Doctor-patient communication in developing countries

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Letter

EDITOR—As in the United Kingdom, patients in Guinea consider communication with health professionals important.[1 2] Unfortunately, in developing countries, biomedicine is the dominant paradigm,[3] and poor communication is the rule in public services.[4] Why does communication weigh so little in health policies in developing countries?

The biomedical model was widely disseminated during the colonial period. Fifty years later, interventions to control disease are still the key delivery pattern for public services. Quantitative objectives predominate and clinical decision making is hyperstandardised at the expense of individually tailored care.

The problem is not limited to public facilities. Although the private sector may have a reputation for offering a better doctor-patient relationship and more confidential care, there are plenty of reasons to doubt the presence of a patient centred approach even here:

- Patient centred care is barely reflected in the medical curriculum in developing countries[3]
- Private practitioners may have little interest in non-lucrative preventive actions[5]
- Maximisation of income may conflict with promoting patient autonomy.[5]

Consequently, shared decision making about case management, an essential element of patient centred care, is difficult to achieve. Greater emphasis on patient centred care could improve communication between doctors and patients in developing countries and increase the effectiveness of care just as it can in developed countries. We urge aid agencies and governments to consider the patient centred approach as the object of a specific initiative encompassing in service training, coaching, and reorganisation of health services for these regions.

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