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Doctor-Patient Relationship and Drug Prescription: A Feedback Link

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The doctor-patient interview in the consultation room is a technique, a channel, and a space for communication where the doctor-patient relationship is established and developed. This relationship allows for the integration of clinical reasoning by connecting the biomedical and psychosocial aspects of clinical care (1).

All healthcare activity is influenced, directly or indirectly, by the interpersonal relationship. There is no single "good" or "adequate" type of doctor-patient relationship. Several types of doctor-patient relationships have been described that are frequently used (active-passive relationship, guided cooperation relationship, and mutual participation relationship) (2). The doctor-patient relationship can vary depending on the different trajectories of illness (cardiovascular, hypertensive, asthmatic, digestive, psychiatric, endocrinological, incurable, cancer, or AIDS patients, etc.), the presence or absence of multimorbidity, transference and countertransference mechanisms, social class, gender, race, age, ideology, mechanisms of social control, and the different types of health and care systems (3). The doctor-patient relationship has different nuances in general medicine and other medical specialties such as gynecology, surgery, etc. (4, 5). And last doctor-patient relationship also shows differences according to the patient's personal characteristics: confident, worried, fearful, etc. (2, 6).

In any case, the prescription of medication marks the end of the consultation, after the patient profile has been developed and the diagnosis made. Thus, we can understand that the doctor-patiente relationship and the prescribed medication are intrinsically linked (7).

Each type of doctor-patient relationship implies a different relationship or type of participation with the pharmacological treatment; furthermore, the physician's style of understanding or interpretation of the meaning and importance of the medication imposes a particular doctor-patient relationship (2, 5, 8-11). The healing link is a dynamic and essential component of the health process, influenced both by technical interventions and by the quality of the human relationship and its sociopolitical context (12).

In this scenario, the influence between the doctor-patient relationship and the prescription of medications is bidirectional, mutual, constant, and fundamental in medical care; it is a circle where the social and the pharmacological reinforce each other. In general medicine/primary care, this bidirectional relationship is critical because the family physician is the "backbone" who accompanies the patient long-term. Here, the relationship is not just a context, but acts as an "active drug" with its own therapeutic potential (13). Since the physician is himself a "real drug," pharmacological concepts such as overdose, allergic reactions, side effects, etc., could be applied to him, so the most complex issue doctor-patient relationship lay in determining the optimal dose of "doctor" (14).

The following bidirectional effects or influences between the doctor-patient relationship and drug prescription can be described:

FROM THE RELATIONSHIP TO PRESCRIPTION: HOW THE DOCTOR-PATIENT RELATIONSHIP INFLUENCES DRUG PRESCRIBING

The doctor-patient relationship is crucial in medication management and often explains more of the variability in treatment outcomes than the medication itself. The doctor-patient relationship not only facilitates adherence to treatment, but the type of drugs prescribed, and/or the way they are prescribed, can strengthen or weaken the trust between doctor and patient (2, 15).

Trust and Concordance: Continuity and Adherence

General medicine is based on longitudinality or continuity of care (16). A good relationship (based on trust, respect, and mutual understanding) allows for "concordance," a process

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where doctor and patient agree on the treatment together. This reduces the need for unnecessary medication and improves drug selection. The effect of treatments (especially psychopharmacological ones) depends heavily on how they are prescribed. It's not all a matter of chemistry (17). A strong relationship fosters trust, leading to better disclosure of side effects, greater adherence to treatment, and a more accurate assessment of the patient's actual experience (18).

Empathy as a Therapeutic Factor

Empathy is the relational component that most influences therapeutic adherence. An empathetic physician adjusts medication to the patient's beliefs and perceptions. The patient takes the pill not only because they are told to, but because they trust the plan agreed upon with "their" doctor (19).

Induced Prescribing/Pressured Prescribing

If the relationship is characterized by distrust or mere compliance (where the patient demands), the physician may end up prescribing unnecessary drugs (such as antibiotics) to appease the patient. It is very common for a hospital specialist to recommend a drug, and for the general practitioner to formally prescribe it. If the general practitioner disagrees with the drug (due to scientific or safety concerns), a conflict arises. The patient may feel that their doctor is "putting up obstacles," weakening trust in the professional who best understands their overall situation (20). Sometimes, to preserve a tense relationship or to "say goodbye" quickly to the patient, the doctor may resort to polypharmacy instead of addressing the underlying problem (16).

Communication Style Determines what is Prescribed

In a paternalistic relationship, the doctor decides unilaterally. This often leads to more traditional or "standard" prescriptions, where compliance with the doctor's order is prioritized over the patient's preferences. In a deliberative/participatory relationship, if there is trust and dialogue, medications that fit the patient's lifestyle are more likely to be prescribed (for example, choosing one dose daily instead of three). This improves adherence. In a "provider-client relationship", there is a greater tendency toward overprescribing (such as antibiotics for viruses) simply to satisfy the patient's expectation of leaving with a prescription in hand.

FROM MEDICATIONS TO THE RELATIONSHIP. HOW DRUG PRESCRIPTION INFLUENCES THE DOCTOR-PATIENT RELATIONSHIP

The drug acts as a "relational object" that modifies the interaction (20). Thus, the following can be described:

The Medication as Placebo/Nocebo

Positive effects of pharmacological treatment (improvement) produce a placebo effect, enhancing the doctor-patient relationship. Conversely, negative or side effects of the drug can trigger a nocebo effect, leading to a poor relationship and loss of trust in the doctor (21-26).

Prescribing as "Care"

Prescribing the medication after listening to the patient reinforces their trust. Conversely, the lack of a drug prescription is sometimes misinterpreted as disinterest, although an unnecessary prescription reduces satisfaction if the patient was seeking other types of help. Sometimes, patients come expecting to leave with a prescription, especially for acute conditions (15), and not receiving that prescription can damage the doctor-patient relationship.

Conflicts Over Deprescribing

When a doctor attempts to discontinue unnecessary medications (deprescribing), it can generate conflicts. The patient may perceive this as a "deprivation of affection" or abandonment, damaging the relationship. In general practice, it is common to treat elderly patients on multiple medications. Discontinuing medications is often more difficult than prescribing them (16). Some patients feel that withdrawing a medication is "taking away something they need" or a sign of medical abandonment, which generates a nocebo effect or anxiety in the doctor-patient relationship.

Drug Substitution

Substituting brand-name medications with generics without a good explanation can generate confusion and distrust in the doctor (16).

Prescribing as a "Satisfactory Mechanism"

In time-constrained consultations, the doctor may prescribe (e.g., an antibiotic for a viral cold) to satisfy the patient and end the consultation quickly. This misinforms the patient, who will again demand unnecessary medications in the future, trapping the doctor in a cycle where prescribing replaces communication (27).

Control or Stigmatized Medications

The type of medication can alter how the doctor is perceived. The prescription of psychotropic or addiction medications can create defensive barriers or feelings of stigma in the patient, altering their attitude toward the healthcare professional.

Treatment Complexity

A regimen of many medications can frustrate the patient, who may begin to see the doctor as someone detached from their daily reality.

In short, the prescription is not just about chemicals; it's a message. The influence between the doctor-patient relationship and the prescription of medications is bidirectional, mutual, constant, and fundamental in medical care; it is a circle where the social and the pharmacological reinforce each other. A good doctor-patient relationship strengthens the effect of the medication, and medication that is accepted and understood strengthens the bond.

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