**What Makes a Great Doctor: Do the Public and Physicians Share the Same Views?**

*"A good physician treats the disease. The great physician treats the patient who has the disease."* *(Sir Dr. William Osler)*

**Abstract**

**Background:** Since physician-patient relationships are foundational to the medical profession, it is essential to understand whether physicians and the general public share the same perspective on traits defining a “good doctor”. The purpose of this study was to compare perceptions held by the general public with those of specialist-physicians regarding the essential traits of a “good doctor” and whether it is the physician’s role to address health disparities.

**Methods:** A cross-sectional study conducted via two telephone surveys: one among 1,000 specialist-physicians and another among 501 participants constituting a representative sample of the adult population in the State of Israel. Both groups were asked about their demographic characteristics; to indicate the first and second most important features of a “good doctor”; and whether they think it is physicians’ role to reduce health disparities.

**Results:** Physicians are more likely than members of the public to say that reducing health disparities are the physicians’ role. Physicians emphasize humaneness and concern for patients as the most important traits of a “good doctor”, while the public emphasizes professional and technical skills. Physicians specializing in internal medicine are more likely to cite two qualities related to humaneness as most important than are the those in surgical fields. This pattern holds true for physicians primarily working in the community as compared to hospital physicians, those in non-management positions, non-research physicians, and those with less seniority (up to 10 years since completing their residency). Members of the public with a high school education are more likely to cite two traits of humaneness than are people with post-secondary professional or academic education.

**Conclusions**: Perceptions among physicians and the public may differ because fewer patients are aware of physicians having a societal role. They see physicians’ role as helping patients return to optimal functioning, and therefore emphasize technical skills. Physicians assume specialists have already acquired technical skills, and therefore emphasize the personal and social aspects of their work. Future research could examine ethical questions regarding inequalities in physician-patient encounters through focus groups with representatives of physicians and the public, which could provide insights into both populations’ expectations of each other.

**Keywords:** Traits of a “Good Doctor”, Technical Skills, Interpersonal Skills, Medical Education

**Introduction**

From the dawn of humanity, the medical profession has been considered one of the noblest professions. Physicians were honored and perceived as having divine virtues [1]. Their recommendations were accepted as if they were “the word of God” [2]. Over time, physician-patient relationships have changed. This relationship is currently a major topic of discussion in the field of medicine in general, and medical ethics in particular. In the past, medical care was paternalistic. Physicians seldom explained their medical decisions and certainly did not share decision-making with the patient. Patients did not expect an equitable relationship and accepted their doctors’ recommendations without question. A 1984 JAMA article found that 47% of patients prefer their doctor to make decisions regarding medical issues [3].

Criticism of this paternalist approach to medical care, along with a legislative trend towards protecting human rights in general and patients’ rights in particular, led to a conceptual shift and the formation of a new approach: patient-centered care. This approach places patients and their problems and desires at the core of the encounter. The concept of patient-centered care was developed at Harvard Medical School in conjunction with the Picker Institute through interviews with patients, family members, physicians, hospital staff, and a literature review. There are eight principles of patient-centered care: (a) respect for patients’ values and preferences; (b) coordinated and integrated care; (c) information, communication, and education; (d) physical comfort (pain management, assistance with daily living, hospital environment); (e) emotional support and alleviation of fear and anxiety; (f) timely access to care; (g) involvement of family and friends; and (h) continuity and secure transition between health care settings [4].

Research has shown that a good rapport is important in order to engage patients in follow-up treatment, especially for patients with chronic conditions, and that the encounter itself can have therapeutic effects [5 - 8]. The centrality of the physician-patient encounter and its inherent power imbalance makes ethical considerations fundamental [9]. Parallel to the changes in physician-patient relationships, researchers began to explore questions regarding the definition and traits associated with a “good” or “ideal” doctor. These traits can be roughly divided into those related to technical, professional skills and those related to interpersonal skills [10 -13].

It is generally assumed that a physician who lacks relevant technical knowledge and skills is not a good doctor. The question then arises as to whether a physician with strong technical skills but lacking in humaneness and interpersonal skills can be a good doctor. The aim of the present article is to compare the public perception with physicians’ perceptions of the traits of a “good doctor”. Effective communication plays a key role in developing the physician-patient relationship and developing trust [14, 15]. Patients who perceive their physician as caring and sensitive to their needs express greater satisfaction with their health care [16, 17]. Further, physicians’ attention to patients’ emotional needs has a positive effect on recovery and responsiveness to treatment [18, 19]. A study conducted in a mental health hospital in Israel found that patients want doctors and nurses to respect them as human beings and not to see them only as “cases”, to include them in decision-making, and to provide emotional support [20]. A study at Kaplan Medical Center in Israel surveyed 445 hospitalized patients about the characteristics of a “good doctor” [21]. The researchers compiled a questionnaire including 21 items covering three areas of medical care: patient autonomy, physician professionalism, and humaneness. The study finds that patients’ first priority is for doctors to respect their autonomy, followed by wanting their doctor to be professional and humane.

A survey of 289 clients of ten pharmacies in New Zealand finds that, from a given list of traits, the highest importance was attributed to patient autonomy and well-being [21]. A review of 57 articles on patient perceptions of a “good doctor” in the context of primary health care finds that humaneness is the highest overall priority (ranked in the highest quartile of 86% of the studies that included it); the second priority is professional competence and accuracy in diagnosis (64%), and third is involving patients in decision-making (63%) [13].

