A Student’s Dream of Responsible Patient Empowerment through Education and Assessment: A Functional Solution to a Conflict Problem

By Jordan Roberts

When I think about patient empowerment, the first associations that come to my mind are: influence, decisions, and power. I think about the patient’s power to influence their doctor’s decisions. While recognizing the potential conflict that may arise between physician and patient perspectives, we must seek a functional transfer of medical decision-making power to our patients as they become informed of the options if we truly wish to empower them.

As a medical student, I have observed the apprehension of my clinical preceptors regarding their patients making decisions while lacking appropriate knowledge of their condition or when motivated by a desire to receive special treatment. While these situations often highlighted the underlying tensions between the hopes of the doctor and the patient, the responses I found to be the most helpful were those given when the physician assumed a teaching role and pursued that challenging and elusive goal of gaining real “informed consent.”

As medical students, we are taught that education is the best tool for patient empowerment, but in the “real world,” we often lack the time to educate all our patients who truly need it, relying instead on their trust in our authority. Perhaps too often, we discourage the patient’s own unguided, independent investigation. (“Don’t trust everything you read on the internet!”) We gather information about our patients, information that is inaccessible to them in varying degrees, in order to make our decisions based upon guidelines and algorithms that would be too time-consuming to routinely explain to each patient. That being said, I have seen first-hand patient cases where my preceptor took the time, and those cases were the most rewarding for me.

As a medical student, I spent many bedside hours teaching after rounds, writing down my patients’ questions and being their advocate. These were the most satisfying moments of medical school for me. If knowledge is power, then the power gap between the doctor and patient can be very wide indeed, and we would all be better served if it were spread out more evenly.

I often dreamday of my future practice. I imagine a system where my patients’ knowledge of their states of health and their prescribed preventive services and treatment plans would be regularly assessed. These assessments would be used to measure their insight and values, to identify gaps in their understanding and agreement with the plan, and glimpse changes in these metrics. I would then discuss the results of these assessments with them as I would the results of laboratory tests, educate them with the help of my staff, and offer additional resources and media for their study. My hope is that this will reduce the burden on me and empower them reasonably.

I understand such a system may not be desirable for all doctors, specialties or patients. In the earliest iterations, it may be terribly inefficient and even create new tensions between the doctor and patient, who are now also teacher and student; however, the model is inherently dynamic compared to the traditional paternalism of medicine and attractive in the age of the internet and within a cultural zeitgeist which values autonomy, egalitarianism and transparency. I don’t pretend to know how I would get paid for this, or how it would affect the overall cost of healthcare. It is only a dream, after all.

I am grateful to my many mentors who have shaped my dream with their examples, and I hope to emulate them at their best even more fully. With the courage to fail often and succeed sooner, I hope to begin right away, in my first year of residency. In the words of Matamonides, “Now I turn unto my calling.”

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