules and regulations. The doctor will is all in all and holds the authority to administrate his hospital or clinic. Doctors him/herself is the owner or it will be in the partnership with other people. Public or government hospital means those hospitals which are under the control of government and all the rules and set by the government authority.

Talcott parson was the first social scientist to describe the doctor patient relationship and his work has left great mark on the development of medical sociology. Parson interest was on the motivations behind the illness behavior and how all this is manage in doctor patient relationship. In the point of view of parson the structure of society (social roles, norms and values) are organized on the basis of its functional needs. Its mean that society has a purpose: to run in smooth way.

In training time period it is very common for doctors to use derogatory terms to describe patients with whom they experience difficult interaction. These are the patients often labeled as 'crocks, gomers, turkeys or dirtballs or simply rejected contemptuously by otherwise caring physicians. Levinson found that physicians usually attribute communication problem to patient rather than to their own limitations. Surveyed physicians identified patient's lack of trust and agreement. Too many problems are found in doctor patient relationship and these problems became the source of frustration in communication, some of them are feeling distressed, lack of understanding, lack of proper treatment plans, demanding or controlling behavior and many other special problems.

In the perspective of Karl Marx, we can say that doctor patient relation is also divided in the class system of society where doctor is the property (knowledge and skill) owner, and the patient as proletariat who do not have knowledge and skill. All this is in the sectors of the hospitals, where patient are like machine who are working for the doctors to give them profit.

The difficulties and gap between doctor and patient occur as a result of the lack of communication and change in the behavior of doctor and patient. Sledge and Feinstein found four ways in which the doctor patient relationship has been described. "The first

focus on labeling patients as difficult, hateful etc. The second reflects such cultural issues as the sick role and the role of the healer. The third describe models of doctor patient relationship emphasizing such aspect as paternalism and autonomy. The fourth describe the medical enterprise as a set of interacting system, from molecular through culture(the boipsychosocial approach).In their research they find out that no one of these offers practical tools that can help guide the clinician to resolve challenging interaction. They proposed that physician focus instead on five aspect of encounters as they apply to both the patient and doctor, the background of each before they meet, individual expectations and hopes from the encounter aspect of the setting in which they meet, reaction of each during the encounter and reaction from each after the encounter is concluded".

Schwenk and colleagues (2003) said that the patients themselves are not difficult. Rather; physician patient relationship can be and frequently are difficult. It is very useful plan or strategy to make good and friendly relationship between doctor and patient because it will create awareness among them.

Patients are commonly disappointed by the doctor behavior. In a study about this problem has shown that patient after visited their internist's office, 18 percent of complains were specifically related to history taking or other communication, but all 18 percent could potentially have been ameliorated by better doctor communication about his or her evaluation and management of the patients problems.

Doctors may seek to separate their technical biomedical role from their relationships with patients. Doctor's entire focus will be on disease or treatment and they take no notice of their own behavior towards patients. This is the major cause that create big gap in doctors patient relationship.

Malcolm found three groups of patients particularly troublesome to family doctors: those with psychiatric symptoms, those with vague, functional, or changing complaints and those who had difficulty forming relationships with doctors.

In Schwenk and colleagues point of view it is the interaction between the doctor's motivations for practicing medicine and the medical problems and behavior of these patients that leads them to be considered difficult. Specifically, medical problem solving, a sense of closure, and a desire to help people are the principal motivations for practicing medicine. The unusually complex and ambiguous nature of the medical problem, as well as the perceived abrasive style of behavior association with these difficult patients, however, denies the doctor satisfaction from the practice of medicine.

Most of the analysis of doctors' and patients' activities in consultation has applied 'aggregation techniques, which operate by coding and counting the frequency of a small number of behaviors such as 'information giving', 'social conversation', 'positive talk' or 'negative talk'. This approach has drawn attention to various types of activity within the consultation and their possible association with the outcome, for example patient satisfaction. The doctor describes some of his observations before the delivery of the diagnostic statement and frames his observations as reasons for, or evidence of, the diagnostic conclusion. Thus, the doctor treats the patient as an understanding recipient of medical reasoning.

Tucket *et al* have shown that if there is a wide difference between the doctor and patient's point of view about illness they mostly cannot communicate important information effectively with each other. There is also some evidence that a patient centered consultation technique on the part of the doctor, based on the mutuality approach, gives them the flexibility to vary their style and communicate more effectively

than the more paternalistic, doctor centered, approach. Each consultation is unique, though it takes place in a social context and is shaped by social forces and social understandings on the part of those taking part. One great step to take is to become an active participant in your health care and treatment decisions. This means that both patient and doctor need to learn how to work and communicate with each other.

Doctors have always known that there are two or more viewpoints on most issues. Be prepared to describe the many sides of medical issues that confront patients, and do not feel insulted if your patient chooses something you don't recommend. Today, many people take a strong role in the decision-making process. Of course, that empowerment doesn't automatically make your patient right. Doctors should help persuade patients to do what makes sense. Use of well-phrased questions, reasoning, shared information; respect and patience on both sides' best achieve mutually satisfying choices.

Patients may use a treatment anyway if they are determined to and you may not be able to sway them against it. Refusing to monitor diminishes your patient's confidence and may increase the risk of harm. Respond in a medical fashion to the uncertainties of un-approved treatments or strategies. Perhaps this means more frequent visits, other diagnostic tests, or more cautious reading of lab markers. Added expense may be the price and the patient must be prepared to heed the outcome of the monitoring process. Don't push patients to begin treatment before s/he is ready to commit. Starting a regimen is a big step and will change many things in a patient's life. These are the duties of doctor and doctor should know about the complete condition or history of the patient; mentally. physically and economically.

Patient should choose a relationship style and discuss it with the doctor. People have different styles of relating to doctors, and those styles may change at different times or for different illnesses. In the "traditional" doctor-patient relationship, the doctor leads and the patient follows. For some, this is effective because they feel secure and cared for. Others may view their relationship as more of a partnership, where both contribute to the decision-making process. Some prefer to make decisions and use a doctor primarily as a consultant. This style requires diplomacy by the patient as many doctors have not adjusted to the role of consultant. None of these styles is right or wrong, but they all make different demands upon the relationship.

All over the world in all countries there is a system of public and private hospitals. In countries where care is delivered mainly through the public system, many inputs, such as pharmaceuticals and support services, are sourced from the private sector. In countries with predominantly privately owned facilities, the state influences their configuration through regulations and financial incentives. In hospitals, the situation is further complicated because of the many functions provided by such institutions: the training of health professionals and research and development.

However, even the concept of a public–private dichotomy is problematic. States often limit the scope of private contractors to decide where to place facilities. Furthermore, there is a difference between for-profit corporations that operate hospitals as one business among many and not-for-profit organizations (including religious foundations) that exist solely to provide health care.

Private provision of essential public services has a long tradition, especially in major infrastructure projects in the transport sector and in the provision of utilities. The

private sector played a crucial role in developing these services in the 19th century but, in the post-war period, many were taken into public ownership because of market failure. Privatization of public services became more widespread in the 1980s with the emergence of a neoliberal consensus that sought to reduce the role of the state. In the health sector, however, comprehensive privatization was rejected because of the existence of market failure. Instead, various quasi-market solutions were developed, typically the separation of purchasers and providers within the public sector. The logical next step was to move the delivery of health care out of the public sector. This was seen as a means to increase value for money, innovation, and responsiveness to users.

This concept was given by Williamson and Ouchi. Applying it to health care, Preker argued that the public sector is intrinsically less efficient and responsive than the private sector.

The delivery of health care is changing rapidly, partly in response to altered demands on health-care systems, such as shifting patterns of disease and rising public expectations, and also in response to the opportunities offered by new technology. By contrast, the quest to minimize the risk to which the parties to public–private contracts are exposed has meant that the contracts are often specified in very great detail, with large penalties for introducing changes. This lack of flexibility has meant that the configuration of some hospitals has been out of date by the time they are opened. The problem is not unique to public–private partnerships but the rigidity of contracts makes the solution more complex.

Patients frequently feel frustrated, angry, or disappointed as a result in effected relationships with doctors. These feelings often result from mismatched expectations

between doctor and patient regarding the purpose of the visit, communication style, or acknowledgement of the patient's distress by the doctor.

1.1 Statement of problem:

Pakistani society is widely suffering from the lack of medical facilities and health education. The health sector has been receiving very less attention from the government side as well as private organizations. Due to wide spread illiteracy and poverty in the country, people in general and middle and lower class people in particular are suffering from various chronic and mild disease. Like all other areas of social life, health sector lack research, especially from sociological perspective. Moreover, the health care service now as much discrimination as other area of social life in Pakistan. Keeping in view the intensity of the phenomena, the researcher is going to carry out her thesis on the topic 'Critical Analysis of Doctors and Patient Interaction in Public and Private Hospitals (Case study of District Jhelum).

1.2 Objectives:

- To understand the reasons of people preference for getting medical treatment from private hospital.
- To analyze the kind of relationship that exists between doctors and patient, both private and public hospitals.
- To make comparative analysis of doctor's attitude with patient in the public and private sector hospitals.
- To suggest policy measure for the improvement in doctors and patient interaction and health services in the country.

1.3 Hypothesis:

- Lesser the check and balance in public sector hospital; greater would be the apathy of doctors towards patients.
- Lack of moral training and sense of responsibility tempt doctor to concentrate more on private practices.
- Lack of irregulations and long waiting for the turn compel people to get private treatment.

1.4 Significance of the study:

The focus of this study is to analysis the doctor patient relationship in public and private hospital. The finding of my research is of immense importance for the policy makers and hospitals administrators. It is claimed that the study findings can benefit the society in many domains.

At the theoretical side, the research finding added new knowledge and argument to the existing pool of knowledge. This has opened new area for discussion and debate in the sociology of health. On the applied side, the findings are of great importance for policy makers for reform in the hospitals and training the doctors to better perform their duty and also monitor their attitude and medical practices.

The findings can further be utilized by the policy makers to setup a more comprehensive health institution by eliminating private practice and making a uniform health services to all citizens in the best manner.

