The Impact of a National Healthcare System on the Doctor-Patient Relationship in Neurology

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Dear Editor,

Having always had a soft spot in my heart for the elderly, I had never questioned my ability to establish a trusting and effective relationship with the patients I see in the neurology clinic, until I began seeing patients upon my return to an institution in South Korea. Granted, my background is somewhat different from those of other colleagues here, as I received my clinical training in the United States; perhaps cultural influences could be partially responsible for experiencing such. Nevertheless, I have encountered various instances leading me to wonder if this is solely a cultural difference, or perhaps a consequence of differences in the medical system that may have an influence on the doctor-patient relationship in South Korea. Speaking to colleagues working at various Korean hospitals quickly led me to discover that I was not the only one feeling discontent with the quality of the interactions and relationships with patients.

Health care in South Korea is primarily based on a national healthcare system run by the government,¹ and while there is the advantage of medical care and resources being widely available at a low cost, this inevitably results in undesirable downsides, such as less time spent with each patient. South Korea is not alone in running a national healthcare system; in Asia, China, Japan, and Taiwan are also some examples. While the concept of universal healthcare sounds appealing at first glance, a closer look reveals the negative effects. Physicians see a high-volume of patients, anywhere from 30 to 60 patients in a half-day session. As a result, clinic visits tend to be brief and are even jokingly referred to as “3-minute visits” at tertiary care institutions. It is quite common for a full evaluation to be performed by having the patient admitted to the hospital, which ultimately leads to increased cost of medical care.

How does a national health care system impact neurological care? Neurology is a specialty that is heavily influenced, as the nature of the neurological evaluation is very much detail-oriented and ample time is thus required. Thorough neurological examinations are however generally not feasible during brief clinic visits, and patients are either admitted for a full workup, or undergo various studies which the neurologist relies on for diagnosis. While diagnostic tools may certainly assist the physician, study results cannot be a substitute for a history and neurological examination. However, our current healthcare system puts time constraints on the physician, and essentially does not allow for one to spend time with the patient to take a sufficient history, or perform a detailed examination.

I have been surprised at the various types of behavior I see during clinic visits. Many patients seem accustomed to spending a short amount of time in the examination room, and are ready to leave in a mere few minutes. They politely but hastily rise from the chair, leaving while the words “I will see you at the next visit” are being uttered. Some are surprised or grateful when I take the time to examine them. On the other hand, others appear doubtful, or even suspicious when I provide a brief explanation at their visit on what sort of testing should be undertaken.

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In summary, the impact of a national healthcare system results in rushed clinic visits, inadequate clinical evaluations and little opportunity to establish rapport with patients. It is not surprising that neither the patient nor the physician is satisfied with the quality of the encounter. Availability of healthcare is certainly important, but quality of care should not be sacrificed. While there may be differences in the amount of time spent during an outpatient visit, obtaining a detailed history and performing an adequate physical examination is fundamental for any specialty. We as neurologists know well the importance of proper history-taking and examination; per-

haps it is also our responsibility to work with the rest of the medical community on this matter. After all, we as physicians have the responsibility to take the first step towards improving the well-being of our patients and community.

Conflicts of Interest

The author has no financial conflicts of interest.

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