

**The Transformation of the Doctor-Patient Relationship in China**  
**Under the COVID-19 Pandemic**

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## **Abstract**

Applying the doctor-patient relationship model of Szasz and Hollender, we found that the doctor-patient relationship in China improves under the COVID-19 pandemic, as the relationship mode shifts from active-passive and directive-cooperative to the mutual participation. A survey about Chinese public's attitudes towards healthcare workers during the pandemic is conducted. The results show that the Chinese public holds more appreciations to healthcare workers and pays more attention to the medical sector during the COVID-19. The possible causes are also analyzed from the aspect of public media and internetwork in this paper.

## **I. Background**

The doctor-patient relationship plays a fundamental role in creating a harmonious healthcare environment. However, in China, the relationship has soured in recent years due to various factors. The public media is one of the most important factors.

In order to gain public attention, many media reports provide biased viewpoints, leading to one-side irrational public opinion by slandering either end of the strained doctor-patient relationship. On one hand, some headlines intentionally exaggerate the conflict between doctors and patients, rendering the audience with insufficient media literacy and creating biased public opinion (*Youth Reporter* 27). Most media places emphasis on topics of livelihood issues such as the difficulty in registration in hospitals and the high price of medicine. Those reports are with strong emotions and without any counterargument, negatively shaping public opinion towards the healthcare industry (Wang 43). However, on the other hand, many reporters just diffuse pictures of doctors injured maliciously by angry patients, who are unsatisfied with the treatment, with exaggeration and without clear account for the actual situations.

Those biased reports are all around on TV, news APPs, and newspaper. The study from Xinzhe Yang shows that more time people spend on the news, the higher frequency at which people think that doctor-patient conflicts would occur, and the more they distrust hospitals (59). These media reports widen the gap between doctors and patients by blurring the facts and exaggerating just to gain attention.

Many media institutions even overstate the effectiveness of certain therapies for serious illness like cancers without scientific support for public attention. It results in patients' excessive expectations, which easily lead to dissatisfactions and anger when the treatment outcome from medical institutions does not meet their expectations, worsening the relationship between patients and doctors.

However, the COVID-19 pandemic brings a turn to the weak bond between patients and doctors in China by increasing mutual trust and understanding.

## **II. Theory**

In their 1956 paper “A Contribution to the Philosophy of Medicine: The Basic Models of the Doctor-Patient Relationship,” psychiatrist Thomas Szasz and Marc Hollender proposed a three-level classification of the doctor-patient relationship: active-passive mode, directive-cooperative mode, and mutual participation mode (585).

In the active-passive mode, doctors usually possess absolute authority while patients are totally subject to the instructions of doctors and rarely raise objections. The directive-cooperative mode indicates a more interactive relationship between doctors and patients. Doctors offer care instructions and guide the patients to be compliant with the instructions. Meanwhile, the patients can ask for explanations regarding the treatment. The last type--mutual participation mode--is a scenario where patients and doctors together participate in the decision-making process of measures to combat diseases. Ideal but unrealistic in some way, this mode requires not only a consistent understanding of medical problems but also a high level of mutual trust.

## **III. Methodology and Results**

In early February, when China’s confirmed cases of COVID-19 were growing exponentially, we conducted an online survey of the general public<sup>1</sup>, asking people’s attitudes towards healthcare workers during the pandemic (survey questions included in the appendix). In the end, we received a total of 3510 responses, which covered respondents from both sexes and all age ranges (see table 1).

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<sup>1</sup> In the paper, we generalize patients to the general public who are either potential patients or existing patients.