CHAPTER # 2:

LITERATURE RERVIEW

Review of relevant literature is an important step of research process. It provides details about the work done on the same issue and also helps to narrow down the research question. For my research purpose, I have studied the work of Parsons, Kelly, Hafferty, Mechanic, Merton, Kendall, Hughes, Straues, Eron, Conrad, Fox, Anspach, Starr, Waitzkin, Arms, Shorter, Todd, Walsh, Weisman, Teitelbaum, Shapiro, Dranove, Buchanan, Eisenberg, Feinglass, Moreno, Rodwin, Rice and LaBelle,Wennberg, Holen, Barnes and Zubkolff, Stewart and Roter, Haug and Lavin, Daley and Egbert, etc.

Like all the functions of the body to work proper, our society and its all aspect also need to work properly to run smoothly. Parsons (1951, 1958, and 1978) began with the assumption that illness was a form of dysfunctional deviance that required reintegration with the social organism.

In our society, we have all types of people; people who are useful for society but some are those who are destroying the society's norms. These are people who don't follow the values of society: these include people take drugs or do wrong thing, so we can see variation in the behavior of doctors towards these patients because doctor says that they themselves are responsible for this illness. Kelly (1987) described that Physicians and other providers react less favorably to patients who are held responsible for their illness than to "innocent" patients.

Doctor and patient must have cooperative relationship with each other so that they can communicate in a better way. But in some cases doctors do not treat all patients equally. It creates gaps between doctor and patient. Hafferty (1988) tells that Physicians

often react negatively to dying patients, patients they do not like, and patients they believe are complainers.

Doctors and patients give different reaction to different diseases. Level of treatment is different towards the chronic and miner diseases. It means doctor's plans and strategies change according to the illness. According to Mechanic (1959) it was specific to acute illness, and did not speak to the increasingly prevalent chronic illnesses and disabilities, a sick role which is permanent and not transitional.

Like all other fields of life which lay emphasis on the important that we should know about its rules and work properly, it is also important in doctor patient relation that doctor should know all the duties and ethics of this profession such as how to communicate with the patient during treatment, it's called socialization or training of the doctors. Following Parsons, Merton, and Kendall (1957) Hughes and Strauss (1961) began to focus on the socialization of physicians and the factors in medical school and residency that facilitated or discouraged optimal role socialization to doctor-patient relationships.

In medical profession, division of labor is very important now a days it's all about professionalization in the field of medicine. Eron (1955) Fox (1963), and more recently Hafferty (1988) Conrad (1989) suggested that medical schools and residencies socialized physicians into "dehumanization" and to place professional identity and camaraderie before patient advocacy and social idealism.

A recent study of medical students' presentation of cases demonstrated that physicians were being trained to talk about their patients in a way that portrayed the physician as merely the vehicle of impersonal medicine acting on malfunctioning organs, rather than a potentially fallible human being interacting with another human being.

Anspach (1988) found devices that make the physician more powerful by emphasizing technology and eliminating the agency of both physician and patient.

It is very important for every relation to have coordination and respect. In doctor patient relationship it is very important for both to have a good coordination and understanding to run the relation in a better way. Starr (1982) draws on many theoretical sources, he paints a picture of the American doctor-patient relationship as a successful "collective mobility project".

As we can see today's world is growing fast and progress day by day with the inventions of technology in all fields and now it's all about the profit and is a game of money. Same is the case in medical field to make profit with these new medical technologies. It helped the whole system and has great effects on the decision making power of the doctors. As Ehrenreich and Ehrenreich, (1970) Waitzkin (1976) have said that profit-maximization drives the innovation of technologies and drugs and constrains physician decision-making.

Gender discrimination is the problem of every society and is found in every field of life. If we check the medical experiment record we would find that all the experiments are conducted on males bodies and the relationship between male doctors with female patient is different from the male patient. Doctor does not take them seriously and do not give proper time or treatment to the female patient. Arms (1975) Shorter (1983) Todd (1989) conducted a research that Feminists have focused on the patriarchal nature of the male physician-female patient relationship, documenting the history of medical pseudo-science that has portrayed women as congenitally weak and in need of dubious treatment.

All over the world, we find male dominant society. Males are on the higher posts and they have more authority then women in all fields of life. Martin (1988) found that

Women physicians tend to choose poorly paid primary care fields over the more lucrative, male-oriented surgical specialties, are more likely to be employed as opposed to in private practice, and are less likely to be in positions of authority.

A lot of study is done on the female doctors and their relationship strategies with the patient. Women are now also doing great job in the medical field and because of this effect more women are coming in this profession by their own choice. Walsh (1977) Achterberg (1991) has argued that there is also extensive work done on the history of exclusion of women from medicine and the effects of the growing numbers of female doctors on the doctor-patient relationship.

As stereotype said that women are more emotional than men because they can understand everything in the deep and better way. Because of this quality female doctors are more attached to their patients as compare to male doctors and the way in which she communicates with her patient is far better than male doctors. Weisman and Teitelbaum (1985) Shapiro (1990) conducted a study that Women providers are also better communicators.

Maximization of the profit is the main thing which we can found in every system of the society. As many researcher done the study and found that the process between doctor and patient is like a business now where both of them look for the profit, patient give money to the doctor according to doctor will and gets the health back and doctor who give treatment just on the money s/he gets from patients. This is all about the interest of both as doctor and patient. Both want maximization of profit. Dranove and White (1987) Buchanan (1988) find out that patient is interested in maximizing consumption of health and physician is interested in maximizing income.

Many studies have found that difference between doctor behavior with the patient is also because of the health insurance of the patient. Patients who have done their health insurance get more care and attention from doctors. Those who don't have their health insurance they suffer. This problem has cause gap between doctor and patient relationship. The whole medical system is affected badly by this and the success rate of doctor patient relationship and hospitals are going low day by day and patient's access to the doctors has also less because of this discrimination by doctors. Eisenberg (1986) Salmon and Feinglass (1989) focus on the effects of insurance, reimbursement and utilization of control structures on doctor behavior, doctor-patient relationship and success of medical agency.

Modern society attaches great value on money. It's the most powerful weapon which has all the authority. In the medical field money has shown its power. We can see the deference in the behavior of a doctor that when s/he gets more money his/her way of talking and treatment styles sudden change just because of money that patient has paid him. We can also say that it's like the master and servant relation which build between the doctor and patient. Here money giver (patient) is a master and doctor is like a servant who is providing his /her service in return to the patient. Moreno (1990) Rodwin (1992) research has also demonstrated that different payment structures affect physician behavior.

Now doctors are just like the service provider to the patients who give them money. They even don't care about the importance of the human being. They just understand one language which is the language of money. It changes the behavior of the doctor and it has affected the doctor patient-relationship. Hohlen, et al (1990) recent study of Medicaid case-management found that pediatricians who received augmented

Medicaid fee provided a higher volume of services to children than either a group receiving fee-for-service or a group covered by capitation.

When doctor gets more money from patient s/he demonstrates greater efficiency and shows her/his loyalty with the patient. S/he forgets the real treatment which patient need and patient when see the care he is getting from the doctor h becomes satisfied and totally depends upon the instructions of the doctor. This situation cause over treatment or useless medical process for the patient. Theorists Wennberg, Barnes and Zubkoff (1982) Rice and LaBelle (1989) argue that physician' financial incentives to treat, and patients' ignorance of their true needs, lead to inappropriate over-treatment.

Communication is important for making any relationship affected and good. This is also needed of good doctor patient relation. Both should have enough good skill to communicate each other in a better way because unless patient does not tell all about the disease and symptoms to the doctor how he will start his/her treatment. It's also important for the doctor to question patient and ask each and every thing regarding his/her disease. So it's the need of good relation to communicate in very effective way. In medical study it should be part of training. Doctors must be taught communication skills. Stewart and Roter (1989) have done analyses of consultations since the 1950s to develop methods to teach and improve physician communication skills.

Education is the main thing which gives us information and awareness about all aspects of life. Education has helps common people to understand medical knowledge; it helps to know how to create good relation with doctor and ask deferent question from the doctor on medicine and treatment process. It's not a time where doctor has all the authority in her/his hands. Reeder (1973) Haug and Lavin (1983) says that an increasingly well-educated population has begun to challenge medical authority and treat doctor-

patient relationship as another provider-consumer relationship rather than as a sacred trust requiring awe and deference.

Doctor patient has bargaining system in their relationship; there is a process of give and take. When doctor do treatment, it creates an interaction between them. These sometimes create problem in this relationship etc when patients do not get any relief from the medicine. They ask doctor and doctors change their role and they start asking different and difficult questions from the patient and in this way argument starts between them but both cannot leave each other because doctor gets money and patient want medical treatment in return. Hayes-Bautista (1976) studied the bargaining between patient and doctor over treatment.

Communication is the only best way to understand doctor and patient relationship. It is the only way through which patients get better treatment and satisfaction. It's in the nature of human being that when they get care and love their half disease finish. They feel mentally relax. This satisfaction can help them to take further steps regarding their health. DiMatteo (1980) Gerteis, Daley (1993) found that people like that doctors talk to them in an egalitarian way, listen, ask a lot of questions, answer a lot of questions, explain things in a simple way that the patient can understand and allow patients to make decisions about their care.

Many studies has shown that when doctor's way of dealing with the patient is good, it gives more outcome as compare to doctor which cannot maintain the level of satisfaction of the patient. Egbert, et al (1964) Yano and Frank (1988) conducted a study that the kinds of medical care that patients find satisfying tends to alleviate psychosomatic symptoms and make patients more compliant with their treatment regimes and thereby produce better clinical outcomes.

Awareness is needed in all fields of life. It can help people to understand problem in a better way, just like this, in medical field it is also important that doctors and other medical staff members should give awareness to common people on health, diseases and other medical related things. This can help to reduce the gap between doctor and patient. Ehrenreich and Ehrenreich, (1978: 70) says that Skills are of course needed and I am not proposing that incompetent people perform medical services-we have too much of that as it is! It is the privileges, the power, and the monopolization of medical knowledge that I am speaking of removing when I speak of deprofessionalization.

All the doctors has open their private clinic and hospitals because they found that in the private sector they get more money as compare to work in Government sector. But researcher has found that mostly doctors are moving into Government sector of hospital because of facilities they are getting from Government. Loft and Kletk (1989) conducted that physicians are slowly moving from private practices towards employment in hospitals and HMOs. However in Pakistan, there is a mixed of both practices. Doctors do Government job in morning and private in evening.

