Physician–Patient Relationship in Type 2 Diabetes

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To The Editors:—The qualitative study by Beverly and colleagues highlights the fact that both physicians and patients often assumed responsibilities for poor clinical outcomes in the treatment of type 2 diabetes. Patients felt defeated, depressed and expressed lack of self-efficacy, while physicians pointed to health system constraints and high expectations.¹ Most primary care providers, according to a recent national survey by the Robert Wood Johnson Foundation, believe that unmet social needs—things like access to nutritious food, reliable transportation and adequate housing—are leading directly to worse health for all Americans.² Additional studies are needed to explore the perceptions, attitudes and behaviors that support or impede the patient–physician relationship in diabetes or any chronic disease management, particularly the interaction of social determinants and self-management with quality measures and treatment goals.

Many of us clinicians already subscribe to this public health model of practice, and to a collaborative teamwork approach, to help our patients access services to address

their social needs. However, inherent in this mind-set is a belief in personal responsibility, self-sufficiency, individualism and rational choice. Health care providers, as well as our patients and the public, have to acknowledge to what degree people might be able to exercise certain responsibilities, and what role government and society should play in affecting institutional and public policies. Perhaps this level of discussion will get us beyond frustration and self-blame at not meeting treatment goals. I welcome more studies that explore the delicate nature of the patient–physician relationship, and its ability to weather the sociocultural pressure regarding professional values, stewardship and mismatched (if not always high) expectations.

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