Age \ Sex	Below 18	18-29	30-39	40-49	50-59	60 and above	Left Blank <sup>2</sup>	Total
Male	72	251	263	320	220	41		1168
Female	52	568	644	714	303	57		2342
Total	124	819	907	1034	523	98	5	3510

Table 1 Selected Demographic Information of Respondents

(Source: the online survey conducted by our group)

Indicated by the survey results, Chinese public has paid great attention to the COVID-19 pandemic, in which 98% of the respondents are “concerned” about news related to the outbreak. While their source of information varies from social media to their relatives and friends, many respondents (67%) reported themselves spending 1-3 hours every day on viewing “COVID-19 news.” The survey results also show the high recognition and acceptance for healthcare workers’ efforts from the Chinese public during the pandemic. As 87% of the survey individuals considered healthcare workers to play a major role fighting against the epidemic, 95% are satisfied or highly satisfied with healthcare workers’ professional performance under the pandemic. Many of them supported the medical sector in their own way by, for example, spreading positive images of healthcare workers and participating in donations (see Fig. 1).

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2 Since the question about respondents’ age is optional, respondents might leave the question blank.

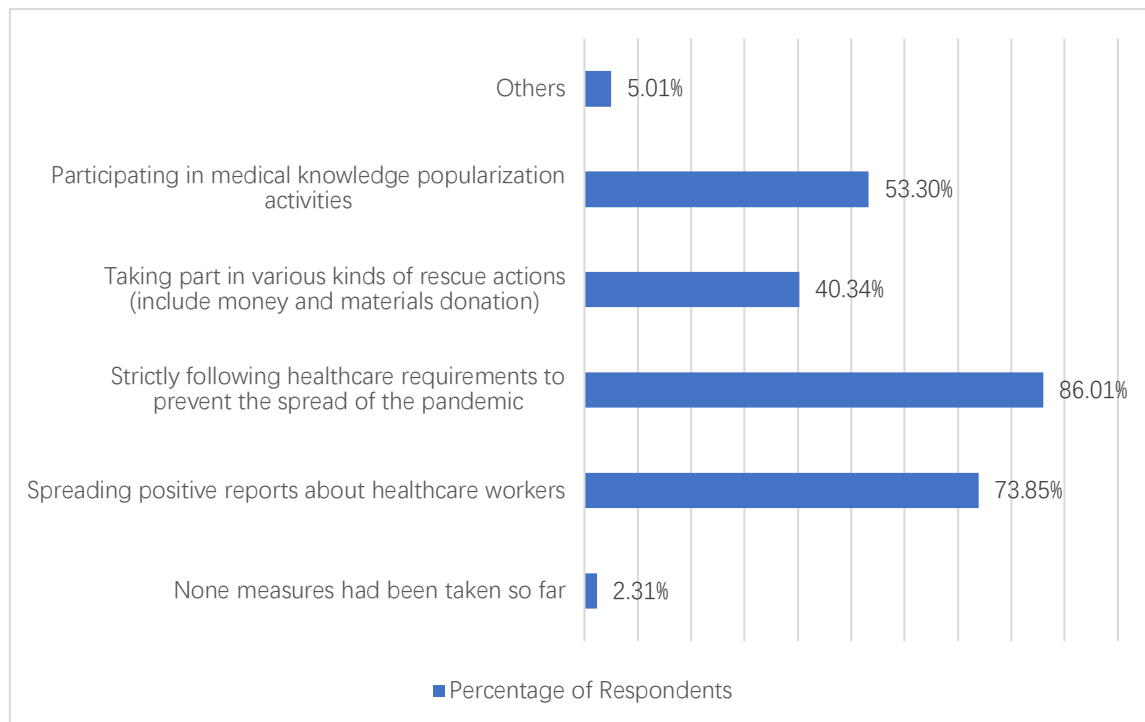


Fig. 1 Actions That the Chinese Public Took in Supporting Healthcare Workers

(Displayed data are retrieved from results on survey question 17.)

The Chinese public's high respect for the healthcare workers is also reflected in the data collected: 99% of the respondents claimed healthcare workers deserved to be respected; about 93% of them reported themselves to hold more appreciations for medical staff after the pandemic took place. A stark contrast between the positive image of healthcare workers among Chinese society nowadays and the previous negative public opinion calls for an analysis of the possible causes (*People's Daily*).