Computer has change human society drastically and great it has hold on the human being. No one can do any work properly without computer and that day is not far away when it take hold on the systems of human social life. Even in the medical process, computer perform its role better then the doctor as all the medical reports, tests of patients done by the computer. Maxmen (1976) argued that eventually all medical diagnostic and treatment decision-making, the core of the physician role, would be done better by computers. When this came to be, doctors would no longer be necessary.

With the passage of time we can see variation in human behavior. Time is going fast and human are gating more awareness, their way of thinking is changing they have

different approaches towards health. They want that every aspect of medical process, done properly and power which is now in the hands of doctor will be in the hands of patients. They will demand all medical facilities and also about the doctor from whom they will get treatment. Barnard (1988) found that patients will probably continue to demand a specific human face on the medical care they receive.

Due to authority, doctors have human depends more on the doctors and it's because we find doctor know about us and our body more than our- self. But in the past, people do not concern more with the doctors they use to do treatment at home. Now we just depend upon doctor's advice. Barbara Korsch (1997) says that in some ways we have become more doctors dependent because we see doctors sooner than people did 50 years ago, yet we are less dependent on the doctor for information and decision making.

Doctor patient relation is a very important in the process of the treatment. Patient is a person who completely in the hands of doctors. This is because of the will of the patient who believed that doctor can only help him/her to get out from this bad situation just because of his/her own comfort s/he become the slave of the doctor and obey the doctor orders. R. Kaba, P. Sooriakumaran (1951) found that the doctor-patient relationship has undergone a transition throughout the ages. Prior to last two decades, the relationship was predominantly between a patient seeking help and a doctor whose decisions were silently complied with by the patient.

Socialization is a process in which we internalize our norms, values and all about which is related to our culture and society. Parson found that in doctor patient relation we can see the socialization of both. Both can perform their role to adopt these norms and values. Parson (1951) is interested in the way that people are socialized into norms and values of a given social system and appropriate social roles.

Class system is found in all societies and within each social institution. Class system divides people in different status or level due to power, prestige and wealth they have. We can see this high or low level in the medical field that doctor is on the top level and patient is on the low level. It's not only in this relationship, we can also see in doctors degree, that those who have got formal training and study medical completely and from famous universities, they are at the top level and they have power and authority. Szreter and woolcock (2004:655) draw a further distinction between the kind of relationships that define horizontal connections between people who are 'more or less equal in terms of their power and status' and those that 'connect people across explicit 'vertical' power differentials. For example, when people are accessing resource from formal institutions such as healthcare.

When a person becomes ill s/he is not in a condition to perform his/her social role. We find that this role has flexibility in it because in this way a person gets the medical power. According to Conrad (2004) patient may reject the 'sick role' duties and the 'medical logic' of compliance for 'social logic', which involves trade-offs that balance the demands of daily life with medical regimes.

In our society it is very common to stigmatize a person. Same is the case with patients who have some specific diseases; people label them according to the chronic disease they are suffering. Scrambler and Hopkins (2003) found that people with chronic illness develop in actively creating meaningful lives in the context of managing felt and enacted stigma.

In any kind of treatment it is important for the doctor and patient to know about the background of the effected person so that doctor can able to make plan to vanish the symptom or disease of the patient. So it can be called the combination of social and

individual factors. Coulter (2000) said that the kind of contingencies that come into play in terms of patients preferences for a more active or passive role in treatment decisions include social factors such as the age, gender or cultural background, as well as individual factor such as the severity of the patient's condition, their emotional needs and the extent to which taking responsibility for treatment is an additional and unwelcome burden.

It's all about profit and money every where including the healthcare centers, where doctor only set their target that is to earn money as much as doctors can. And patients know about this plan so they offer them more money to get treatment as their right. But true relationship is only build when both of them concentrate on duties which they have to perform. Doyal with Pennel (1979:44) argue that there is a fundamental contradiction between the pursuit of profit and the pursuit of health.

When some organization is under the rule of present Government it has to follow the rules and regulation set by the authority, in this process all people of society get equal rights and there is no division but now when public or private ownership of the organization has taken place in the society whole structure has become change. Due to this ownership people set rules according to their own will as they are the boss now and whole society is divided into the system of class and economic misbalance. According to Morrison (2006) private ownership of the means of production was, for Marx, the crucial element leading to the division of society into unequal economic classes.

Good behavior leads to positive relationship between both parties. Like in the health sector, when there is a negative factor comes in, it can be dangerous for the patient and doctor which lead to inequality in the diagnosis process. Macintyre (1997) found that health damaging behaviors are differentially distributed across social classes and contribute to inequalities in health.

It is very important for the child to have all basic facilities of life so that child can be brought up in an atmosphere where life is sound. In a study researcher has done experiments showing that children who are in poor living condition have more chance to become ill then children who is living in the safe and sound atmosphere. Even when they get older, their ratio of sickness becomes more. Barker (1998) argued that poor circumstances throughout life confer the greatest risk of poor health in adulthood.

New methods and techniques have helped people to earn money according to their desire. New medicines and new medical technology has also help the organizations to get profit and develop in different areas of medical. This strategy is used more commonly in private sectors of medical centers. In research of Navarro (1976, 1986) healthcare has become dominated by technologically driven forms of curative medicine (pharmaceuticals and biotechnology), which are developed by transnational corporations primarily for private profit.

Due to ownerships and money in organization the role of doctor is reducing because people find money as the key factor which works for them. Mckinglay and Marceau (2002) argued that late capitalist changes in the ownership and organization of healthcare systems are eroding the ethos of professionalism, reducing the status of doctors and transforming the nature of everyday medical work.

Doctor patient relationship is a universal and variable process in the world. At some stages doctor become on the top and sometimes patient is on the top level. Arthur S M Lim (1998) raised a question that what greater values have doctors than to serve the needs of patients under their care?

When we get negative response from anyone its effect the relationship badly. They respect and truth sincerity is the most important for relationship to be strong. In

doctor-patient relationship, when patient or doctor show negative impression to each other they cannot cooperate with each other. This leads to a situation in which doctor cannot do treatment properly, because when both are dealing in friendly and positive way, the outcome will also be positive and even the treatment can be done by positive response and care of the doctor.

According to Hampson and Thomas (1999), negative emotional responses by either party (e.g. anger, resentment) may serve to complicate medical judgment (causing diagnostic error) or cause patients to default from treatment. Thus the impact of affect on outcome is indirect, mediated through medical management. Even in the absence of `active' treatment, positive emotional responses may affect improvement in the patient's condition.

Due to new inventions in medicine, doctors has become more dominant in their profession that they know all about medicine which is the only source by which people can get relief. Freidson (1970) describes that medicine's monopoly right to prescribe and treat have been foregrounded as the hallmarks of physician professional dominance.

When someone comes to doctor he/she found that he/she is suffering from some kind of disease. But it's not good for a doctor to label patient that this person is having some particular disease. According to the research of Balint (1964) Patients cannot wholly be characterized by a diagnostic label, whether that label is physical, psychological, or social in nature.

Without the willingness of the patient doctor can not start treatment on them, it's not on the doctor choice; it's patient who comes to doctor for medical checkup. In this process patient do not come only for the body related problem but also they want that doctors solve their all problems. They consider doctor as a person who can only solve

their problem and give them relaxation. Stewart (1995) asserts that the patient-centered method requires a willingness to become involved in full range of difficulties patients bring to their doctors and not just their biomedical problems".

Discrimination is found in the medical system or process where we find the people on different level of power they have. Doctors are categories due to their degree level and those who have high education from high standard institute they are at the top level and they have more authority and control over the juniors or lower level workers. These categories are also made because of the specialization in the medical field. In the research conducted by Freidson (1994) the medical profession is becoming divided into an elite group of medical specialists, educationalists and higher administrators who have more authority to orchestrate control over the employment conditions and work of their junior, non-specialist colleagues.

When a person is not feeling well s/he is not able to perform his social role in a good or proper way, stress which the patient is having not allow his/her to think in positive way and this is the main cause that people now a day's don't find themselves as healthy persons. To overcome this problem, doctor who has power of dealing with the people with problem can be very useful, in a way they can use different approaches. Freund (1990) proposes that a useful approach for studying distressful feelings, society and health may be facilitated through an emphasis on the emotionally expressive, embodies subject, who is active in the context of power and social control.

Communication skills are needed every where to be successful because with good communication we can able to maintain a healthy and friendly relation with anyone. This skill will help us to be more social with the people and to know about the different types of people and their problems. It also helps to find different techniques and methods of

communication. Mishler (1984) found that biopsychosocial communication could be achieved in a relatively short space of time, invoking a variety of communication techniques.

Health is an important part of human life. when it is said that someone is healthy its mean that person is sound in physical, mantel and social prospect .And s/he is capable of doing all the human actives properly in his/her everyday life. Lehtinen (2005) said that what occurred in the clinical context reflected the orientation towards 'the beginning order of everyday life'.

Many experiments have proved that when doctor and patient develop relationship, it is necessary for both to share all important information with each other. Both maintain a level of comfort because the behavior of doctor on patient and patient behavior on doctor matters a lot in the process of treatment. Rogers (1967) proposed that the core therapist attitudes of empathy, congruence and unconditional positive regard are both necessary and sufficient for effecting therapeutic change in clients.

Friedson (1970) said that the application of diagnostic and therapeutic techniques is a fundamentally objective issue. Although lack of skill or unreliable instrumentation may cause error, there is no theoretical reason why well-trained doctors should not be essentially interchangeable since doctor subjectivity does not impact on diagnosis and treatment.

Medicines provide new life to the people. This is the source which heals or maintains health again. The whole process make a boundary between doctor and patient in which truth, honesty is needed to make sure that patient is in the hands of responsible person who know about his/her duty and responsibility. Dr Patch Adams (1998)

advocates that medicine should be a community effort but health is ultimately the individual's responsibility.

CHAPTER # 3

METHODOLOGY

Sociology – the comprehensive of social sciences- uses various methods of empirical investigation and critical analysis to develop and refine a body of knowledge about human social activity, often with the goal of applying such knowledge to the pursuit of social welfares. Sociology is methodologically a very broad discipline and applies both quantitative and qualitative research methods understanding human social phenomena. Quantitative designs approach social phenomena through quantifiable evidence, and often rely on statistical analysis of many cases (or across intentionally designed treatments in an experiment) to create valid and reliable general claims. Qualitative designs emphasize understanding of social phenomena through direct observation, communication with participants, or analysis of texts and may stress contextual and subjective accuracy over generality. This research will use both qualitative and quantitative research techniques for collecting and analysis of relevant data.

