From Paternalism to Partnership:
Collaborative Care for Your Clients

Jane R. Shaw, DVM, PhD

1. Introduction
Over the past decade, veterinarians have witnessed substantial changes in the profession. One of the major changes is the increasing recognition of the relationships that people may have with their companion animals.1 When asked about their relationship with their pets, 85% of pet owners reported that they viewed their pets as family members.2 In conjunction with this, there is a growing recognition that provision of veterinary services in a manner that acknowledges the human-animal bond will lead to better outcomes for veterinary practices and their patients.1 Appreciating the impact of animal companionship on the health and well-being of humans creates a new dimension for veterinarians in public health. Veterinarians’ responsibilities have expanded to include the mental health and well-being of their clients, as well as their clients’ pets.1 In a recent address, Blackwell3 stated that today’s veterinarians are faced with educated clients armed with questions and greater expectations. Veterinarian’s responsibilities for addressing questions and providing client education are increased. In an increasingly litigious society, consumers are not forgiving of unprofessional services.1 Most complaints to regulatory bodies are related to poor communication and deficient interpersonal skills,3 with breakdowns in communication being a major cause of client dissatisfaction.

An adaptive response is integral to successfully addressing these societal and professional changes. Given growing client expectations, the strong attachment between people and their pets and increasing consumer knowledge, demands a shift in communication style from the traditional paternalistic approach to a collaborative partnership. Clients are no longer content with taking a passive role in their animal's healthcare and want to take an active role in decision-making on their pet’s behalf.

2. Models of the Veterinarian-Client-Patient Relationship
The balance of power between veterinarian and client is based on three criteria4:

(1) Who sets the agenda for the appointment (ie, the veterinarian, the veterinarian and client in negotiation, or the client).

(2) Importance placed on the client’s values (ie, the veterinarian assumes that the client’s values are the same as the veterinarian’s, the veterinarian explores the client’s values with the client, or the veterinarian does not explore the client’s values).

(3) Functional role of the physician (ie, guardian, advisor, or consultant).
On the basis of these criteria, three models of the veterinarian-client-patient relationship have been described. At one end of the relationship spectrum lies paternalism, characterized as a relationship in which the veterinarian sets the agenda for the appointment, the veterinarian assumes that the client’s values are the same as the veterinarian’s, and the veterinarian takes on the role of a guardian. At the opposite end of the spectrum lies consumerism, which is characterized by a reversal of the traditional power relationship between veterinarian and client: the client sets the agenda for the appointment; the veterinarian does not explore the client’s values; and the veterinarian plays the role of a technical consultant, providing information and services on the basis of the client’s demands. The paternalism model has been criticized for ignoring the client’s perspective, but the consumerism model errs in limiting the role of the veterinarian.

Between these two extremes is the relationship-centered care model, which represents a balance of power between veterinarian and client and is based on mutuality. In the relationship-centered model, the relationship between veterinarian and client is characterized by negotiation between partners, resulting in creation of a joint venture, with the veterinarian taking on the role of advisor or counselor. Respect for the client’s perspective and interests and recognition of the role the animal plays in the life of the client are incorporated into all aspects of care.

Principles of relationship-centered care are associated with significant outcomes:

1. Broadening the explanatory perspective of disease beyond the biomedical to include lifestyle and social factors is related to expanding the field of inquiry and improved diagnostic reasoning and accuracy. In the relationship-centered model, the relationship between veterinarian and client is characterized by negotiation between partners, resulting in creation of a joint venture, with the veterinarian taking on the role of advisor or counselor. Respect for the client’s perspective and interests and recognition of the role the animal plays in the life of the client are incorporated into all aspects of care.

2. Building a strong relationship is associated with increased accuracy of data gathering, patient satisfaction, and physician satisfaction.

3. Encouraging participation, negotiation, and shared decision-making promotes patient satisfaction, adherence, and improved health.

3. Shared Decision-Making

An interactive approach is promoted in giving information, in contrast to direct transmission. With a direct transmission approach, the sender assumes that his or her responsibilities are complete once the message has been formulated and sent, whereas with an interactive approach, the interaction is considered complete only if the sender receives feedback about how the message was interpreted, whether it was understood, and what impact it had on the receiver.

Silverman et al have recommended using a “chunk and check” method when giving information to avoid giving a one-sided speech and providing a large amount of information all at once. The aim of this technique is to increase recall, understanding, and commitment to plans. It consists of giving information in small pieces (ie, chunks), followed by checking for understanding before proceeding further (ie, check). In this manner, the information-giving process is responsive to the client’s needs and provides an opportunity for the client to participate.

Taking the client’s perspective into account and establishing mutual understanding and agreement encourages the client to fully participate in the discussion and commit to the treatment plans. This entails encouraging the client to contribute (“What questions do you have?”), picking up on client cues (“You seem a little hesitant about surgery”), asking for client suggestions (“What options have you and your husband discussed?”), and checking for the client’s understanding (“What will be most difficult for you?”). Creating a shared understanding and encouraging shared decision-making enhances compliance and subsequently improves health outcomes.

References