#### IV. Analysis

According to Szasz and Hollender, for a mutual participation relationship between doctors and patients to take place, there are three essential parts (585):

- (1) [Doctors and patients] have approximately equal power.
- (2) [Doctors and patients are] mutually interdependent (i.e., need each other).

(3) [Doctors and patients are engaging] in [an] activity that will be in some way satisfying both.

Combating the epidemic, both healthcare workers and the general public are on the same line, working together to fight against the fatal disease. In addition, while the medics are working on the front line to protect the general public, many people believe that they are also protecting the healthcare workers by taking actions to support them as shown in survey results. An interdependent relationship between doctors and patients is strengthened under the pandemic: patients need doctors' treatment while doctors need patients' cooperation and support.

Given the current situations, a shift from active-passive and directive-cooperative modes to the mutual participation mode in Chinese healthcare system is taking place under the COVID-19 pandemic, which signals a high level of mutual understanding and trust between medical workers and patients with more public attention on the medical sector.

## **V. Discussion**

Given the background of how important a role the media plays in the quality of doctor-patient relationships, several causes of the improved relationship during the pandemic are analyzed from the aspect of media and internet network. They contribute to the strengthened mutual understanding and trust between medical workers and patients, promoting the prevalence of the mutual participation mode of the doctor-patient relationship.

### **i. An Influential Information Carrier**

Media plays an important role in relieving public panic and reducing the heavy burden of hospitals. In the very beginning of the outbreak, the public's confusion and misunderstanding of the epidemic resulted in their overreactions: when they had a small cold or only have a little cough, they swarmed to hospitals. Hospitals were so

crowded that some patients could not receive sufficient attention and proper arrangement from medical staff, resulting in their anger and panic. They exerted their discontent upon the exhausted medical staff, which caused further conflicts.

At this point, media became the most timely and widespread carrier of information in easing the panic. The authorities published guidance on media platforms to inform early symptoms and self-quarantine strategies, which lightened the burden of hospitals and medical workers. With straightforward pictures and clear instructions, the guidance prevailed on social media became more accessible to a wider range of audiences such as the older generations who have trouble reading tiny letters on the screens (Huang 8,18). This function of media helps remove many of the potential pitfalls that could worsen the doctor-patient relationship during the pandemic by easing the stress on both medical staff and the general public.

## **ii. A Shift in Report Content and Emphasis**

Another important cause is the change in content and emphasis of public news. The whole media industry has been shifting its focus to the positive contribution of healthcare workers rather than exaggerating conflicts. Mainstream media, such as CCTV, have reported many touching stories of “angels in white,” “heroes,” or “warriors” who volunteered to work in intensive care units without return while under the risk of being infected.

Also included are heartwarming scenes of doctors and patients caring for and helping each other. For example, there are pictures of doctors leading patients to do exercises such as Tai Chi and providing psychological counseling for patients; patients, however, volunteered to help doctors deliver meals to other patients, maintain the order of hospitals, and translate dialects for better communications (Ji 1). These stories spread quickly on media platforms, and many people express their gratitude to doctors and appreciation towards harmonious doctor-patient relationships. Additionally, a picture of a patient on a wheel and a doctor watching a sunset together was very popular online and was even considered “the most satisfying photo of the year.” Many people exclaimed that the scene was so affecting, genuine, and



wonderful that they hoped to “keep this moment forever” (Ji 1). The public reports’ shift in focus to the close doctor-patient relationships change some negative perceptions of the medical sector and encourage mutual understanding between doctors and patients.

### **iii. A Platform of Promoting Donations**

The final factor that contributes to the healthier doctor-patient relations during the pandemic is the increase of ways to help the healthcare industry through online platforms such as social media. According to our survey, 40% of respondents have donated money or materials to the medical sector, indicating that many people are helping the healthcare sector in their own way.