Another study analyzes patients’ prioritization of physicians’ traits in order to develop a behavioral typology of the “ideal doctor” [22]. In telephone interviews, 192 patients described their experiences with 14 physicians from various fields of specialization at Mayo Clinics in Arizona and Minnesota, USA, in 2001-2002. The researchers identified seven traits that patients value in their physicians: humanness (a caring, sensitive, and courteous physician), empathy (a physician who tries to understand what the patient is experiencing physically and emotionally), personal relationship (a physician who is interested in and remembers the patient), directness (a physician who addresses the patient in simple, direct language), respect (a physician who takes patients’ opinions seriously), thoroughness (a physician who works in an in-depth and consistent manner) and self-confidence (a physician who projects self-confidence gives the patient confidence in him/her). The researchers conclude that patients’ emphasis on traits related to physicians’ behavior rather than professional knowledge does not indicate that technical ability is unimportant, but that the latter traits are more difficult for them to judge and evaluate. That is, in the absence of concrete information regarding physicians’ technical capabilities, patients assume they are receiving high-level medical care when a physician has strong interpersonal skills [23].

In another study, 304 residents of Los Angeles were asked to imagine moving to a new city and choosing a family physician [24]. Participants received virtual reports on various physicians including descriptions in three categories of technical capabilities and three categories of interpersonal capabilities. The researchers created seven hypothetical pairs of physicians (five for the study and two for the internal validity test). In one pair, for example, one doctor is described as having high technical skills but low interpersonal skills and the other is described as the opposite. In another pair, both are described as having average skills in both aspects. Two-thirds of the participants chose the physician with strong technical skills in at least three out of the five pairs. One-third chose the doctor with strong interpersonal skills at least three times. More than half chose a physician with strong interpersonal skills and poor technical skills over a physician with poor interpersonal skills and strong technical skills. Clearly, interpersonal skills are important to patients choosing a physician.

However, a study of 1,193 patients from six primary care clinics in the United Kingdom finds that patients are more concerned that their physicians have strong technical skills [25]. From a given list of traits, patients ranked as most important the physicians’ ability to conduct a thorough physical examination and continuity of treatment (so the physician is familiar with the patient).

In summary, most studies indicate that for general public views humaneness, respect for patient autonomy, and cooperative decision-making as crucial traits for physicians. It is important to understand whether a similar or different picture emerges among physicians.

In the early twentieth century, in response to growing emphasis on clinical competence and the scientific basis of the profession, various voices in the medical profession reminded colleagues of the need for humanness in addition to technical skill. For example, Cassel asserts that medical care is a uniquely human activity, and a physician must possess the virtues of humility, honesty, morality, integrity and compassion, and must be devoid of any interest in personal gain, and that deviating from these values harms the “soul” of the medical profession [26]. Two physicians specializing in bioethics elaborate on the traits a physician today must exhibit: determination, consistency, humanness; further, they add altruism to this list [27]. Harvard physician Francis Peabody states, “The secret of the care of the patient is in caring for the patient”. Seventh-century Chinese physician, Sun Simiao, described the ideal physician as one who develops “A heart of great mercy and compassion”. In the 12th century, Moses Maimonides (Rambam), said that every physician must receive adequate professional education in individual patient care and use of all relevant medical options, including strengthening the patient’s spirit. He ordered physicians to view a patient as a fellow human who is suffering, and not as a medical case. He wrote: “A therapeutic axiom follows: ‘the physician should not treat the disease but the patient who is suffering from it’” [28]. The Hippocratic oath for physicians, dating back to the 4th century BC, still serves as the basis for the ethical codes in modern medicine. For example, the first principle of the American Medical Association’s code of ethics is: “A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights”.

The spirit of this idea has been noted in studies conducted among physicians, such as one done at Soroka University Medical Center in Israel [10]. When asked to rate the most important trait of a “good doctor” from among a list of six possibilities, physicians ranked the traits in the following order (from most to least important):

1. humane and considerate treatment of patients
2. medical knowledge and skills
3. dedication and willingness to help patients
4. good relationships with staff
5. research and publishing ability
6. management and administrative skills

Subsequently, the doctors were asked to rate the same list according to their importance in receiving a promotion at the hospital. The order was:

1. research and publishing ability
2. medical knowledge and skills
3. management and administrative skills
4. good relationships with staff
5. dedication and willingness to help patients
6. humane and considerate treatment of patients

It is striking that, while empathic behavior is considered the most important attribute for being a “good doctor”, it was ranked last in the scale of importance for being promoted at the hospital. The researchers concluded that one physician may invest in relationships with patients in order to receive appreciation, while another may put more effort into doing research in order to gain scientific recognition and advance up the hospital hierarchy. Because resources of time and energy are limited, and investing effort in humane behavior can lead to quicker burnout, a change was proposed to shift policies for physician remuneration and promotion towards policies that contribute significantly to promoting patterns of humane behavior towards patients, rather than only rewarding research work.

Similar findings emerge from a study conducted at the Tel Aviv University School of Medicine, in which 174 faculty members and 214 students in their preclinical and clinical years were surveyed [29]. Participants were given a list of 24 traits and asked to indicate the most important traits of an “ideal doctor”. They rated the five most important attributes as: honesty, a humane approach to patients, responsibility, professional skills and knowledge, and the ability to differentiate between the essential and unessential. These researchers assert that socialization towards the image of the ideal physician, as indicated by these findings, is not implemented in medical school curricula.