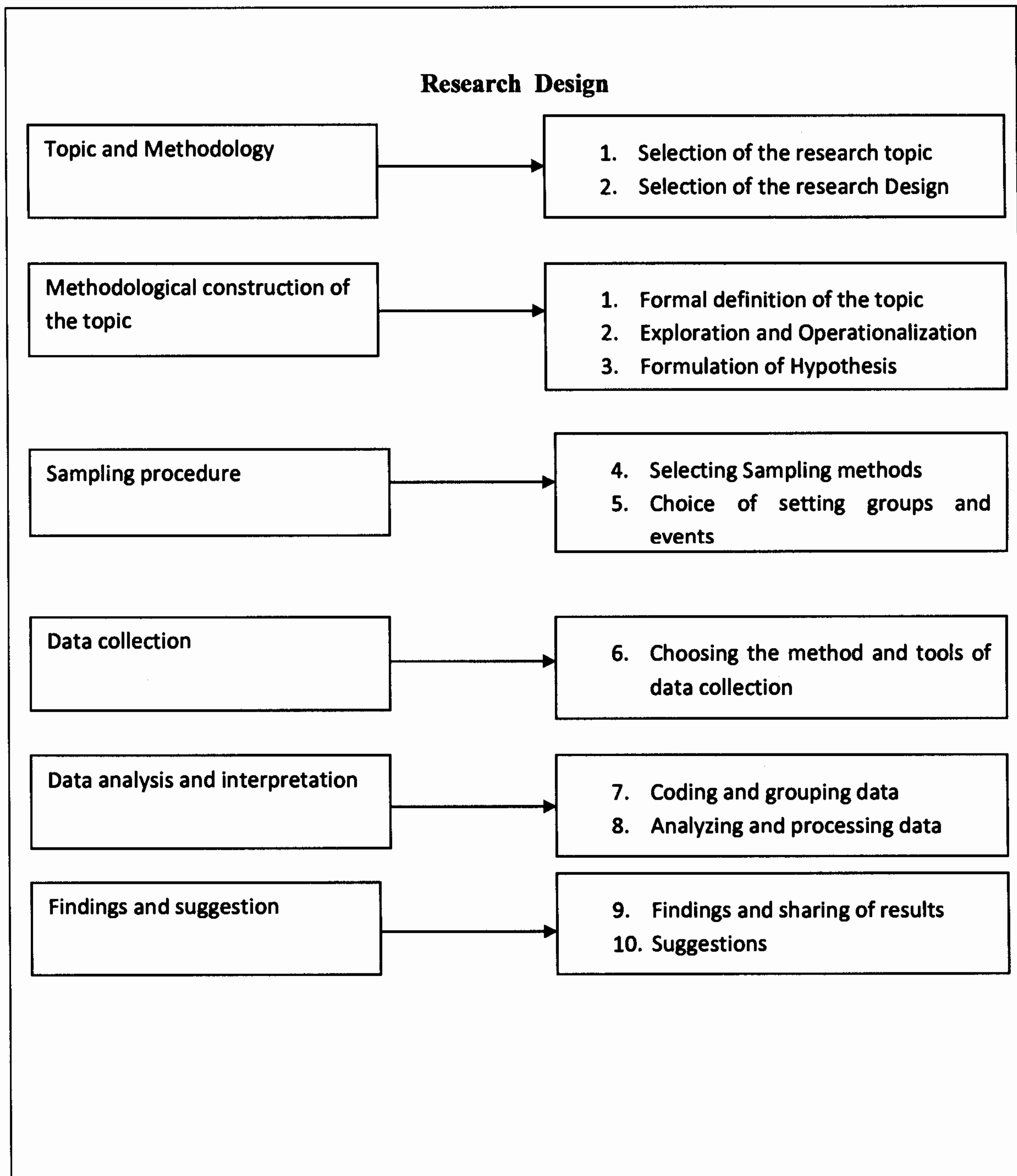
Methodology tells the researchers how and what steps need to be followed to collect the relevant data. Lay man confused methodology and methods. Methodology is the complete framework of the whole research activity. Methods, on the other hand, are the definite tools of data collection.

RESEARCH DESIGN:

There are various research designs which are used in social sciences. Qualitative and quantitative researchers conduct their research in different ways. Nevertheless, the overall methods they employ share the same general structure. Since research design

guides researcher to conduct the research study step by step ensuring that each step is completed before moving to the next. The current study is qualitative cum quantitative and followed the steps depicted in figure: 1

Figure: 1



3.1 Topic:

Critical Analysis of Doctor Patient Interaction in Public and Private Hospital

3.2 Research design:

In order to have systematic and deep understanding of the research topic, qualitative and quantative research design has been employed in this study (see figure -1)

3.3 Local of the study:

This study is restricted to district Jhelum. The researcher would further restricted the study to district head quarters. The head quarter is selected because people from across the district come to the head quarter for treatment.

For the quantitative part of the study, three hospitals: one public and two private hospitals were selected for data collection. As a matter of fact, the issue under research demanded to be understood from doctors and patients perspective, therefore, researcher further narrowed down the universe and focused only on patients of public and private hospitals.

3.4 Units of Data Collection:

To make the study more representative and comprehensive, the researcher divided hospitals into two broad domains: a) public sectors of hospitals where people go more and b) private sectors hospitals which are more expensive but people go in large number for treatment. Since the study integrated both qualitative and quantitative approaches, relevant data and information were gathered from the following sources:

- Doctors of public and private hospitals
- Patients of public and private hospitals

3.4.1 Sampling:

Studying and covering the entire study universe is not permitted by resources and time constraints. Therefore, the researchers in majority cases employ sampling technique. According to Neuman, sampling is a process of systematically selecting cases for inclusion in a research project. Sample then refer to the individual / unit of observation intended to represent the population to be studied.

In order to narrow down the population of this research, the researcher divided the population into two sectors of hospitals: public and private, researcher further restricted to study to patients of both sectors of hospital. Using random sampling technique, the researcher collected relevant data from respondents in four hospitals.

3.4.2 Random Sampling:

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The best and widely used technique in quantitative study is random sampling. Random sampling means when everyone in the population has the same and equal chances of being included in the study. The researcher randomly selected 200 respondents from the study locales and distributed questionnaires among them. So for the quantitative part of the study, data was collected from 200 respondents through structured questionnaire.

3. 5 Data Collection:

In social sciences data (plural of datum) means groups of information that represent the qualitative or quantitative attributes of a variable or set of variables. Data collection demands immense care and research skills. For the data collection of this research, great care was taken to ensure both validity (the extent to which operational definitions measure what they are intended to measure) and reliability (the extent to

which different studies come up with similar results). Data for this research was collected with the help of the following selected qualitative and quantitative data collection tools.

3.5.1 Observation:

Observation is one of the oldest methods of social research. It was initially employed by anthropologists. However, today it is proclaimed as one of the central techniques of social research. Thus, observation means the principle technique of gathering evidences where the researcher directly sense (sees but usually also hear) whatever is being researched. Observation can study all observable social phenomena. It has several forms / types such as a) participant observation; b) non-participant observation, c) structured and unstructured; d) open and hidden observation and many more (Benini 2000)

For the qualitative part of this research, the participant observation and structured observation were used. The researcher observed doctor attitude in the two types of hospitals. A list of standardized research questions with me. This technique enabled me to have deep scientific analysis of the topic under consideration for this research.

3.5.2 Case Study:

A case study is an in-depth study of one person. In a case study, nearly every aspect of the subject's life and history is analyzed to seek patterns and causes for behavior. The hope is that learning gained from studying one case can be generalized to many others. For the purpose of this research, for cases studies were conducted to better understand the issue under consideration.

3.5.3 Interview Guide:

Interview guide is the list of question that the researcher used to collect the relevant data. In this study the data collected with the help of interview guide. The researcher personally interviewed 200 respondents with a structured interviewed guide.

3.6 Data presentation and analysis:

After the data was collected a systematic analysis and presentation of it was made in chapter # 4. For doing this use both qualitative and quantitative techniques were used. Quantitative analysis involves crunching numbers and it is usually done for hypothesis testing. For the analysis of quantitative data, computer was used which facilitated me more than one ways such as time saving, reduction of large amount of data to basic pattern etc. The researcher used the widely Statistical Package for Social Sciences (SPSS). The analysized data has been presented in tabular forms.

3.6.1 Univariate:

The simplest form of quantitative analysis, univariate analysis, involve describing a case in terms of a single variable specifically, the distribution of attributes that comprise it.

3.6.2 Bivariate Analysis:

This is the analysis of two variables simultaneously. However, as with univariate analysis, the purpose of subgroup comparison is largely descriptive. Most bivariate analysis in social research adds another element determining relationship between the variables themselves. Thus, univariate analysis and subgroup comparison focus on the scribing the people (or other unit of analysis) under study, whereas bivariate analysis focus on the variables and the empirical relationship.

3.6.3 Chi- Square:

Chi-square test was applied to ascertain relationship between dependent and independent variables. The chi-square was computed by following formula:

$$X^2 = \frac{(O - E)^2}{E}$$

Where

O = Observed frequency

E = Expected frequency

∑ = Sum of observations

3.7 Finding and Suggestion:

The ultimate goal of a scientific result is the generalization of the study findings. In social science research, finding which are generalization to a considerably large number of situation and cases can only contribute to the knowledge base of social sciences practice. When a careful and systematic sharing with the large scientific community is made. Findings and suggestions are given in chapter # 5 of this research work.