Under the context of large-scaled social isolation and breakdown, the organization of offline donations becomes infeasible. “The Challenge and Demand of NGOs Under the COVID-19 Epidemic” by *China Development Brief* shows that more than 60% of charitable organizations have been significantly affected by the COVID-19 epidemic, 36.1% of which were forced to suspend their cooperation with the community (9). The lack of offline operations, however, leaves the empty stage for the internet network and public media. Public reports about charitable projects and online donation means increase exponentially on social media under the pandemic, especially in February and March, 2020. Published by Baidu, one of the most popular search engines in mainland China, the Media Index of the search entry “donation” experiences an explosion starting from February, 2020, reaching a peak on 11 February 2020, as shown in Fig. 2. The boom of reports about charitable donations stimulates the surge of public attention to charities, indicated by the exponential increase in the Information Index of the search entry “donation,” shown in Fig. 3.

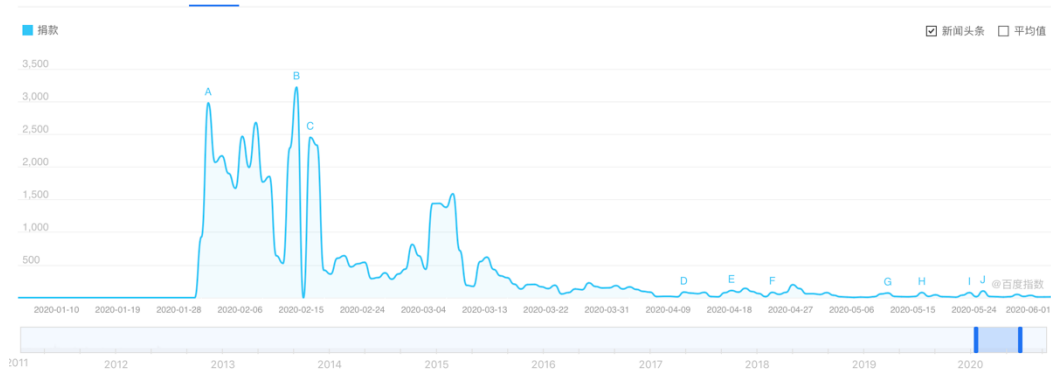


Fig. 2 The Media Index of the Search Entry “Donation”

(Source: Baidu Index)

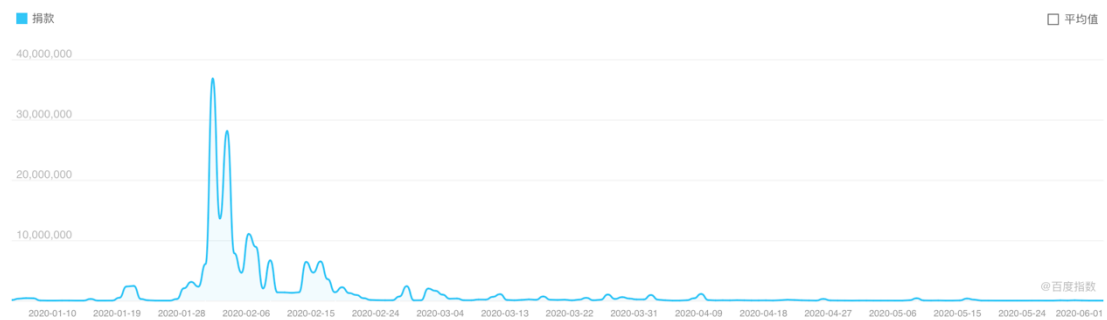


Fig. 3 The Information Index of the Search Entry “Donation”

(Source: Baidu Index)

The increased attention not only implies but also causes more donations. According to the *Journal of Chinese People’s Political Consultative Conference*, a total of 1.867 billion yuan was donated through the Internet with 49.54 million people participating to support the control of the pandemic. Helping doctors and nurses through the Internet, normal people are standing closely in line of healthcare workers who are actually fighting on the front line. Healthcare workers’ gratitude to the society and people’s social recognition to healthcare workers contribute to the softened relationships between them.

