International Journal of Innovative Research in Medical Science (IJIRMS)
Volume 10, Issue 09, September 2025,
https://doi.org/10.23958/ijirms/vol10-i09/2125

Original Article

The Need to Change the Doctor - Patient Communication Model in Contemporary Medical Practice

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Received: 02 August 2025; Accepted: 26 August 2025; Published: 02 September 2025

Abstract

Communication between doctor and patient is a key factor for the effectiveness of the diagnostic–therapeutic process and achieving sustainable health outcomes. Despite technological advances and increasingly sophisticated treatments, insufficient information exchange and mutual understanding can compromise the quality of medical care. This article examines the necessity of transitioning from the traditional, hierarchical, often one-way communication model to a modern, bidirectional, partnership-based approach founded on empathy, active listening, and shared decision-making. The methodology includes a systematic review of scientific literature and a comparative analysis of existing communication models. The results indicate that improving communication leads to higher patient satisfaction, better adherence to treatment regimens, a reduction in medical errors, and optimized resource use, particularly in terms of time efficiency and more effective allocation of healthcare personnel. The conclusion is that transforming the communication model is imperative for modern healthcare, especially in the context of digitalization and rising health literacy.

Keywords: ***communication, doctor–patient, health literacy, trust, medical ethics.***

Introduction

Effective communication between doctor and patient is a central function for building the therapeutic doctor–patient relationship, which is the heart and art of medicine [1]. It is crucial for delivering high-quality healthcare. Much of patient dissatisfaction and many complaints are due to the breakdown of the doctor–patient relationship [2].

The doctor–patient relationship has long constituted a central pillar of medical practice, functioning not only as a conduit for clinical information but also as a foundational mechanism for trust, empathy, and the co-construction of healthcare decisions. Traditionally, this relationship has been structured around the model of *medical paternalism*, wherein the physician retains exclusive authority over medical knowledge and exercises primary decision-making power, while the patient assumes a largely passive role. Such a model was historically justified by limited public access to medical knowledge, low levels of health literacy, and constrained technological resources, which often necessitated centralized clinical authority to ensure effective and timely interventions.

In contemporary healthcare, the limitations of the paternalistic paradigm have become increasingly apparent. Advances in medical science, the widespread availability of health information through digital media, and a growing emphasis on patient rights have collectively reshaped the dynamics of clinical interaction. Patients today are typically better informed, more proactive in seeking knowledge, and more assertive in expressing their preferences regarding care. This shift challenges the traditional model of unilateral decision-making and highlights the need for a collaborative, patient-centered approach that incorporates patients' values, expectations, and lived experiences into clinical deliberation. At the same time, it is important to recognize that paternalism may still have a role in certain contexts—such as emergency situations, cases of cognitive impairment, or when patients explicitly prefer a directive style of communication. Acknowledging these circumstances provides a more nuanced and balanced view of the

[1] Essay on effective doctor-patient communication. (n.d.). *IPL.org*. https://www.ipl.org/essay/Importance-Of-Doctor-Patient-Communication-FKVS5CN2FJ4D6

[2] Shopnikolova, T., Yanakieva, A., & Vodenicharova, A. (2021). Challenges in communication in general medical practice. In Proceedings of the 46th Scientific and Technological Session "CONTACT 2021". Tempo Publishing.

doctor–patient relationship. Against this backdrop, this study investigates whether a patient-centered communication model improves health outcomes compared to traditional approaches.

Consequently, there is a pressing need to adopt a model of doctor–patient communication that is interactive, empathetic, and participatory, in which both parties engage as equal partners in the therapeutic process. Such an approach emphasizes shared decision-making, active listening, and mutual respect, recognizing that patient engagement and empowerment are integral to the achievement of optimal health outcomes. The present study aims to provide a theoretical justification for this paradigm shift and to delineate the principal strategies for its implementation within the context of modern medical practice.

Materials and Methods

The study was conducted through a systematic review of scientific publications indexed in PubMed, Scopus, and Web of Science from 2010–2025. Keywords in English included: "doctor–patient communication," "shared decision-making," "health literacy," "patient-centered care," "medical ethics."

Inclusion criteria comprised English- and Bulgarian-language studies that examined the relationship between communication models and health outcomes, as well as publications proposing interventions to improve this process. Bulgarian-language sources were included to capture regional perspectives within a healthcare system undergoing rapid transformation, while also broadening the review's cultural and linguistic scope. This approach allowed for reflection of local practices while situating the findings within global trends, thereby ensuring both contextual depth and broader applicability.