Research conducted in the Netherlands indicates that physicians and patients do not always share the same priorities [30]. Surveyed patients attributed significantly higher priority to adequate consultation time, physician availability, and receiving detailed information about their condition, while the physicians emphasized care coordination and continuity. The researchers view these differences as an example of paternalism in medical care. Patients want to be informed and empowered consumers, while physicians prefer a long-term relationship with an obedient patient. Researchers in Switzerland recently explored the traits that physicians view as important in identifying a good doctor, and to what extent consumers of medical care services agree with the indicators offered by physicians [31]. The physicians unanimously agreed that all indicators of interpersonal skills are highly important. The technical aspects of treatment and outcome measures received high ratings, but lower than interpersonal aspects. In contrast, health care consumers perceived physicians’ technical skills as most important for a good physician, followed by interpersonal skills and treatment outcomes. Both groups agreed that the general public cannot reliably assess physicians’ technical skills and treatment outcomes.

Previous research examines perceptions among physicians only or among patients only, but did not compare the perceptions of these two populations. In addition, in most of the previous studies, participants were given an existing set of features to rate, whereas in the present study, participants were asked an open-ended question that allowed more complete information on the issue. Moreover, most of the research done in this context is over two decades old. Since then, there have been significant changes in the medical profession, the work environment, medical education and medical technology. Most notably, computerization in medical care has greatly influenced physician-patient relationships. Therefore, there is a need to examine current perceptions about the characteristics of a “good doctor”.

It is clear that a “good doctor” cannot be defined solely by medical professionals, but must also be derived from patients’ emotional-social worlds and their experiences in healthcare encounters with physicians. A profile of the traits considered most important for physicians can serve as a basis for accepting, training, and evaluating medical students, and for selecting educators to serve as roles model for future physicians.

**Research Aims**

The aims of the current study are to compare the perceptions of the general public with those of specialist-physicians regarding the most important features of a “good doctor” and regarding whether it is the physicians’ role to reduce health disparities.

**Research Hypothesis**

This study hypothesizes that the general public is more likely to define a “good doctor” as having interpersonal skills and traits of humaneness traits as compared to physicians who give more emphasis to technical and professional skills.

**Research Methods**

This cross-sectional study was conducted via two telephone surveys. The first was an omnibus survey of 501 participants constituting a representative sample of the adult population in the State of Israel (response rate: 27%). The second was a survey of 1,000 specialist-physicians who graduated from medical schools since 1981. The framework for the sample was the list of 5,752 specialist-physicians registered with the Israeli Medical Association (IMA).

A survey company conducted the surveys on behalf of the researchers during August 2013. An omnibus survey is conducted on a regular basis by survey companies and includes questions from a number of different customers, with each client paying only for the number of questions relevant to his/her research. Among the sample of the general public, stratification by gender, age group and region of residence was performed. Among the physician population, non-proportional quota sampling was conducted according to the medical school at which they studied, while maintaining the gender proportion seen in the sample. During the survey, a total of 2,300 were contacted by phone, of whom 1,000 completed the questionnaire (response rate: 43%).

The research tool is a questionnaire consisting mainly of closed questions written by the researchers. A pilot survey was conducted among 10 individuals from the adult population in the State of Israel, and 10 specialist-physicians. The general public and physician populations were asked about their demographic traits and what they perceive as the first and second most important traits of a physician. In order to avoid bias, participants were asked in open-ended questionnaire items to name the traits they think are appropriate, and not to choose from a list of given traits. The traits were coded by the researchers. In order to divide the traits into the two categories accepted in the scientific literature (technical and professional skills vs. interpersonal skills and humaneness), the list of traits was distributed to 16 experts from the fields of medicine, nursing, medical psychology and sociology of health. They were asked to indicate whether they think each trait is relevant to the category of technical / professional skills or interpersonal / humaneness skills. Categorization was done according to the majority opinion, as shown in Table 1.

In addition, respondents were asked to what extent they think it is physicians’ job to reduce health disparities (along a 7-point scale, with 1 = not at all and 7 = to a large extent). This variable is differentiated into three categories: to a small extent (answers of 1-3), to a medium extent (answer of 4) and to a great extent (answers of 5-7). This question was drawn from an online survey of physicians [32]. It reflects a broad general view regarding whether physicians have a social and political role, beyond their obvious role as caregivers.

Statistical processing was done using SPSS v24 software. The differences between physicians and the general public were examined using χ2 tests.

**Results**

**Description of the sample**

The doctors: 1,000 medical doctors who graduated from medical schools in Israel participated in the study. The average age of the participants is 47 ± 7, and the average number of years of seniority as a specialist is 10 ± 7 years. Most are male (70%). Most were born in Israel (81%). Two-thirds are specialists in internal medicine (66%), 30% are surgical specialists, and the rest are experts in various diagnostic fields (4%). About two-thirds stated that their main workplace is in a hospital (63%), about one-third work in community health clinics (31%) and 6% work in research or in management (health bureaus, health ministry headquarters, military, pharmaceutical companies, etc.). About a quarter have a managerial role (23%). More than half are engaged in research (56%). This data is similar to the data available from the IMA.