Moreover, with those donations from the public through internetwork, the financial budget and supplies gradually filled, resulting in that patients are more cooperative with doctors, and doctors are also more confident in treatment and cure. The rising confidence and mutual trust reduce tensions between doctors and patients.

## **VI. Acknowledgement**

Although those three factors do lead to improved doctor-patient relationships, there are several limitations to our survey itself, which might exaggerate the extent of the improvement. For one, 42.14% of the respondents had a medical-related career or college major, which might cause our survey results to speak in favor of the doctors. Secondly, since there are significantly more female respondents than male respondents with the gender ratio being 2:1 (see table 1 in section III), there is a likelihood for the results to be more sensitive to medical workers' contributions than the larger population, as females are reported to be more empathetic than males (Christov-Morre et al 2014).

Some reports argue that people's recognition to the relationship between medical workers and patients only changed moderately or didn't change because of the pandemic, especially from the perspectives of medical workers. According to a survey of healthcare workers from the *MD Weekly*, 69% of them didn't think doctor-patient relationships became better, and 38% thought that the overrated and excessively positive reports on media platforms during the pandemic prompted people to have too many expectations in seeking medical help, which caused potential conflicts (Ji 1). These results are different from what our survey has indicated. The professional medical workers' confidence in the doctor-patient relationship is not boosted as much as the general public. Therefore, while this paper helps shed some light on a potential turning point of the Chinese doctor-patient relationship, further research is needed.

## **VII. Conclusion**

Under the COVID-19 pandemic, the doctor-patient relationship in China improves as the relationship mode shifts from active-passive and directive-cooperative to the mutual participation, which signals a high level of mutual understanding and trust between medical workers and patients with more public attention on the medical sector as shown in the results of our survey. Public media acts as an influential information carrier which helps ease the public panic. The shift in the content of news reports from exaggerated conflicts to warmhearted stories of

doctors and patients also has a positive effect on the mutual trust. The increase of ways to help the healthcare industry through online platforms such as social media promotes mutual participation.

Although the Chinese public holds more appreciations to healthcare workers and pays more attention to the medical sector during the COVID-19 pandemic as shown in our survey, further research is needed, for example, about the perspectives from healthcare workers.

## Reference

- Christov-Moore, Leonardo, et al. "Empathy: Gender Effects in Brain and Behavior." *Neuroscience & Biobehavioral Reviews*, vol. 46, 2014, pp. 604–627., doi:10.1016/j.neubiorev.2014.09.001. Web. 15 September 2020.
- Huang, Yaowen 黄耀文 "Cong duilichongtu zouxiang lixinghezuo: xinguanfeiyan yiqing beijingxia yihuanguanxi de zhuanhua" 从对立冲突走向理性合作:新冠肺炎疫情背景下医患关系的转化 [From conflict to rational cooperation: the transformation of doctor-patient relationships under the COVID-19 pandemic]. *Tianjin Shangye Daxue xuebao* 天津商业大学学报 040.003(2020). pp. 8-13,18. Web. 15 September 2020.
- Ji, Wei 姬薇. "Yiqing gei yihuanguanxi dailai naxie qishi" 疫情给医患关系带来哪些启示 [The implications of the COVID-19 pandemic for doctor-patient relations]. *Gongren Ribao* 工人日报 [*Workers Daily*], pp. 1-2. Web. Accessed on 15 September 2020.
- "Jin 5000wan ren ci wangshangjuankuan 18.67 yiyuan" 近 5000 万人次网上捐款 18.67 亿元 [Nearly 50 million people donated 1.867 billion yuan online]. *Renmin Zhengxiebao* 人民政协报 [Journal of Chinese People's Political Consultative Conference]. Web. Accessed on 15 September 2020.
- "Qingnian Jizhe: meiti zai yihuanguanxi baodao zhongde wuqu ji duice" "媒体在医患关系报道中的误区及对策." [The misconception of media in reporting about doctor-patient relationships]. *Qingnian Jizhe* 青年记者 [*Youth Reporter*], 000.002(2015), pp. 27-28. Web. 15 September 2020.
- "Renmin Ribao: qing dui yisheng haoyidian zuobudao zunzhong yebuyao shanghai" 人民日报: 请对医生好一点 做不到尊重也不要伤害 [People's Daily: Please be more Kind to Doctors, Please don't Hurt even there is no Respect]. *Renmin Ribao Haiwai Wang* 人民日报海外版 [*People's Daily*]. Web. 15 September 2020.
- Szasz, Thomas S., and Marc H. Hollender. "A Contribution to the Philosophy of