CHAPTER # 4.A:

CASE STUDY

Age ______ 19 Years

Sex ________ Male

Case Study # 1: (Patient)

This case study is about 19 years old boy. He was suffering from tuberculoses. When he was child his parents get separation. He has two more brothers and he live with his grandmother from childhood since the separation of his parents. After some time his father and mother both remarried. His mother has gone to England to start new life. She takes other two sons with her but this son refuses to go with the mother because he does not want to leave his grandmother. His grandmother lives alone in a house with him, so from the beginning he did not get chance to be more social and make friends outside home. They were living in poor condition as no one was there to provide them with financial support. He starts working at the childhood and stop going to school after completing his 8th grade schooling. He first works in a local hotel at the age of 11 and after five years he went to Lahore to work in a chemical factory. In all his struggling period no one, even his mother and father, were not with him morally and financially. When he works in chemical factory he gets more money from the previous job of the hotel so he decided to continue doing work in this factory. He visits home on monthly basis to see his grandmother and gives her money. When he was working in the chemical factory after one year he find that his health is not like it was year before. He has become

weak but still he does not go for proper treatment. But one day when he was working in the factory, he faint while working his fellows take him to the doctor and doctor give some emergency treatment to him. He told doctor about his health condition but doctor do not take any serious action or any kind of medical tests to know about the cause of this situation. This might be the early stage f his current suffering from serious health problem due to the doctor irresponsible behavior. If at that time doctor do proper treatment, at first stage of the dieses it can be easy for doctor to do something for him. But doctor know that he is poor and he can't afford fees and all other expense of his hospital so he casually check him and give some medicines and then ignore patient. Day after day he becomes weaker with dangerous cough and then pain in stomach and whole body. At this stage, when he was not in a condition to tolerate any more he come back to grandmother who after seeing his miserable condition take him to the doctor of that area . Doctor check him and take tests which conform that he was suffering from T.B and also lunges infection due to more and hard work in the chemical factory. Doctor told his condition very serious. He tells them to admit him in his private hospital if they want him to see alive. They arrange some money and admit him in the private hospital but after 3 days when they don't have more money to pay hospital bill they have to get discharge from the hospital and after 2 days patient was shifted to public hospital for the treatment. In public hospital doctors do not give proper treatment to him and they come and check him in one minute and repeat the same medicine again and again. There is no betterment in his condition. Doctor gives some cheaper medicines from the hospital medical store and prescribed expensive antibiotics which they have to buy from the private medical store. Now this patient is still in the public hospital with no proper treatment by the doctors just because he is poor and can't afford to come to private hospital. His family members ignore him properly and they are not ready to take him with them to England as he is in

critical health position. They are giving him money but it's not sufficient for the treatment. One of his relative has also written about his condition to the factory where he works but they haven't replied in positive way. Now he is only God's mercy. Grandmother is waiting that someone will come and pay the fees of private hospital and her grandson will be recover soon from this disease.

Case Study # 2: (Patient)

Age ______ 32 Years

Sex _______ Male

This case study is of a patient who is mental unfit just because of the doctor's negligence and carelessness. His parents get divorce at that time when he was one year of age. He is the only child. When his age reached 3 years his father got the custardy of him forever as his mother is going to remarriage. All the time he spends with grandmother and aunts, who love him so much. They always want to see him in front of them. One day he listen that his father is going to remarriage. He became happy that he will have mother who will love him. One day he visited with his father to his stepmother home. Now it's her duty to go with father but one day his grandmother and some relatives told him not to go with father because this is not good for him, may be someone will kill him if he goes to the stepmother home. This is the time when he loses the friendship, faith and love of his father. Father also hasn't pays much attention that his son is going away from him,

now he has become closer to grandmother and aunts. One day his father remarried and starts new life and now his father full attention is on new wife and ignores him completely. When he was six year of age he has step brother felt that the father is no more him and the stepmother is not good so he starts thinking negatively about father and his new life. When he was 9 year of age his one aunt married and go to other city this was the 1st time he felt that he has lost someone very special than his next aunt married and again his feeling was same and this time he felt more bad because now grandmother was becoming old and could not give him proper time. When he was 14th year of age one day he passed near psychiatrist clinic and he felt that this will solve his problem that, he was feeling something is going wrong with him. He took appointment of that psychologist and met him. This was the first wrong step he took at the age of 14th, where psychologist miss guide him and did not give him the treatment which he needed. There were some relaxation medicines which he took for long period of time. At the age of 16th he changed 3 psychiatrist and all of them just relay on the treatment by medicines which were very heavy potential and they have lots of side effects on him, like mentally disturbance and sexual problems. When he became 20 years old he joined group of people who use drugs. As he was already using those medicines he also lost conciseness. At this stage his father noticed him and talk to him about this problem but now as he was far away from father he did not listen to him and ignored him properly. He made his mind through that whatever his father told is by his step mother. His grandmother told him and again he started taking exams of F.A. At the 22, he realized that something is missing and going wrong in his life. He has all medicines all treatment by religious people but can't get effect by anyone. Here wrong thing is that he needs a guide line in his life which was missing from the start of his life. But all psychiatrist miss understand him and they clear that he is mad and he needs medicines and other treatment which is required for mental patients. When he was

25 his father and other family member and psychiatrist suggest him to marriage. All convince him and after some days he said yes to marriage, when girls family know all this they consult all psychiatrist under whom observation he was. They all said he is ready for marriage and he has no problem. But again all miss judge him and his marriage over after 6 months. His wife was not happy with him and they divorce. Here again he lost in life and again come to medicines given by the doctors. His family members totally leave him and he was alone. One day he found a lady who was a lawyer and she took him home and he starts living and working for her. He has done civil angering and has good pay from this work. That lady took him to psychologist and this was the right step for him that changes his life completely. They stop all the medicine he was using for long time, it was not easy for him but now he has in mind that he has family, he is important for someone. Psychologist give him new life that now he is comfortable with talking and facing others. Now he has all positives thinking just because he has stopped all these medicines which were like drugs to him, and spoiling him inner and outer. Now he wants to live a new life and he is trying to overcome all his weakness. This story shows that at the beging psychiatrist have dive zone proper treatment of him and do not give him medicines and starts therapy of his mind he cannot face all problems in life which he has. Just because psychiatrist doesn't understand his problem they do whatever they want. Patient life is in the hands of doctor after God so they should do treatment with responsibility. This patient found old lady who guide him and give him love care affection which he needs from childhood.

Case Study # 3: (Patient)

Age ______ 24 Years

Sex ________ Female

This case is of a female respondent of private hospital. She is of 24 year age now and when she was 15 her mother married her just because she think that it's better to married girl when she become fifteen year of age. This family belongs to rural area so they were not educated and they don't have knowledge. This family consists of nine children and their mother and father who was worker at the lands of landlord of that area. His family income was just five thousand which is not enough to run family consists of eleven people from which six are female children. From the childhood she mostly become ill because she was very weak and she do lot of work at home and take care of her other brother and sisters. Whenever she told about her illness to mother she ignore her completely and do not take her to the doctor for medical checkup. She suffers from blood pressure and at very first stage of the illness and sometimes vomiting in summer season. When her condition became out of control her mother give her medicine which she brought from the landlord wife. After some days she again has the same problem and again her mother does not take her to hospital. Her condition became worse day by day. One day when she was working she fainted and then her mother takes care to the Baba Jee who was famous for doing treatment of young girls in that area. He told that some bad spirit has gone into the body of her daughter. And that man start doing his own treatment from which her mother was very happy that she will become fine soon. After two months of doing this she does not recover from illness. In this process her mother takes her to the home of the police officer of area for their house work. When this girl become at the age

of fifteen her family decides to marry her because they think it will be good for the family as one member will be less. They marry her with a men who was older then her and had four children before from his first wife. This girl told her mother that she does not want to marry but mother do not listen to her. She herself know that she is suffering from bad health condition which is not good for her married life and she also told this fact to her mother but mother said that after marriage she will become all right and every girl become healthy after marriage. But she fails to convince her mother, when she saw that mother is not willing to listen anything she said that, she will get married but first take her to the doctor. Again mother no not agreed and her marriage fix with that person after fifteen days. She married and after some days she still has the same health condition which she suffers before, she told her husband but he was not interesting to take her to doctor. She gave birth to one child and she also work in house of an officer. One day when she was working when she became faint while working and this was the day which change her entire life that is the lady take her to the doctor in this condition and there doctor told her that she is in bad health condition which is not even good for the coming child. She told doctor whole story from the day first she feels this problem. Now she was proper patient of blood pressure which is dangerous for her health and she also suffer from some other female problems which her mother ignore in her early stage. Doctor gave her medicines and done some of her tests, after that she gets medicines so that she can feel better and have good health but it was not possible to have healthy life so soon. She knows the problem herself so she completely trusts on doctor advice and treatment because she know that only medical treatment can give her life back and she can give birth to child without any big complications. Her husband and mother wants to stop her but know she does not listen to them and take medicines regularly. Day after day doctors see improvement in her body condition and control on blood pressure. This case shows

that doctors can give back human life so that they can live healthy life again. This case shows the importance of doctors and medical knowledge. People who don't have awareness about medical science they suffers from minor disease but due to unawareness and lack of information they suffers bad health issues which sometimes can take their lives.

Case Study # 4: (Doctor)

Age ______ 45 Years

Sex ________ Male

During research, researcher has found a doctor of public hospital who also works in his private hospital. Who has done MBBS (Bachelor of Medicine and Bachelor of Surgery). He belongs to family who has business of carpet making and they earn money which was enough for their family, they live in joint family system. He was younger from four children, and very good in studies so after matric his father told him to have subject of science group because they want that he should become doctor. From that he makes his mind that he has to become doctor as this is his family wish. He work hard and get good results and then he gets admission in University of the Punjab, Allama Iqbal Medical College Lahore. After completing he done house job and came back to city Jhelum where his family was waiting for him, his father was happy that now people will called him father of a doctor. He then went to U.K for specialization and came back after eight year working and studying in U.K. He came back and joins DHQ in Jhelum. He work there one year and then decided to make clinic where he can work as private doctor, and can earn more money because in public hospital he don't get chance to take fees according to his will from patients. He knows that now people trust on him and they majority come to him for the treatment so this thing benefits him and after one year more in small clinic he

build hospital in city Jhelum, where he take more fees and provide time and all facilities to patients under one roof. So that they feel comfortable and again and again come to this hospital for checkup. Now he has all facilities like x rays machine, ultrasound machine, and some machines for exercise of the patients. He married to doctor who also work in the same hospital with other members and staff of the hospital. It's good to have big and hospital which has all medical facilities in city Jhelum but doctors take too much fees that poor cannot afford the fee.

CHAPTER # 4.B:

DATA ANALYSIS AND PRESENTATION

In this chapter, the research focuses on the analysis and presentation of relevant data collected from the study locale. Since the study is located in quantative research, therefore, SPSS was used for analysis of primary data. The data then has been presented in tabular form with explanation, description and interpretation. Keeping in view the objectivity of the study, the research has tried to present data without incorporating her liking and disliking. However, at the end of each explanation below the table, the researcher has deconstructed the statistics which depicts the researcher personal opinion and more or less subjective approach.