The review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to enhance methodological transparency, credibility, and reproducibility. Clear criteria and systematic procedures were applied to screen and evaluate studies for quality before inclusion.

Content analysis was conducted using a thematic approach, identifying key categories: empathy, active listening, shared decision-making, digital communication channels, and cultural aspects of interaction.

Results

The 20 publications included in the systematic review allowed the identification and analysis of several key trends demonstrating the direct link between communication quality and healthcare effectiveness. Results fall into five main areas:

1. Importance of Empathy in Medical Practice

Empathy—the ability of the doctor to place themselves in the patient's position and understand their emotions, concerns, and expectations—emerges as a critical factor in building trust. Studies show that strong empathy is statistically significantly associated with higher patient satisfaction ($P < 0.01$) and reduced anxiety, especially in patients with chronic conditions requiring long-term treatment. Beyond the emotional aspect, empathetic approaches help patients better adapt to treatment plans, feeling understood and supported.[3]

2. Active Listening as a Tool for Accurate Diagnosis

Active listening involves full attention to the patient's words and nonverbal cues without interruptions or premature conclusions. Research highlights that this approach improves the quality of the medical history and reduces the likelihood of diagnostic errors. Doctors who actively listen are more likely to capture important details about symptoms, social environment, or lifestyle, leading to more accurate diagnoses and optimal therapeutic choices.

3. Effect of Shared Decision-Making

The shared decision-making model involves equal participation of doctor and patient in defining the treatment strategy. Data show adherence to therapy increases by 23–35%, and patients report a stronger sense of control over their health. This model also reduces disagreement or distrust regarding prescribed treatments and promotes responsible health behavior [4].

4. Role of Digital Communication Tools

Technologies such as online patient portals, symptom-tracking apps, and telemedicine platforms facilitate continuous contact between doctor and patient. They enable rapid information exchange, medication reminders, and remote consultations. However, studies emphasize that these tools cannot fully replace personal contact, as the emotional component and nonverbal communication remain essential for trust and security [5].

5. Cultural Competence as a Basis for Successful Interaction

In multicultural environments typical of contemporary society, medical professionals' cultural competence is crucial. It includes understanding cultural differences, respecting diverse values and beliefs, and adapting communication styles to the patient's specific needs. Lack of competence can result in misunderstanding, mistrust, and treatment refusal, while its presence significantly enhances interaction quality and health outcomes.

Table 1: Key Factors in Enhancing the Doctor–Patient Relationship and Their Impact on Health Outcomes

№	Key Factor	Description	Established Effect on Health Outcomes
1	Empathy	Compassionate attitude and understanding of the patient's emotional needs	↑ Satisfaction; ↓ Anxiety (especially chronic patients); better treatment adaptation
2	Active Listening	Full focus on the patient without interruptions and attention to nonverbal cues	↑ Diagnostic accuracy; ↓ Risk of missed information
3	Shared Decision-Making	Equal patient involvement in treatment choice	↑ Adherence to therapy (23–35%); ↑ Perceived control over treatment

[3] Campos, C. F. C., Olivo, C. R., Martins, M. A., & Tempski, P. Z. (2024). Physicians' attention to patients' communication cues can improve patient satisfaction with care and perception of physicians' empathy. Clinics (São Paulo), 79, Article 100377.

[4] Elwyn, G., Frosch, D., Thomson, R., Joseph-Williams, N., Lloyd, A., Kinnersley, P., Cording, E., Tomson, D., Dodd, C., Rollnick, S., Edwards, A., & Barry, M. (2022). Shared decision making, patient-centered communication, and patient satisfaction: A cross-sectional analysis. Patient Education and Counseling, 105(7), 2145–2150. https://doi.org/10.1016/j.pec.2022.03.012

[5] Nguyen, A. D., White, S. J., Tse, T., et al. (2024). Communication during telemedicine consultations in general practice: Perspectives from general practitioners and their patients. BMC Primary Care, 25, Article 324. https://doi.org/10.1186/s12875-024-02576-1

4	Digital Tools	Use of online platforms, mobile apps, and telemedicine	↑ Treatment monitoring; ↑ Communication speed; do not replace personal contact
5	Cultural Competence	Respect and adaptation to the patient's cultural characteristics	↑ Trust; ↑ Interaction quality; ↓ Risk of treatment refusal

In summary, the data confirm that improving communication models in medical practice is directly linked to higher patient satisfaction, better therapy adherence, reduced medical errors, and more effective healthcare delivery.