Medicine.” *A.M.A. Archives of Internal Medicine*, vol. 97, no. 5, 1956, p. 585., doi:10.1001/archinte.1956.00250230079008. Web. 15 September 2020.

Wang, Yu 王瑜. “Zhongguo baoye: Jingti keban yinxiang beihou meijiesuyang qushi----qianxi meiti yihuanguanxi baodao de fumian yingxiang” “警惕”刻板印象“背后媒介素养缺失——浅析媒体医患关系报道的负面影响.” [Be aware of the lack of media literacy behind stereotype--analysis of the negative impact of media on doctor-patient relationships]. *Zhongguo Baoye* 中国报业 10(2014), pp. 43-44. Web. 15 September 2020.

Yang, Xinzhe. “Meitichuanbo dui yihuanguanxi yingxiang yanjiu” 媒体传播对医患关系影响研究 [The study of the influence of media on doctor-patient relationship]. *Shanghai Jiaotong Daxue* 上海交通大学(2012), p.59. Web. Accessed on 15 September 2020.

“Yiqingxia gongyizuzhi de tiaozhan yu xuqiu diaochabaogao” 疫情下公益组织的挑战与需求调查报告 [The Challenge and Demand of NGOs Under the COVID-19 Epidemic]. *Zhongguo Fazhan Jianbao* 中国发展简报 [*China Development Brief*], May 2020, p.9. Web. Accessed on 15 September 2020.

## Appendix

### **Public Attitudes Towards Healthcare Workers in Public Events (COVID-19 Pandemic)**

During the 2020 Spring Festival, the coronavirus attacked China. With the increased emphasis on the pandemic, medical workers became the focus of attention. In order to better understand the public's attitudes towards medical staff under such public health emergency, we sincerely invite you to participate in this survey. This survey is anonymous. Approximately, it will take 3 minutes to finish.

We sincerely hope that all of you will take an active part in this survey and fill it out carefully.

Thanks for your support! Hope that you and your loved ones stay safe.

#### **I. Demographic Information**

1. Your Sex [Single choice]

- Male       Female

2. Your age [Single choice] (optional)

- Below 18  
 18-29  
 30-39  
 40-49  
 50-59  
 60 and above

3. Your education level [Single choice]

- Middle school or lower qualifications  
 High school  
 Bachelor's degree  
 Master's degree or higher qualifications

4. Your profession [Single choice]

- Party and government organizations, people's organizations, or military
- State-owned/collective institutions
- Private enterprises
- Village neighborhood committees and other autonomous organizations
- Private non-enterprises, societies and other social organizations
- Individual industrial and commercial households
- Farmer
- Student
- Retiree
- Others \_\_\_\_\_

5. Is your profession (major) related to the field of medicine? [Single choice]

- Yes
- No

6. Your birthplace? [Single choice]

- Wuhan City, Hubei Province
- Other places in Hubei Province
- Other places in China
- Oversea

7. Where do you currently live? [Single choice]

- Anhui Province
- Macau Special Administrative Region
- Beijing City
- Chongqing City
- Fujian Province
- Guangdong Province