The general public: Just under half the participants are male (47%). Most were born in Israel (69%). Approximately two-thirds are married (67%). One-third were between the ages of 18-24; 17% between 35-44; 16% between 45-54; 16% between 55-64, and 18% were over the age of 65. About 40% have a high school education, 20% have a vocational secondary education, and 41% have a college or university education. About a quarter describe their financial situation as above average (26%), a third as average (35%) and the remainder (39%) as below average. Most participants identified themselves as secular (42%), 30% as religiously traditional, 16% as religious, 9% as ultra-Orthodox, and 3% did not respond to this question. Naturally, there are demographic differences between the samples of the physicians and the general public: the general public is more equal in terms of gender (with slightly more females), is younger, has a lower level of education, and has an overall lower financial situation as compared with the physician population.

**Perceptions of physicians’ role in reducing health disparities**

There are significant differences between the physicians’ perceptions and those of the general public regarding physicians’ role in reducing health disparities (p < 0.001, χ2 = 13.40). Among the general public, 41% said that reducing health disparities is a physicians’ role to a small extent and 48% said that it is their role to a large extent. In contrast, 31% of the physicians said it is their role to a small extent, and 56% said it is their role to a large extent.

**Perceptions of the most important features of a “good doctor”**

**Physicians:** As shown in Table 1, the most important traits of a “good doctor” according to the physicians is humaneness (indicated by 20%), empathy (17%), knowledge and professionalism (15%), credibility and honesty (14%), and caring and dedication (8%) (total 74%). The second most important trait indicated by physicians is: knowledge and professionalism (36%), empathy (11%), humaneness (9%), credibility and honesty (9%), and caring and dedication (6%) [total 71%]. Differentiation of the traits into two broad categories commonly referred to in the literature (technical and professional skills versus interpersonal skills and humaneness) reveals that 62% of physicians indicated attributes of humanness as the first most important trait and 38% indicated professional and technical skills. The reverse picture is seen regarding their perception of the second most important feature: 61% of physicians cited professional and technical proficiency and 39% cited a trait of humaneness. By taking the results of these two questions together, it can be seen that 46% of physicians put a trait of humaneness in first place and a trait of professional skill in second place; 23% of them put a professional trait in first place and a trait of humaneness in second; 16% gave two traits of humaneness; and 15% gave two professional skills.

A comparison by specialization found that more physicians specializing in internal professions indicated two traits of humaneness, as compared to physicians in surgical specializations (56% versus 43%, respectively; p < 0.05, χ2 = 4.01). The same pattern is seen among physicians who primary work in community clinics versus hospital doctors (68% versus 42%, respectively, p < 0.001, χ2 =16.14); among physicians who do not hold a managerial role compared to physicians with a managerial role (55% versus 40%, respectively, p < 0.05, χ2 = 4.39); non-research physicians versus research physicians (58% versus 46%, respectively p < 0.05, χ2 = 4.22) and less experienced physicians (1-10 years since completing the internship) versus those with more seniority physicians (11 years and above since completing the internship) (64% versus 54% respectively, p < 0.01, χ2 = 8.59). There were no significant differences according to gender in the ranking of the traits.

**The general public**

As shown in Table 1, the members of the general public cite the most important trait of a “good doctor” as: knowledge and professionalism (33%), reliability and honesty (17%), humaneness (16%), listening (8%) and patience (7%) (total 81%). They cited as the second most important trait: knowledge and professionalism (32%), humaneness (16%), credibility and honesty (10%), empathy (7%) and listening (7%) (total 72%). Distribution of the traits into the two general categories (as described above) show that 55% of the general public indicate professional and technical skills as the most important and 45% indicate traits of humaneness. The same is seen regarding the second most important trait: 53% indicate professional and technical skills and 47% indicate a trait of humaneness. By combining the responses to the two questions, it is found that 32% of the general public indicate a professional trait as most important and a trait of humaneness as second; 28% indicate a trait of humanness as most important and professional skills as second; 24% cited two professional skills and 16% cited two traits of humaneness.

Significant differences in the combined variable are found between members of the public with various levels of education levels (p < 0.05, χ2 = 7.91). Those with only a high school education are more likely to cite two traits of humaneness (53%) as compared with those who have a vocational secondary education (36%) and those with a college education (31%). There are no significant differences by gender, level of religiosity, or income regarding the qualities of a “good doctor”.

**Comparison of perceptions held by physicians and the general public**

Significant differences are found between the groups regarding the most important trait (p < 0.001, χ2 = 36.46) with the general public more likely to indicate professional skills (55%) as compared with the physicians (39%). There are also significant differences between the populations regarding the second most important trait (p < 0.01, χ2 = 8.83) but with the opposite trend: for this, physicians are more likely to cite professional skills (61%) as compared with those in the general public (53%).

Combining the results of the two questions (Table 2) reveals significant differences between the groups (p < 0.001, χ2 = 44.97). The same percentage of physicians and members of the general public (16%) cite two traits of humaneness; 15% of physicians versus 24% of the general public cite two professional skills; 46% of physicians versus 28% of the general public cite a trait of humanness as most important and a trait of professional skills as second; 23% of physicians versus 32 % of the general public cite a trait of professional skill as most important and a trait of humaneness as second most important.