The Chapter consists of twenty one tables. Each table represents statistical and descriptive information. The chapter also carries four case studies which were conducted to have more deep and better understanding of the phenomena under consideration.

TABLE#4.1:

Gender Status of the Respondents

Gender	Doctors		Patients	
	F	%	F	%
Male	16	80	71	39
Female	4	20	109	61
Total	20	100	180	100

Table 4.1 shows the gender status of the respondents, both doctor and patients.

For the purpose of this study, 20 doctors were randomly selected and interviewed. Majority (80%) of the doctors were male. Only a small number, 4 (20%) of the doctor were female. Moreover, 180 patients were interviewed under the study. A great majority (61%) of the patient respondents were female whereas (39%) were male.

Interpreting the data given in table 4.1, it is argued that public domain is still male dominated as 80 percent of the doctors in the study locale were male. Female also are considered majority are invisible or in very less number. It can also be asserters that women get more health issues than men as 61 percent of patients were female.

TABLE # 4.2:

Age of the Respondents

Age Status of the Respondent	**Frequency**	**Percent**
15------30	78	43
31------45	56	31
46------60	32	18
61------75	12	7
76-----90	2	1
Total	180	100

Table no 4.2 shows age status of the patient respondents.

Table reveals that (43%) of the respondent were between the age group 15 to 30, (31%) were 31 to 45, (18%) between 46 to 60 age, (8%) were between 61 to 75 of age group.

Interpreting information given in table 4.2, the researcher argue that majority of the patients were from 15 to 30 years of age, it means that illness ratio is more in the young people and small number of patients are those who were 61 because mostly people die at this stage of life or become chronic who are then provided care at home.

TABLE#4.3:

Marital Status of the Respondents

Patient		
Marital Status	**Frequency**	**Percent**
Married	95	53%
Unmarried	61	33%
Widow	14	8%
Divorce	10	6%
Total	180	100%
Doctor		
Marital Stat	**Frequency**	**Percentage**
Married	18	90%
Unmarried	1	5%
Any Other	1	5%
Total	20	100%

Table 4.3 shows the marital status of the respondents patients and doctors in public and private sector hospitals.

The table shows that (53%) patients were married, (33%) were unmarried, widows were (8%), and divorce patients were 6 percent. It is evident that the percent of married patients were more as compare to unmarried female and male.

Interpreting data given in table 4.3, Researcher argue that people who were married they become more ill then those who were unmarried, as majority of the

respondents were female which shows, that married female suffer from health problem more than men. This can be due to the fact that marriage put more responsibilities on women's shoulders with unfulfilled expectation from in-laws and husbands.

This table also depicts the marital status of the doctors respondents. The table shows that majority (90%) of the doctors were married, (5%) unmarried, and (5%) were either divorce or widow.

Interpreting data given in table 4.3, the researcher argue that mostly doctor were married it's because when they join this profession their marriage chances become more easy for them, as they complete their education and start running the family.

TABLE # 4.4:

Educational Status of the Respondents: Patient

Categories	Frequency	Percent
Illiterate	40	23%
Literate	140	77%
SSC	42	23%
F.A	44	24%
B.A	40	22%
M.A	14	8%
Total	180	100%

Table 4.4 shows the educational status of the patients respondents.

The table reveals that 23 percent of the respondents were illiterate and 77 percent were literate. This mean majority of the respondents were educated. Education level of respondents in this table shows that 23 percent patients were SSC, 24 percent were F.A, 22 percent patients have done B.A, and 8 percent had education of M.A level.

Interpreting statistics given in table 4.4 the researcher argue that education is the key source of providing awareness to people. In this research, the researcher found that respondents who were educated always consult doctor whenever they face health problem because they believe that doctors are who know best about human body and its function. The data clearly shows the difference that illiterate don't consult doctor at early stage of the heath problem, no matter what the nature of the health issue is.

TABLE#4.5:

Respondents' Occupation: Patients

Respondent Occupation	Frequency	Percent
Government Job	18	10%
Private Job	80	44%
Business	14	8%
Any Other	68	38%
Total	180	100%

Table 4.5 shows the occupational status of the respondents.

The table demonstrates that 10 percent of respondents were public employee, 44 percent were in private job, 8 percent were having their own business and 38 percent respondent were related to other occupations.

Interpreting figures given in table 4.5, it is asserted that it is very difficult for all people to have treatment from private hospitals due to high fee and expansive treatment. As it's shown in the table that majority of the patients respondents were related with private jobs that is (44%) and vey less number of the respondents were Government employees. People who were in private jobs mostly were female teachers in private schools, who are under paid. So they also can't able to get treatment from the private hospitals for long and those who are government employees also get less salary and mostly go to public hospitals for the treatment. Only those who have their own business or those who work with big private sector organization get enough money to afford the expense of private hospitals.

TABLE # 4.6:

Family Income of the Respondent: Patient

Family Income	Frequency	Percent
1000-20000	133	74
20001-30000	22	12
30001-40000	18	10
40001-50000	4	2
50001-60000	2	1
60001-70000	1	1
Total	180	100

Table no 4.6 shows income of the family of the patient's respondents.

It shows (74%) of the respondent have 1000 to 20000, (12%) have 20001 to 3000, (10%) have 3001 to 40000(2%) have 40001 to 50000,(1%) have 50001 to 60000 and (1%) more have 60001 to 70000 of family income.

Interpreting data given in table 4.6, the researcher argue that majority (74%) of the respondent fall in the category that they have less income and they were not able to afford the expenses of private hospitals. The data also shows that people who were poor they mostly go to public hospitals for the treatment. Because there doctor fees is less and also get some of the medicines from the hospital store. Number of people who were rich was less because it's not possible for all to have good jobs, business or other sources of earning more money also found that people those who can't afford private hospital they

get debts from other people to go to the private hospital for treatment because in public hospitals doctor do not pay attention when they check patients.

TABLE#4.7:

Joining of Medical Profession

Variable	Frequency	Percent
Personal Choice	13	65
Family Wish	7	35
Total	20	100

Table no 4.7 demonstrate the motive and force which became the wish for doctors' joining the medical profession.

The data reveals that 65 percent of the doctors said that have joined the medical profession by their own choice. However, a considerable majority, 35 percent, told that have joined the medical field on their family wish.

Deconstructing statistics, it is very ironic that people join a sensitive field, such as medical, not on their choice but on the wish of the family which, then, ultimately lead to many serious quality sacrifice and negligence in the health services, even some time at the lost of human life.

TABLE # 4.8:

Experience and Satisfaction Level of the Patients in Hospitals

Variable	Public Hospital		Private Hospitals		Total
	Yes (%)	No (%)	Yes (%)	No (%)	
Received Medicine from Hospital	60 (67%)	30 (33%)	29 (32%)	61(68%)	180 (100%)
Satisfied with Communication Style of Doctor	64 (71%)	26 (29%)	88 (98%)	2 (2%)	180 (100%)
Comfortable During Consultation	59 (67%)	31 (33%)	80 (89%)	10(11%)	180 (100%)
Satisfied Time	51 (57 %)	39 (43%)	78 (87%)	12(13%)	180 (100%)

Table no 4.8 demonstrates the experience and satisfaction level of the patients in both sectors of hospitals.

The results show that 49 percent patients received medicines from hospital and 51 percent said that they did not get any medicines. The table shows that 84 percent respondents were satisfied with the communication style of the doctor and 16 percent were not satisfied. The table further reveals that 77 percent of the respondents were comfortable during consultation with the doctor where as 23 percent were not comfortable. The last part of the table depicts that 71 percent patients were satisfied with the time doctor gave to them where as 29 percent were those patients who were not satisfied with the time doctors spend on their medical examination.

TABLE # 4.9:

Doctor Patient Interaction during Medical Examination

Variable	Private Hospitals		Public Hospital		Total
	Yes (%)	No (%)	Yes (%)	No (%)	
Eye Contact	68 (76%)	22 (24%)	51 (57%)	39 (43%)	180 (100%)
Prepared list of Question	34 (38%)	56 (62%)	24 (27%)	66 (73%)	180 (100%)
Talk about Work Routine	60 (67%)	30 (33%)	45 (50%)	45 (50%)	180 (100%)
Treatment by yourself before going to doctor	41 (46%)	49 (54%)	54 (60%)	36 (40%)	180 (100%)
Tell illness History	88 (98%)	2 (2%)	82 (91%)	8 (9%)	180 (100%)

Table no 4.9 shows doctors and patients interaction during medical examination in government and private hospitals.

Eye contact is very important in any conversation. This reveals that how much a person is attentive towards you. Same is the case in doctor patient conversation. In private hospitals, respondents said that 76 percent doctor have eye contact with them and 24 percent patients respondents said that doctor do not make an eye contact with them. (57%) respondents of government hospital said that doctor do have eye contact with them while checking and (43%) said that doctor do not make eye contact with them. This table also reveals that 38 percent patients in private hospitals do make list of question to ask from doctor and 62 percent do not make any list. It also revealed that 27 percent patients of government hospitals make list of questions which they want to ask from doctor and (73%) said that they do not prepare any list of question before coming to doctor for treatment. In private hospital doctor give more time so patient had opportunity to tell doctor about the work which is done by him or her 67 percent said that they tell doctor

about their work routine as 33 percent told that they do not tell such details. Table also shows that 50 percent of the patients in government hospital tell doctor about their routine work which they do and 50 percent do not tell doctors about their work activities. It's important for a doctor to know about the work or activities that the patient performs in everyday life. 46 percent respondent of private hospital said that they do treatment at home before coming to doctor whereas majority 56 percent told that they do not try any kind of treatment at home. Comparing government sector majority 60 percent respondents of government hospitals told that they do try treatment at home and 40 percent said that no they do not do any kind of treatment before coming to doctor because they believe that doctors know human body better than anyone else. The table's result shows that 98 percent patients of private hospital tell illness history to the doctors only 2 percent hide health information and illness history. Majority 91 percent of government hospitals patients also tell illness history to doctor and only 9 percent do not share illness history with the doctors.

