

17 The doctor and interprofessional relationships

To deliver health care, doctors work closely with nurses, pharmacists, social workers, physiotherapists and many other professionals. Quality of care depends on good working relationships underpinned by good communication and mutual respect. This requires in turn some understanding of the roles, responsibilities, capabilities, constraints, legal obligations and codes of ethics of these various professions. Until the past 15 years, little formal attention was paid to the importance of such interprofessional relationships in the undergraduate medical curriculum or in postgraduate medical training, but this is now changing in Australia and elsewhere [1-5]. Previously, the good working relationships that usually exist between health professionals appeared to owe more to human nature and shared goals than to formal training about each other's place in the health-care team. There are good reasons for promoting better understanding of each other's roles and approaches. A Swedish study demonstrated that an interprofessional learning segment in the undergraduate curriculum enhanced the confidence of young medical graduates [6]. Conversely, there is evidence that poor interprofessional relationships diminish the quality of patient care and add to the stress of working in a health-care team [7,8].

Opportunities for medical students and junior doctors to participate in effective teams and to observe good role modelling have been diminished. Pressure on hospitals to increase efficiencies has meant that joint ward rounds attended by at least a senior nurse have become distant memories. Some international medical graduates have limited understanding and appreciation of the roles of non-medical health professionals because they have not encountered them before [9]. Ignorance, poor communication skills or negative attitudes harboured by some doctors may also deny patients access to the specialist skills available from other health professionals.

This chapter is primarily intended to help medical students and trainee doctors learn about the training, skills, philosophies and ethical imperatives of the wide range of health and other professionals (including interpreters, librarians, pastoral care workers, lawyers and police) with whom they will work throughout their careers. It does not delve into the educational methods being used to enhance interprofessional collaboration or the debate surrounding the value of those methods [10-14]. As already stated, good communication between doctors and

other health care professionals is necessary for good patient care. This is addressed in Chapter 5.

In hospitals, the key interprofessional relationship for doctors is with nurses. Changes to nursing education and philosophy, and the scope and organisation of nursing practice, have led to gradual changes in this relationship over the past 30 years [15-19]. This chapter summarises the professional roles of nurses and other health-care providers in patient care and discusses ways to enhance interprofessional relationships. Nursing and pharmacy are first discussed, as these are the two professions with which doctors most frequently interact. Other clinical professions are then considered alphabetically, with the exception of chiropractic, osteopathy and traditional Chinese medicine, which are described under the heading of complementary and alternative medicine.

Undoubtedly, new health professional providers will emerge in time, and many tasks currently performed by doctors are likely to become the province of others. Interest in the US concept of 'physician assistants' or 'extenders' has already been shown via pilot projects [20] and the establishment of training courses in at least two Australian universities [21].

The chapter also provides guidance on the relationships that are expected between doctors and lawyers acting on behalf of patients, attends to the importance of the spiritual dimension in the care of many patients and discusses some of the ethical and professional issues around the use of complementary and alternative medicine.

17.1 The legal and ethical context

All health professionals, including doctors, share similar ideals of helping people to prevent or overcome illness, relieving suffering and maintaining good quality of life. These professionals share similar codes of ethics, being bound to respect patients, maintain their confidentiality, be honest, and behave with integrity. Most are subject to legal regulation through a registration process, with mechanisms for dealing with professional misconduct and with practitioners whose health or performance is impaired to the extent that the public is at risk. Some of the legislation also places limits on the scope of each profession's practice.