**Discussion and Conclusions**

The physician-patient encounter, a keystone of health care, is based on communication [7]. This has become especially true in the past few decades, since the development of patient-centered care. Thus, understanding physicians’ and patients’ expectations is crucial. This study is distinctive in its comparison of physicians’ and patients’ perceptions of the most important qualities of a “good doctor”.

This discussion first addresses the physicians’ perceptions, then those of the general public, and finally a comparison of the two.

**Physicians**: The surveyed physicians assert that physicians must first and foremost possess virtues of humaneness, in addition to knowledge and professional skills. This finding is consistent with previous studies [10, 26, 29, 33] and with the ethical code of the medical profession as stated by the American Medical Association [34]. When the physicians describe a holistic set of traits, rather than a single trait, the majority (69%) includes both traits of humaneness and professional skills. Only 16% cite two traits of humaneness and 15% cite two traits related to professional and technical skills.

The current study confirms previous research [29], in which physicians specializing in the field of internal medicine are found to be more likely to indicate traits of humaneness in the five most important traits of the “ideal physician” as compared to surgical specialists. It seems that the physicians who have more personal and lasting contact with patients (community physicians, internal medicine specialists) place greater importance on humaneness over technical skills. In maintaining lasting connections with their patients, it is essential for these physicians to have the ability to maintain empathic and communication with them. The research findings are also upheld by a previous study that found that physicians classified as being compassionate and empathic tend to be significantly younger than physicians not described as having these traits [10]. Further, there is a higher percentage of compassionate-empathic physicians working in the public service sector than in private clinics.

**The general public:** The current study’s findings among the general public sample are inconsistent with the findings of the literature review. Previous research found that patients are more likely to emphasize traits of humanness as their first priority [13, 20-22, 24, 35, 36], contrary to the findings of the present study.

However, the findings are consistent with an analysis of 3,000 reviews written by patients on a German site for physician ratings, which finds that the most common concern (63%) had to do with assessing physician professional competence [37]. This study also confirms the findings of a study of primary care patients, for whom physicians’ ability to perform a thorough physical examination is paramount [25]. It has been said patients in the 21st century have come a long way, from the earlier view that they should “trust your doctor to know what is in your best interest,” to a view that “the doctor’s job is to bring you the best science and technical skill and you will decide what is in your best interest” [38 p216]. That is, in an age in which patients have become consumers, the role of the physician is to be scientifically and technically proficient. It is possible that the public’s perceptions found in the present study reflect these changes, as well as deep concerns regarding the changing goals of the medical profession. Physicians may lose patients’ trust if their concerns for the health care system’s economic interests puts them at odds with the best interests of the patient. In this context, questions arise as to whether a physician-patient relationship based on trust can exist today. In the past, commitment to patient well-being was the basis of the relationship. Today the rules of the game have changed to market-oriented health care with a service provider-consumer relationship. Moreover, as part of the shift from a paternalistic model to a more equitable collaborative encounter, there are now physician rating websites (PRW). These move the physician-patient relationship to the next level: the patient becomes a consumer with the power to assess and publicly evaluate the health services received from physicians [31]. A survey of 1,505 participants found that about a quarter of them had used such sites when searching for a physician, and 11% had published a rating on a PRW [39].

Level of education has a significant impact, as those with a high school education are more likely to indicate traits of humaneness traits in relation to those with post-secondary professional or academic education. This confirms the findings of a previous study, which also finds that, when describing the traits of a “good doctor”, patients without a college or university education gave higher ratings to interpersonal traits (such as: empathy, cooperative decision-making, friendliness of physician and staff, and patient satisfaction with treatment) as compared to patients with higher academic education [31]. The latter may have a greater ability to seek medical knowledge for themselves and to understand the importance of medical treatment for their health, so they have a greater need and expectations for their physician to strengthen their confidence by demonstrating knowledge and professionalism, rather than by being empathic. Various studies [31, 40, 41] have identified factors such as socioeconomic status, age and gender, that increase the desire for engagement and sharing, but no such trends are found in the present study. These differences may be due to the fact that most of the participants in the current study were relatively young and healthy, while much of the previous research was conducted among populations of patients in a vulnerable physical and/or emotional state, who therefore expressed greater need for humaneness from their physicians. Additionally, the differences in findings may be due to the use of different methods for measuring the variables. Previous studies gave patients a list of traits to rate, while in the present study participants were asked to answer the question in an open and intuitive way.

**Comparison of physicians and the general public**

The findings show that, contrary to the research hypothesis, physicians place more emphasis on humaneness while the general public places greater emphasis on professional and technical skills. In addition, it is found that the general public is less likely to say that working towards reducing health disparities is the task of physicians; the physicians themselves are more likely to see this as part of their role. This difference in perception may be because patients perceive the physicians’ role as helping them return to optimal functioning [42] and are less likely to see the social and political significance inherent in the physician role. In contrast, physicians may assume that specialist-physicians have already acquired a high level of technical skill, and therefore emphasis should be placed on the human and social aspects of their work. This finding correlates with the fact that often the public (including in Israel) pushes for the “medicalization” of illness, including demands and social protest for enlarging publicly-funded health care, rather than demanding the improvement of social determinants of health.