- Guangxi Zhuang Autonomous Region
- Guizhou Province
- Hainan Province
- Hebei Province
- Henan Province
- Heilongjiang Province
- Hubei Province
- Hunan Province
- Jilin Province
- Jiangsu Province
- Jiangxi Province
- Liaoning Province
- Inner Mongolia Autonomous Region
- Ningxia Hui Autonomous Region
- Qinghai Province
- Shandong Province
- Shanxi Province
- Shaanxi Province
- Shanghai City
- Sichuan Province
- Taiwan Province
- Tianjin Province
- Xizang(Tibet) Autonomous Region
- Hong Kong Special Administrative Region
- Xinjiang Uygur Autonomous Region
- Yunnan Province
- Zhejiang Province

- Gansu Province
- Others

8. Does your family include medical professionals? [Single choice]

- Yes
- No

9. Have you contacted any personnel diagnosed (suspected) with coronavirus during the pandemic ? [Single choice]

- Yes
- No

10. Have you been to the Hubei province for the past two months? [Single choice]

- Yes
- No

11. How would you rate your health conditions for the past two months? [Single choice]

- Very bad
- Bad
- Ordinary
- Healthy
- Very healthy

## II. Level of Attention to the COVID-19 Pandemic

12. How would you rate the extent of your concern over the reports on the coronavirus? [Single choice]

- Highly unconcerned
- Unconcerned
- Neutral
- Concerned
- Highly concerned

13. What is your primary source of information on the report of the pandemic? [Multiple choice]

- Television
- Radio

- Websites
- Magazines
- Private social media (WeChat, QQ, etc.)
- Public Social media (Weibo, Zhihu, TikTok, Douban, Kuaishou, etc.)
- Friends and families

14. What is your daily average reading time of the information about the COVID-19 pandemic? [Single choice]

- Hardly any
- 1-3 hours
- 3-5 hours
- More than 5 hours

15. What do you think about the number of reports about healthcare workers during the COVID-19 Pandemic? [Single choice]

- Highly insufficient
- Insufficient
- Proper
- Sufficient
- Highly sufficient

16. Who do you consider play a major role in controlling the pandemic? [Multiple choice]

- The government
- Healthcare workers
- The media
- The general public
- Other social institutions \_\_\_\_\_

### **III. Attitudes Towards Healthcare Workers after the Outbreak of the COVID-19 Pandemic**

17. What measures had you taken to support healthcare workers? [Multiple choice]?

- None measures had been taken so far
- Spreading positive reports about healthcare workers
- Strictly following healthcare requirements to prevent the spread of the pandemic
- Taking part in various kinds of rescue actions (include money and materials donation)
- Participating in medical knowledge popularization activities
- Others \_\_\_\_\_

18. What is your purpose of supporting healthcare workers? [Single choice]

- Recognize medical staff's efforts and want to protect them
- Consider that medical staff can protect the public
- Others \_\_\_\_\_

19. It is healthcare workers' duty to pay efforts in the pandemics. [Single choice]

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

20. Healthcare workers make substantial contributions and sacrifices in combating COVID-19. [Single choice]

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

21. Healthcare workers are at risk while combating the COVID-19. [Single choice]

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

22. Are you satisfied with healthcare workers' professional performance under the pandemic? [Single choice]

- Highly unsatisfied
- Unsatisfied
- Neutral
- Satisfied
- Highly Satisfied

23. Are you familiar with the distribution of healthcare resources? [Single choice]

- Very unfamiliar
- Unfamiliar
- Neutral
- Familiar
- Very familiar

24. You think healthcare workers deserve the respects. [Single choice]

Strongly Disagree       Disagree       Neutral       Agree       Strongly Agree

25. How would you rate the current level of public respect for healthcare workers?

[Single choice]

Highly unrespectful       Unrespectful       Neutral       Respectful       Highly respectful

26. After the COVID-19 outbreak, your recognition and acceptance for healthcare workers has increased. [Single choice]

Strongly Disagree       Disagree       Neutral       Agree       Strongly Agree

27. You (or your children) may prefer to major in healthcare when attending university [Single choice]

Strongly Disagree       Disagree       Neutral       Agree       Strongly Agree

28. What suggestions do you have for pandemic control? [Short Answer]

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