

## Therapeutic Effect of Doctor-Patient Relationships

*Di Blasi Z, Harkness E, Ernst E, et al. Influence of context effects on health outcomes: a systematic review. Lancet 2001; 357:757-62.*

### Study Overview

**Objective.** To evaluate evidence on how doctor-patient relationships affect health outcomes.

**Design.** Systematic review. The study was originally designed as a quantitative meta-analysis; however, because of the heterogeneity among studies identified for analysis, the authors chose instead to perform a qualitative summary.

**Study selection.** The authors used a comprehensive search strategy to search for relevant studies in 12 medical, psychological, and sociological electronic databases. Investigators also requested information from an internet discussion list and contacted experts working in the field. Randomized controlled trials were selected if they included at least 1 intervention affecting the doctor-patient relationship and if subjects had a physical illness. Studies were excluded that examined contextual factors relating to treatment characteristics (eg, size and shape of medication) or identified psychological interventions or were based on explicit theories (eg, psychotherapy; counseling; health education; interventions directed at drug addicts, psychiatric patients, or healthy volunteers). Interventions were classified as cognitive care and diagnosis (varying diagnostic information presented to patients with similar conditions), cognitive care and treatment (varying patients' outcome expectancies), and positive consultations (combining cognitive interventions with emotional support). The authors found no studies evaluating emotional care only.

**Main outcome measures.** The primary outcome was objective or subjective health status. Secondary outcomes included health service use, adherence to treatment, satisfaction with care, anxiety, treatment expectations, understanding of illness, and quality of patient-practitioner relationship.

**Main results.** 25 trials, with a total of 3611 patients, met investigators' inclusion criteria. Most of these studies were conducted in the U.K., United States, or Canada and evaluated subjects with hypertension ( $n = 8$ ), pain ( $n = 6$ ), ambiguous

symptoms ( $n = 4$ ), or a variety of other conditions. 5 trials were rated as very good, 6 as good, 10 as acceptable, and 4 as poor.

Half of the cognitive care and diagnosis studies found significant effects, including 1 trial that seemed to show a dose-response effect on blood pressure [1]. 10 of 19 cognitive care and treatment studies found positive effects from the intervention, and all 4 positive consultation studies found significant clinical benefits. In general, however, trials of higher methodologic quality were more likely not to show significant effects.

**Conclusion.** Certain aspects of the practitioner-patient relationship may have modest but important effects on patient outcomes.

### Commentary

Di Blasi and colleagues attempted to evaluate literature in an area that is notoriously difficult to study and often not well supported in the research community. The latter problem may be changing, however. An editorialist [2] noted the mounting of large-scale efforts in both the United States and Europe to improve research on the context effects of medicine. In today's era of evidence-based medicine, it seems appropriate to accumulate evidence on how practitioner-patient relationships can contribute to desired clinical outcomes.

### Applications for Clinical Practice

While available evidence does not definitively show any benefit associated with cognitive and emotional support, such activities are unlikely to be harmful and likely to be appreciated by patients. Since an absolute risk reduction of a few percentage points is considered significant for expensive medical or surgical interventions, refining the practitioner-patient relationship may prove to be highly cost-effective.

### References

1. Amigo I, Cuesta V, Fernandez A, Gonzalez A. The effect of verbal instructions on blood pressure measurement. *J Hypertens* 1993;11:293-6.
2. van Weel C. Examination of context of medicine. *Lancet* 2001;357:733-4.