The differences between physicians’ and patients’ perceptions found in this study are consistent with those of a previous study [31], which finds that physicians rated interpersonal capabilities as more important than technical skills, whereas the public assesses technical skills as more important than interpersonal skills when describing a “good doctor”. Both populations agree that the general public cannot reliably assess the physicians’ technical skills and treatment outcomes. Paterson [28] agrees with this argument and writes that, as a general rule, patients can judge physicians’ personality traits, but cannot assess their clinical skill, and therefore should trust them on the latter. Patients want to assume that their physicians are adept at doing their job and at recognizing the limits of their professional abilities. It may be that the participants in the current research prefer a high level of professionalism in a “good doctor” because they are better able to judge interpersonal skills on their own, and thus can choose a physician with whom they personally connect. In addition, patients may understand why physicians are often emotionally detached, and some even prefer to keep their contact on a professional basis. Moore [43] adds that medical care is influenced by politics and that it is difficult to uphold a humanistic view of medicine when the rules are adapted for efficient management and the imperative to make a profit. It is possible that the public is aware of this spirit of the modern age and therefore has fewer expectations about humaneness and is content with professional skills.

Deborah Lupton [44] argues that in the medical encounter, physicians and patients work together to produce results that benefit them both. In order to improve the patient’s health, they must cope together with the uncertainty that characterizes any medical encounter [45]. The uncertainty experienced by both patient and physician partly shapes their interaction, and this cannot be reduced to a simple explanation in terms of domination or exploitation. Thus, patients might be more interested in what they perceive will most benefit them (the medical component). In contrast, even physicians who feel they possess accurate scientific knowledge are aware of the uncertainties inherent in the medical professions, perhaps even more so than the patient. This awareness shapes the interaction, demanding collaboration between doctor and patient. Thus, physicians emphasize the aspect of humaneness, in order to improve the interaction.

Compared to the public, physicians seem to be clinging to the ideal of healing and ethical relationships, in which they are ideally able to put themselves in the patients’ place and give them a sense of camaraderie and identification. Moreover, beyond the professional perspective, many physicians also have insights from their own occasional experiences of needing medical treatment.

In summary, while the medical profession is one of the most technologically advanced professions, one of the dangers inherent in innovation and technological advancement is that these will come at the expense of physicians’ emotional connection with their patients [46]. Patients today must rely on physicians’ scientific, clinical, and ethical abilities. Physicians’ commitment to the welfare of the patient serves as the basis for creating trust between them. Physicians need to be free of self-interest and to put the best interests of patients first, within the political, economic, and consumer-oriented climate that characterizes the 21st century. Accelerated technological development and use of medical science for purposes quite different from its historical goals of preventing suffering and promoting health, alongside the medicalization of many aspects of modern life, make it necessary for there to be a public discussion of the moral core and changing goals of the medical profession.

The profile traits that emerged in this study can serve as a basis for accepting and evaluating medical students, training these students, and selecting educators to serve as role models for the humaneness of the medical profession among future physicians. The two aspects of health care—professional and technical skills versus humaneness and interpersonal skills—represent different skill sets. The former is based on technical knowledge and skills, the second is based on emotional warmth and communication skills. The ability to connect with patients and gain their trust is a human capability which crosses the boundaries of medical skills and knowledge. Therefore, it is important that the training and education of future physicians also focus on embedding this aspect in their work. As Morgan Martin [47] writes: “Physicians dispense not only medicines but words that influence medicines or, all by themselves, affect the patient more than the medicine.”

**Limitations**

The main limitation of the current research concerns the dichotomous definitions and distribution of traits of humaneness versus professional skills. This division is ambiguous and can be a basis for a future discussion. It is possible that some of the respondents interpreted professionalism as a purely technical aspect, whereas others may interpret professionalism according to behavioral traits of a “good doctor” (integrity, compassion, altruism, ethics). The classification of traits into these content categories depends on personal views as well as professional, social, and cultural norms. This is reflected in physician’s distribution of the list of traits, which made it evident that some physicians believe that almost all the traits belong to the world of professional skills, while others believe they can be classified dichotomously, as described in the article.

Another limitation concerns the representativeness of the sample of physicians in Israel. Due to the nature of the broader funded research project, the survey was conducted only among graduates of medical schools in Israel, although many physicians working in Israel completed their studies abroad. Future research could include additional methodologies, such as combined focus groups of physicians and public representatives. It could also consider ethical dilemmas regarding the medical encounter. Given that there is sometimes a disconnect between the community of physicians and the population of patients, such a meeting could provide insights for physicians and the public about their expectations of one another.

**Acknowledgments:** The researchers would like to thank the IMA, and especially Ms. Ronnie Tilkin, for their cooperation; and the National Institute for Health Policy Research and Health Services for Research Grant R / 2012/156, with which the survey was conducted.