Interpreting statistics given in table 4.9, the researcher argue that doctors need to have eye contact with patients during examination of the patient because when doctors have eye contact patients feel that doctors give them attention. This also mentally satisfies the patients. When patients come to doctors for any kind of treatment, people due to poverty and women due to their dependency on male do self treatment before coming to doctors. The practice is more among patients in government hospitals and also among women.

TABLE # 4.10:

Doctors Provide Relevant Answer and Appropriate Time to the Patients

Variable	Doctors Provide Relevant Answer and Appropriate Time to the Patients.				
	Public		Private		Total
	Yes %	No %	Yes %	No %	
Doctor Provide Relevant Answer	67 (74)	23 (26)	85 (94)	5 (6)	180 (100%)
Doctor Provide Appropriate Time	47 (52)	43 (48)	79 (88)	11 (12)	180 (100%)

Table 4.10 shows doctors and patients interaction in public and private sector hospitals.

Unfolding the opinion whether doctors provide relevant answers to patients quarries, it was revealed by field data that doctors in private hospitals satisfy patient question more than in public sector hospitals as data depicts 94 percent in the case of private hospitals and 74 percent in public sector hospitals. However, it is encouraging to know that overall 84 percent of the respondents agreed that doctors satisfied their questions irrespective of private and public sector doctors.

The table further reveals the comparison of time spent on one patient checkup in private and public sector hospitals. Comparing the responses it was found that respondents (patients) of the private hospitals were more satisfied from the time alloted to them by doctors as compared to patients in public hospitals as data shows 88 percent in case of private hospital and 52 percent in case of public sector hospitals. This mean that

doctors in public sector hospital do not give proper time to patients due to many reasons such as less number of doctors and more patients, lack of monitoring of doctor by the hospital authority and more prominently by the absence of the sense of responsibility among doctors.

TABLE # 4.11:

Respect of the patients' Body and Feelings (Comparison of Public and Private)

Categories	Yes (%)	No (%)	Total
Public Hospital Doctor	69 (77)	21 (23)	90 (100%)
Private Hospital Doctor	87 (97)	3 (3)	90 (100%)
Total	156 (86)	24 (14)	180 (100%)

Table no 4.11 depicts the respect and care given to the body and feelings of the patients by doctor.

A great majority (77%) of the patients of public hospitals said that doctors do respect his/her body and feelings where as 23 percent said doctors do not behave well with them. As it is known that in private and public hospitals, we can see clear difference in all fields and also in the behavior of the doctor. Majority (97%) patients of private hospitals revealed that doctor respect their body and feeling.

Interpreting facts given in table 4.11, the researcher argue that respect is what everybody right so doctor should also give respects to patients and do not do any kind of discrimination among patients. As it is known that in private hospital doctors show much respect to patients because they know that if patient feel comfortable s/he will visit the hospital again for treatment. It is medical ethics that the doctor should provide full respect and along with medical treatment and should also understand and care for the patient feelings.

TABLE#4.12:

Medical Checkup of Patients

Variable	Public Hospital	Private Hospital	Total
Doctor	75 (83%)	87 (97%)	162 (90%)
His/her Assistance	10 (11%)	0 (0%)	10 (6%)
Nurse	5 (6%)	3 (3%)	8 (4%)
Total	90 (100%)	90 (100%)	180 (100%)

Table 4.12 demonstrates the medical checkup of patient by the hospital staff.

This table shows that (90%) patients are checked by the doctor him/herself, (6%) are checked by doctor assistance and (4%) by nurses.

Interpreting figures given in table 4.9 the researcher argue that its doctor's duty to check all patients him/herself because of his/her specialization and responsibility. However, s/he may get the assistance of nurses and other medical staff.

However, it is reported by a few (10%) respondents that staff other than doctor make medical examination of the patient which may be, i argue, due to lack of check on doctors duty or absence of the doctors from their duty.

TABLE#4.13:

Explaining of Medicines to Patients

Respondents	Yes	No	Total
Doctors	20 (100%)	0 (0%)	20 (100%)
Patients	133 (74%)	47 (26%)	180 (180%)

Tale no 4.13 shows that doctors' and patients' responses on the issue of medicine explanation to patients.

This table depicts 100 percent doctors said that they explain medicine to patient which they prescribed. However, the patients revealed difference findings as 74 percent of the respondents (patients) said they were explained medicine by doctors.

Looking into responses of patient and personal observation, it is asserted that neither doctors do explain medicine to the patient in detail nor the patients ask doctors for the function and purpose of the medicine. This shows the doctor power over the interaction and lack of autonomy among patients on the treatment process.

TABLE#4.14:

Patient Interaction with Doctor

T Variable	Frequency	Percent
Freely	15	75
Hesitation	5	25
Total	20	100

Table no 4.14 shows patients interaction with doctor in the two type of hospitals.

Patients should not hide any kind of health related information from doctors. The results show that 75 percent patients explain everything freely to doctor and 25 percent feel hesitation.

Interpreting statistics given in table 4.14, the researcher argue that in treatment process it's important for doctor that patient should tell all about illness and answer truly to the question of doctor so that doctor can do proper treatment. It was found that mostly female patients do not feel comfortable to tell every information about body and personal history to doctors but in some case even male hide information from doctors. It can be due the reasons that in some cases patient get scary if he/she tells about problem to doctor. It will harm him/her personally. The cultural factors speak high in this connection as people in general and female in particular feel shy to share private information with doctors.

TABLE#4.15:

Receive Mobile Call during Checkup of Patient

Variable	Public Hospital		Private Hospitals		Total
	Yes (%)	No (%)	Yes (%)	No (%)	
	4 (35)	7 (65)	3 (33)	6 (67)	20 (100%)

Table no 4.15 demonstrates the use of mobile by doctor during medical checkup of patients.

The data shows that majority (65%) of the doctors do not use mobile during medical checkup of the patients. However, a considerable number, 35 percent of the doctors do use mobile as revealed by them.

Looking into the statistic, it is asserted that there always exists a gap between reality and ideal situation. It is, therefore, vividly clear that a level of carelessness exist in the medical profession as mobile use during medical examination of the patient may lead to wrong prescription of medicine which in many case become the death cause.

TABLE#4.16:

Visiting and Consulting Doctor by Male and Female

Variable	Public Hospital	Private Hospitals	Total
Male	1 (9%)	1 (11%)	2 (10%)
Female	9 (82%)	8 (89%)	17(85%)
Both	1 (9%)	0(0%)	1(5%)
Total	11 (%)	9 (%)	20 (100%)

Table no 4.16 shows the ratio of male and female patient from doctor perspective. The findings revealed that majority (85%) doctors said that female visit hospitals for medical treatment more than male. Only 10 percent of the doctors said that it is the male segment that visits more.

Comparing the findings with table 4.1, it is asserted that female get more health problem as compare to male. Majority in the hospitals were female patients. Other than those present in the hospitals, here are many more who are getting self medication and still dealing with the diseases themselves without consulting hospital. The reason is women's illiteracy and lack of proper nutrition and knowledge.

TABLE#4.17:

Doctor Advice to Visit Again

Categories	Advise for Visiting Again		
	Yes %	**No %**	**Total**
Public Doctor	63 (70%)	27 (30%)	90 (100%)
Private Doctor	83 (93%)	7 (7%)	90 (100%)
Total	146 (81%)	34 (19%)	180 (100%)

Table no 4.17 shows doctor's advice to the patients for checkup again in public and private sector of hospitals.

This table tells us that majority (70%) of public hospital patients revealed that their doctors advised them to visit again for checkup where as 30 percent said that they were not advised by their doctor to visit again for medical checkup. In private hospital, 93 percent patients said they were asked by the doctor to visit again for the checkup whereas 7 percent said they were not advised for second visit.

Looking into the statistics given in the above table, many meaning can be inferred such as asking patient to visit again and again is, researcher assert, a part of the private hospitals strategy to keep their business smooth. Second, it can be due to the follow up of the patients health to reach the final destination of perfect health.

TABLE#4.18:

Patients' Perception of an Ideal Doctor

Variable	Frequency	Percent
Helpful and Kind	41	23%
Expert in Medical Field	67	37%
Soft Spoken with Good Communication Style	46	26%
Punctual and Responsible	26	14%
Total	180	100%

Table 4.18 shows the qualities of an ideal doctor which every patient wants in his/her doctor for medical checkup.

This research revealed that majority (23) patients declared the ideal doctors as the one who is helpful and kind, 37 percent said that a good doctor is the one who is expert in his/her field, 26 percent told that doctor must be soft spoken and must have good communication style, whereas 14 percent said s/he must be punctual and responsible.

Interpreting statistics given in table 4.18, the researcher that when someone become ill or has any kind of health problem, s/he wants that doctor do something so his/her problem can be finished. While going to any doctor it's in the hand of the patient to s/he chooses doctor on the base of which quality. As table shows that majority (37%) of the respondents says that an ideal doctor is the one who is expert in medical field. It's very important for doctor to have full command of his/her profession because it is great responsibility on doctor's shoulders. Doctor must be humble and polite so that the

communication level between doctor and patient can be in good and effected relationship. Patients also required that doctor should come on time in the hospital and doctor should be kind and helpful because patients who are poor can't afford heavy fee of the doctors, especially in private hospitals.

TABLE # 4.19:

Patients Satisfaction with the Time Spend by Doctor on Medical Examination

Variable	Satisfaction with the Time of Medical Checkup		
	Yes	No	Total
(Number) Percentage			
Gender Status of the Patient Respondent			
Male	46 (65%)	25 (35%)	71 (39%)
Female	83 (75%)	26 (25%)	109 (61%)
Total	129 (73%)	51 (27%)	180 (100%)
Chi-square: 2.732	DF: 1		Significance level (SL): .098
Lambda: .000	Standard Error: .000		Approx. T: 000 SL: .000

Table 4.19 reveals the relationship of satisfied time patients gets from doctors with gender status of the patients respondent.

Table shows that majority (65%) of the male respondents get satisfied time from doctors for their medical checkup and majority (75%) of the female get satisfied time from the doctors. There is a relationship between satisfied time of the doctors and gender of the patients. Similarly, Chi-square and lambda statistics values at 1 percent significance level confirm the existence of such relationship between both variables.