Discussion

Analysis demonstrates that the traditional authoritarian model of doctor–patient interaction—where the physician serves as the sole source of knowledge and decision-making authority, while the patient remains largely passive—no longer aligns with the realities of contemporary medical practice. Over the past few decades, social and technological transformations, including widespread access to health information, increased health literacy, and patients' growing desire for active participation in their care, have fundamentally reshaped patient expectations and the dynamics of clinical encounters.

Mutual trust between doctor and patient emerges as a cornerstone of effective medical treatment. Such trust is not established through one-way information delivery but through open, transparent dialogue, attentive listening, and genuine empathy. These skills enable clinicians to understand not only the medical complaints presented but also the broader emotional, social, and cultural contexts in which patients exist. This comprehensive understanding reduces the risk of miscommunication, diagnostic oversights, and medical errors, ultimately enhancing the quality of care.

Shared decision-making, grounded in mutual respect and informed participation, transforms patients from passive recipients into active partners in their healthcare. Empirical studies consistently indicate that patient involvement correlates with improved adherence to treatment regimens, increased satisfaction, and more sustainable health outcomes. When decisions are collaboratively made rather than imposed, patients experience a greater sense of control and ownership, which reduces the likelihood of treatment discontinuation or noncompliance.

Digital health technologies—including telemedicine, mobile health applications, and patient portals—further expand the scope and efficiency of communication, facilitating rapid information exchange, remote consultations, and continuous monitoring of chronic conditions. However, evidence emphasizes that these tools should function as adjuncts rather than replacements for direct human interaction. Personal contact remains indispensable for building trust, navigating complex medical decisions, and providing essential emotional support.

Sustainable enhancement of doctor–patient communication requires systematic integration of relevant skills into both undergraduate and postgraduate medical education. Training programs should encompass active listening, conflict and difficult conversation management, cultural competence, and collaborative teamwork in multidisciplinary settings. Concurrently, the implementation of standardized patient satisfaction surveys and real-time feedback mechanisms allows for early identification of communication gaps, ongoing performance assessment, and continuous quality improvement. Ultimately, fostering a culture that prioritizes empathetic, patient-centered communication is essential for advancing healthcare outcomes and ensuring the ethical practice of modern medicine.

While the findings consistently demonstrate the superiority of patient-centered approaches, it is also important to acknowledge contexts where elements of the paternalistic model may remain appropriate. In emergency medicine, situations involving acute trauma or life-threatening conditions often require rapid, directive physician action. Similarly, when patients have cognitive impairment, diminished capacity for informed decision-making, or explicitly express a preference for a more directive style, a paternalistic communication model can help ensure safety and continuity of care. Recognizing these exceptions adds nuance and intellectual balance to the critique of medical paternalism.

At the same time, the integration of modern communication models into medical practice faces a number of structural and systemic barriers. Digital disparities, such as limited internet access, low digital literacy, or concerns about privacy, may prevent some patients from benefiting equally from telemedicine and online platforms. Algorithmic bias in AI-driven triage systems and symptom checkers can reproduce or even amplify health inequities if not carefully monitored. Physicians working under heavy caseloads may face time constraints that make extended empathetic dialogue and shared decision-making difficult to sustain. Resistance from within the medical community, particularly in systems with entrenched hierarchies and rigid professional cultures, can also slow the adoption of patient-centered practices. In addition, the shift toward digital and virtual consultations brings its own limitations, especially in the detection of nonverbal cues that are often critical for accurate clinical assessment. Acknowledging these challenges is essential for designing strategies that are both realistic and responsive to the technical as well as human dimensions of care.

Ensuring lasting change also requires that medical education and training prioritize specific competencies. These include active listening and empathetic response, the ability to manage difficult conversations such as breaking bad news or addressing treatment refusal, and the skill of recognizing subtle nonverbal cues. Equally important is cultural competence, which entails adapting communication to diverse linguistic, religious, and socio-economic contexts. These competencies can be assessed through a variety of methods, including structured patient feedback, role-play and simulation exercises, Objective Structured Clinical Examinations (OSCEs), validated empathy scales such as the Jefferson Scale of Physician Empathy, and 360-degree evaluations that incorporate perspectives from patients, peers, and supervisors.