**References**

1. Tripathi J, Rastogi, S, Jadon, A. Changing doctor patient relationship in India: A big concern. Int J Community Med Public Health. 2019;6(7):1-5, doi: <http://dx.doi.org/10.18203/2394-6040.ijcmph2019>.
2. Ganesh K. Patient-doctor relationship - changing perspectives and medical litigation. Indian J Urol. 2009;25(3): 356-60. doi: 10.4103/0970-1591.56204.
3. Strull WM, Lo B, Charles G. Do patients want to participate in medical decision-making? JAMA. 1984;252:2990-4.
4. Rawson JV, Moretz J. Patient- and family-centered care: A primer.
J Am Coll Radiol. 2016; 13:1544-9. doi: 10.1016/j.jacr.2016.09.003.
5. Ishikawa H, Hashimoto H, Kiuchi T. The evolving concept of “patient-centeredness” in patient–physician communication research. Soc Sci Med. 2013;96:147-53. doi: 10.1016/j.socscimed.2013.07.026
6. Matusitz J, Spear J. Effective doctor–patient communication: an updated examination. Soc Work Public Health. 2014;29(3):252-66. doi: 10.1080/19371918.2013.776416
7. Peck BM, Denney M. Disparities in the conduct of the medical encounter: The effects of physician and patient race and gender. Sage Open. 2012;2(3):1-14. doi: 10.1177/2158244012459193.
8. Verlinde E, De Laender N, De Maesschalck S, Deveugele M, Willems S. The social gradient in doctor-patient communication. Int J Equity Health. 2012;11(1):12. doi: 10.1186/1475-9276-11-12.
9. Filc D, Davidovitch N. Equity and distributive justice in health and risk message design and processing. In: Guttman N, editor. Oxford encyclopedia of health and risk message design and processing. Oxford: Oxford University Press. doi: 10.1093/acrefore/9780190228613.013.253.
10. Carmel S, Glick SM. Compassionate-empathic physicians: personality traits and social-organizational factors that enhance or inhibit this behavior pattern. Soc Sci Med. 1996;43(8):1253-61. doi: 10.1016/0277-9536(95)00445-9.
11. Cuesta-Briand B, Auret K, Johnson P, Playford D. A world of difference’: A qualitative study of medical students’ views on professionalism and the ‘good doctor’. BMC Med Educ. 2014;14(1):77. doi: <https://doi.org/10.1186/1472-6920-14-77>.
12. Pellegrino ED. Professionalism, profession and the virtues of the good physician. Mt Sinai J Med. 2002;69(6):378-84.
13. Wensing M, Jung HP, Mainz J, Olesen F, Grol R. A systematic review of the literature on patient priorities for general practice care, part 1: description of the research domain. Soc Sci Med. 1998;47(10):1573-88. doi: 10.1016/s0277-9536(98)00222-6.
14. Walsh S, O’Neill A, Hannigan A, Harmon D. Patient-rated physician empathy and patient satisfaction during pain clinic consultations. Ir J Med Sci. 2019:1-6. doi: <https://doi.org/10.1007/s11845-019-01999-5>.
15. Singh M. Communication as a bridge to build a sound doctor-patient/parent relationship. Indian J Pediatr. 2016;83(1):33-7. doi: 10.1007/s12098-015-1853-9.
16. Halpern J. From idealized clinical empathy to empathic communication in medical care. Med Health Care Philos. 2014;17(2):301-11. doi: 10.1007/s11019-013-9510-4.
17. Hojat M, Louis DZ, Maxwell K, Markham F, Wender R, Gonnella JS. Patient perceptions of physician empathy, satisfaction with physician, interpersonal trust, and compliance. Int J Med Educ. 2010;1:83-7. doi: 10.5116/ijme.4d00.b701.
18. Cooper LA, Roter DL, Carson KA, Bone LR, Larson SM, Miller ER, et al. A randomized trial to improve patient-centered care and hypertension control in underserved primary care patients. J Gen Intern Med. 2011;26(11):1297-304. doi:10.1007/s11606-011-1794-6.
19. Ratanawongsa N, Karter AJ, Parker MM, Lyles CR, Heisler M, Moffet HH, et al. Communication and medication refill adherence: The Diabetes Study of Northern California. JAMA Intern Med. 2013;173(3):210-8. doi: 10.1001/jamainternmed.2013.1216.
20. Haron Y, Tran D. Patients’ perceptions of what makes a good doctor and nurse in an Israeli mental health hospital. Issues Ment Health Nurs. 2014;35(9):672-9. doi: 10.3109/01612840.2014.897778.
21. Hutchinson M, Reid J. In the eyes of the Dunedin public, what constitutes professionalism in medicine?. J Prim Health Care. 2011;3(1):10-5. doi: <https://doi.org/10.1071/HC11010>.
22. Bendapudi NM, Berry LL, Frey KA, Parish JT, Rayburn WL. Patients' perspectives on ideal physician behaviors. Mayo Clin Proc. 2006; 81(3): 338-344. doi: 10.4065/81.3.338
23. Ware JE, Williams RG. The Dr. Fox effect: a study of lecturer effectiveness and ratings of instruction. J Med Educ. 1975; 50(2), 149-56.
24. Fung CH, Elliott MN, Hays RD, Kahn KL, Kanouse DE, McGlynn EA, et al. Patients’ preferences for technical versus interpersonal quality when selecting a primary care physician. Health Serv Res. 2005; 40(4):957-77. doi: https://doi.org/10.1111/j.1475-6773.2005.00395.x
25. Cheraghi-Sohi S, Hole AR, Mead N, McDonald R, Whalley D, Bower P, et al. What patients want from primary care consultations: a discrete choice experiment to identify patients’ priorities. Ann Fam Med. 2008;6(2):107-15. doi:10.1370/afm.816.