TABLE # 4.20:

Patients Satisfaction from the Doctor Communication Style

Variable	Relevant Answers provided by Doctors (patients)		
	Yes	**No**	**Total**
(Number) Percentage			
Communication Style of Doctors (patients)			
Yes	144 (95%)	8 (5%)	152 (84%)
No	8 (29%)	20 (71%)	28 (16%)
Total	152 (84%)	28 (16%)	180 (100%)
Chi-square: Value 78.802	DF: 1	Significance level (SL): .000	
Lambda: Value .429	Standard Error: .137	Approx. T: 2.491	SL: .013
Gamma: Value .957	Standard Error: .024	Approx. T: 5.166	S.L. .000

The table shows the relevant answers given by the doctor and communication style of the doctor.

In this table a high majority, 152 (84%) irrespective of their communication style gave relevant answers to their patients. Mostly patients feel that doctors provide relevant answers because doctors gave them proper time and listen them carefully. A less number of respondents disagreed and said that doctors did not provide them relevant answers.

Looking into statistical analysis along the axis of communication style of the doctors. Majority 144 (95%) patients agreed that doctors communication style was satisfactory Very less number 8, (5%) disagreed that doctors communication style was not satisfactory and they did not provide relevant answers to the patients quarries. Similarly,

Chi-square, Gamma and lambda statistics values at 1 percent significance level confirm the existence of such relationship between both variables.

TABLE # 4.21:

Eye Contact of the Doctors by Comfortable level of Patients

Variable	**Eye Contact of the Doctors**		
	Yes	**No**	**Total**
(Number) Percentage			
Comfortable level of the Patient with Doctor			
Male	70 (63%)	42 (37%)	112 (62%)
Female	33 (86%)	6 (14%)	39 (22%)
Both	16 (55%)	13 (45%)	29 (16%)
Total	119 (66%)	6 (34%)	180 (100%)
Chi-square Value : 8.161	DF: 2	Significance level (SL): .017	
Lambda: Value .020	Standard Error: .013	Approx. T: .017	SL: 028

This table shows eye contact of the doctors with patients during medical examination and comfortable level of the patients with doctors.

It shows that 63 percent of the patients were comfortable with male doctors having eye contact with them while medical checkup and 86 percent were comfortable with females doctors to have eye contact with them, it might be due to the fact that majority of the respondents were female patients. It also depicts that 55 percent of the respondent were comfortable with male as well as with female doctors and have eye contact with them. There is a relationship between eye contact of the doctor and gender of

the doctors. Similarly, high Chi-square and lambda statistics values at 1 percent significance level confirm the existence of such relationship between both variables.

CHAPTER # 5

SUMMARY/ FINDINGS, DISCUSSION AND SUGGESTION

In this chapter, the researcher is going to wrap up this research study and share the findings with social scientists as well as policy makers.

This study is conducted with reference to Pakistani society under the title "Doctor Patient Relationship in Public and Private Hospitals.

After extensive review, relevant data was collected through appropriate research methods (discussed in detailed in chapter # 3). The data was analyzed with the help of statistical package for social scientist (SPSS) and presented in chapter # 4 with description. The main findings of the study are summarized in the succeeding text.

5.1 Findings:

The finding of the study illustrated gendered health in Pakistan. As a matter of fact, the causes of many illness remain uncertain and vary from society to society and are encounter by male and female differently. However in this study was found that female get more health issues as compare to male. This is vividly clearly by the data as 61 percent of the patients were female.

Not only access to health is gendered but also the field of medicine is gendered as 80 percent of the doctors in the two types of hospitals were male. This is what I call male in the public domain.

The study further depicts that majority (53%) of the patients were married which reveals that married people get more health problem than unmarried at certain age.

The finding further reveals that dealing with health issue in our society is based on sexism. Sexism in health means the discriminatory treatment of women by the family and doctors in term of ignoring women's health concern. This is evident from the result as 71 percent of the female told that they practiced self medication before coming to hospital. This aspect is not only sexist but also elitest as majority (54%) told that they do not practice and majority (60%) of the government hospital patients told that they do practice.

Follow up of disease is an important setup in getting good result of the treatment. The researcher found that (70%) doctors of Government hospital advised their patients to come again for medical examination where as doctors in private hospital in majority case (93%) advised their patient to come again for checkup. This is encouraging if exist in spirit and theory.

However, in the case of private sectors doctors, it seems more as business then concern for health of the patient.

Proper explanation of medicine use is more important in the treatment process. It is encouraging in the case of private hospital as 100 percent of the doctors told that they explain to patient the purpose and usage of medicine where 74 percent of the patients claimed this practice.

Majority (98%) patients in private hospitals and 91 percent in the government hospitals revealed that they share private information and history their illness with the doctors. This is encouraging as this help doctors to provide good and correct treatment.

Similarly, majority (76%) of the patients in the private hospitals and 57 percent in the government hospitals told that their doctors do have eye contact with them during medical checkup.

5.2 Suggestions:

- Government should develop a uniform health services to all citizen on the modern standards and should ban private practice. This will ensure human health issue is a serious concern not a business.
- Women health movement should be launched to address the issue of sexism in medicine, both in the hospital as well as in the family by highlighting the importance of gender in health research and treatment.
- Women health centers and national women health policy should be devised and implemented.
- Doctors should be trained in the cultural and communication studies along their medicine so that they be in good and professional interaction with the patient.

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APPENDICS

Critical Analysis of Doctor Patient Interaction in Public and Private Hospitals

INTERVIEWGUIDE

Q1.Personal Information of the Respondent:

Age	Sex		Family Type			Marital Status		
	Male	Female	Nuclear	Joint	Any other	Married	Unmarried	Any other

Q2.Educational Information of the Respondent:

Your Qualification				Your Husband's/wife's Qualification					Your Husband's/Wife's Occupation			
MBBS	FCPS	FRCS	Any Other	SSC	F.A/FSC	B.A/BSC	M.A	Any Other	Govt. job	Private job	business	Any Other

Q3.How did you become doctor?

A) By your choice B) By family wish C) By teacher advice D) Any Other

Q4.How many patients do you check per day in the hospital? ---

Q5.How much time, on average, do you give to a patient? -------------------------

Q6.Do you do private practice?

Yes	No

If yes, how many hours and patients do you check per day?

Q7.How much time do you spend on one patient ---

Q8.Do you listen to the patients when s/he wants to share the history of his/her problem? (a) Yes (b) No

If yes, do you think people explain freely or feel hesitation?

Q9.What do you think why people opt more for private hospital?

____

____

Q10.Do you have any concession for poor patients?	Yes	No
Q11.Do you explain medicine to your patients the causes of their problem?		
Q12.Do you explain medicine to the patient?		
Q13.Do you recommend poor patient to get medicine from the hospital store?		
Q14.Do you attend mobile calls during patient's check up?		
Q15.Do you ask your patient to visit you for check up again?		

Q.16.Are you working as local doctor or you are from outside?

____

Q17.Who visits you more?

Male	Female

Q18.What is the limit of patient to be checked as per the OPD requirement? ----------------------

Q19.Is there any government / hospital check and balance on your duty?

Yes	No

If yes, is it

(a) Daily (b) Weekly (c) Monthly (d) with no fixed duration and surprise.

Q20.What do you think is the main reason people get treatment from government hospital?

____

Q21.What do you suggest for the improvement of patients doctor interaction in the hospital?

A) ---

B) ---

C) ---

D) ---

Critical Analysis of Doctor Patient Interaction in Public and Private Hospital

INTERVIEW GUIDE FOR PATIENT

Q1.Personal Information of the Respondent:

Age	Sex		Martial Status			
	Male	Female	Married	Unmarried	Widow	Divorce

Q2. Educational Status of the Respondent:

Your Education						Husband's/Wife's Education					
Illiterate	Literate	SSC	F.A	B.A	M.A	Illiterate	Literate	SSC	F.A	B.A	M.A

Q3. Occupation:

Respondent's occupation				Husband's/Wife's occupation			
Government job	Private job	Business	Any other	Government job	Private job	Business	Any other

Q4.Parents Education:

Father Education						Mother Education					
Illiterate	Literate	SSC	F.A	B.A	M.A	illiterate	Literate	SSC	F.A	B.A	M.A

Q5.Parent's Occupation:

Father occupation				Mother occupation			
Government job	Private job	Business	Any other	Housewife	Government job	Private job	Any other

Q6.What is your/your family approximate income? -- ----------

Q7.How much time do you receive from the doctor for your medical checkup?

____

Q8.Are you satisfied with the time doctor has given you?

Yes	No

Q9.Are you satisfied from the communication style of the doctor?

Yes	No

If No, what discomfort you?

____

Q10.Have you ever had the experience of private hospital?

Yes	No

If yes, did you experience any irregulation in turn?

Yes	No

a) If yes, had you complaint to the authority?

b) If no, why ---

Q12.What is the main difference between public and private hospitals that you experienced?

___

___

Q13. Who check and prescribed medicine to you?

A) Doctor

B) His/her assistance

C) Nurse

Q14.Does the doctor advised you to visit again?

Yes	No

If yes, after how long time ---

Q15.How did you mange the expenses of your treatment?

A) Your own budget

B) Get debts

C) Charity mange

D) Any Other

Q16.Does your health problem affect your routine activities with family, friends, neighbors or group?

Yes	No

If yes, how ____

____

____

Q17.How did you select this doctor?

A) Recommended by relative

B) The only option available in the area

C) Very expert in field

D) Recommend this by the medical store people

Q18.Are you comfortable with:

A) Male doctor

B) Female doctor

Q19.Do you find difference in the behavior of the doctor when you meet his/her in private hospital?	Yes	No
Q20.Were you comfortable during your consultation with the doctor?		
Q21.Did the doctor explain you the medicine s/he has prescribed to you?		
Q22.Do the doctor listens to you properly?		
Q23.Have you ever received medicine from the hospital?		
Q24.Before coming to the doctor, did you have any treatment by self?		
Q25.Do you visit doctor with a list of questions?		
Q26.Do you tell the doctor your illness history?		
Q27.Do you tell your doctor about your dietary habits?		

Q28.Do you tell your doctor about your work routine?		
Q29.Have you ever been hospitalized?		
Q30.Do you think money affects doctor's attitude towards patients?		
Q31.Did the doctor makes eye contact with you?		
Q32.Did the doctor provide relevant answers to your questions?		
Q33.Do you think doctor respect your body and feeling?		
Q34.Did the doctor gives you enough time to ask questions?		

Q35.What do you think an ideal doctor can be:

A) ---

B) ---

C) ---

D) ---

E) ---