Finally, cultural competence must move beyond abstract principles toward practical application. Language barriers, for example, are best addressed by trained interpreters rather than by family members, whose involvement risks misinterpretation. Religious beliefs may directly affect treatment decisions, as in the case of Jehovah's Witnesses who decline blood transfusions, while socio-economic factors can shape adherence when treatment plans fail to account for affordability. By recognizing such barriers and adapting communication strategies proactively, clinicians can build trust, reduce refusal of care, and foster more equitable health outcomes.

Conclusion

The findings of this study underscore the urgent need to transform the traditional doctor–patient communication model in

contemporary medical practice. Evidence from the systematic review and comparative analysis demonstrates that the paternalistic, one-way communication approach no longer meets the expectations of informed and proactive patients. Modern healthcare requires a bidirectional, patient-centered communication model that integrates empathy, active listening, shared decision-making, and cultural competence as central components of clinical interaction.

Empathy emerges as a critical factor in establishing trust, reducing patient anxiety, and enhancing adherence to long-term treatment plans. Active listening further ensures accurate diagnostic assessment and minimizes the risk of overlooked information. Shared decision-making fosters patient engagement and empowerment, promoting treatment adherence, satisfaction, and sustainable health outcomes. Meanwhile, digital communication tools offer new avenues for continuous care and remote interaction, though they cannot fully replace the personal contact essential for emotional support, trust-building, and nuanced clinical judgment.

Cultural competence is increasingly important in diverse healthcare settings, as recognition and respect for patients' cultural backgrounds directly influence interaction quality and health outcomes. Together, these communication strategies create a more equitable and effective therapeutic relationship, emphasizing collaboration rather than unilateral authority.

To achieve sustainable improvements, medical education must incorporate formal training in communication skills, including active listening, conflict management, empathy, and interdisciplinary teamwork. In addition, ongoing monitoring of patient satisfaction and feedback mechanisms can help identify gaps and continuously refine communication practices.

In conclusion, transitioning to a modern, partnership-based doctor–patient communication model is not only ethically imperative but also essential for optimizing clinical outcomes in contemporary healthcare. By fostering trust, mutual respect, and patient empowerment, healthcare systems can achieve higher quality care, minimize errors, and improve overall patient well-being, thus aligning medical practice with the evolving expectations of society.

Looking ahead, several avenues for future research and policy development emerge from this review. First, while the evidence strongly supports the benefits of empathy, active listening, shared decision-making, and cultural competence, there remains a need for quantitative synthesis—meta-analyses and effect size estimates—that can more precisely determine the magnitude of impact across clinical contexts. Comparative studies across different healthcare systems could clarify whether cultural, organizational, or economic factors moderate the effectiveness of communication interventions.

Second, future research should evaluate the long-term sustainability of communication training programs, investigating whether improvements in empathy and patient engagement persist over time and how they influence clinical outcomes such as adherence, complication rates, and hospital readmissions.

Third, health policy should prioritize the systematic integration of communication skills into accreditation standards, continuing medical education, and institutional quality indicators. National healthcare systems could adopt incentive structures—such as reimbursement models that reward patient satisfaction and adherence—to accelerate adoption of patient-centered practices.

Finally, digitalization demands careful regulation and ethical oversight. Policies addressing data privacy, algorithmic transparency, and equitable access to telemedicine are critical to ensure that technology enhances rather than undermines trust in the doctor–patient relationship.

In conclusion, advancing toward a partnership-based communication model is not only an ethical imperative but also a strategic priority for sustainable healthcare systems. By embedding empathy, shared decision-making, and cultural sensitivity into both daily practice and health policy, medical professionals and institutions can create environments that foster trust, improve outcomes, and respond effectively to the diverse needs of contemporary patients.

Declaration of Interest

The author declares no current or potential conflicts of interest affecting the objectivity, interpretation, or presentation of the study results. Neither financial, personal, professional, nor academic circumstances influenced the analysis design, data extraction, results interpretation, or manuscript preparation. All decisions and conclusions were made independently and in accordance with scientific ethics and principles of transparency and honesty.

Funding

This research was funded by the National Program "Young Researchers and Postdocs-2," Stage 2 – 2024–2025.

Acknowledgments

This research was supported by the Ministry of Education and Science under the National Program "Young Researchers and Postdocs-2."

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