26. Cassel CK. The patient-physician covenant: an affirmation of Asklepios. Ann Intern Med. 1996;124(6):604-6. doi:10.7326/0003-4819-124-6-199603150-00010.
27. Orme-Smith A, Spicer J. Ethics in general practice: a practical handbook for personal development. Abingdon: Radcliffe Publishing; 2001.
28. Paterson R. The good doctor: what patients want. Auckland: Auckland University Press; 2013.
29. Notzer N, Soffer S, Aronson M. Traits of the ‘ideal physician’ as perceived by medical students and faculty. Med Teach. 1988;10(2):181-9. doi: <https://doi.org/10.3109/01421598809010541>.
30. Jung HP, Wensing M, Grol R. What makes a good general practitioner: do patients and doctors have different views?. Br J Gen Pract. 1997;47(425):805-9. doi: 10.1186/1472-6963-4-26.
31. Rothenfluh F, Schulz PJ. Physician rating websites: what aspects are important to identify a good doctor, and are patients capable of assessing them? A mixed-methods approach including physicians’ and health care consumers’ perspectives. J Med Internet Res. 2017;19(5):e127. doi: 10.2196/jmir.6875.
32. Dopelt K, Urkin J, Yahav Z, Bachner Y, Davidovitch N. Physicians’ perceptions of the virtues of the “good doctor”. Society and Welfare. 2016; 36(3-4): 463-476. [in Hebrew]
33. Zolnierek KB, DiMatteo MR. Physician communication and patient adherence to treatment: a meta-analysis. Med Care. 2009;47(8):826-34. doi: 10.1097/MLR.0b013e31819a5acc.
34. American Medical Association. AMA principles of medical ethics. 2001. <https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/principles-of-medical-ethics.pdf>. Accessed 27 August 2019.
35. Longo MF, Cohen DR, Hood K, Edwards A, Robling M, Elwyn G, et al. Involving patients in primary care consultations: assessing preferences using discrete choice experiments. Br J Gen Pract. 2006;56(522):35-42.
36. Schattner A, Rudin D, Jellin N. Good physicians from the perspective of their patients. BMC Health Serv Res. 2004;4(1):26. doi: http://www.biomedcentral.com/1472-6963/4/26.
37. Emmert M, Meier F, Heider AK, Dürr C, Sander U. What do patients say about their physicians? An analysis of 3000 narrative comments posted on a German physician rating website. Health Policy. 2014;118(1):66-73. doi: 10.1016/j.healthpol.2014.04.015
38. Kenny N. Searching for doctor good: virtues for the twenty-first century. In: Kenny, N, Shelton W, editors. Lost virtue: Professional character development in medical education: advances in bioethics, 10, 2006. p. 211-233. https://doi.org/10.1016/S1479-3709(06)10011-4.
39. Emmert M, Meier F, Pisch F, Sander U. Physician choice making and characteristics associated with using physician-rating websites: cross-sectional study. J Med Internet Res. 2013;15(8):e187. doi: 10.2196/jmir.2702.
40. Jung HP, Baerveldt C, Olesen F, Grol R, Wensing M. Patient characteristics as predictors of primary health care preferences: a systematic literature analysis. Health Expect. 2003;6(2):160-81. doi: 10.1046/j.1369-6513.2003.00221.x.
41. Little P, Everitt H, Williamson I, Warner G, Moore M, Gould C, et al. Preferences of patients for patient-centered approach to consultation in primary care: observational study. BMJ. 2001;322:1-7. doi: 10.1136/bmj.322.7284.468.
42. Parsons T. The Social System. Glencoe: Free Press; 1951.
43. Moore J. A consideration of the qualities of a ‘good’ doctor with some help from the humanities. Br J Gen Pract. 2009;59(558):58-61. doi: 10.3399/bjgp09X394950.
44. Lupton, D. Medicine as culture and illness: disease and the body in Western societies. London: Sage; 1994.
45. Adamson C. Existential and clinical uncertainty in the medical encounter: an idiographic account of an illness trajectory defined by Inflammatory Bowel Disease and Avascular Necrosis. Sociol Health Illn. 1997;19(2):133-59. doi: <https://doi.org/10.1111/1467-9566.ep10934391>.
46. Dopelt K, Davidovitch N, Yahav Z, Urkin J, Bachner YG. Reducing health disparities: the social role of medical schools. Medical teacher. 2014;36(6): 495-504. doi: 10.3109/0142159X.2014.891006.
47. Martin M. Healthy respect for the word. JAMA. 1978;239(26):2776-7. doi:10.1001/jama.1978.03280530040019

**Table 1 Distribution of participants’ perceptions of important traits of a “good doctor”**

|  |  |  |  |
| --- | --- | --- | --- |
| Trait | Trait categorization as Humanness (H) orProfessional (P) | Trait noted as **first** most important (%) | Trait noted as **second** most important (%) |
|  | **Physicians** | **Public** | **Physicians** | **Public** |
| Humaneness/humane approach | H | 20 | 16 | 9 | 16 |
| Empathy | H | 17 | 5 | 11 | 7 |
| Caring and devotion | H | 8 | 5 | 6 | 4 |
| Patience | H | 4 | 7 | 3 | 4 |
| Attentiveness | H | 4 | 8 | 3 | 7 |
| Love of humanity | H | 3 | - | 2 | - |
| Communicativeness | H | 2 | 2 | 2 | 5 |
| Humility | H | 2 | - | 2 | - |
| Courtesy | H | - | 2 | 1 | 3 |
| Professionally knowledgeable  | P | 15 | **33** | **36** | **32** |
| Reliability and honesty | P | 14 | 17 | 9 | 10 |
| Diligence and perseverance | P | 3 | - | 4 | - |
| Curiosity | P | 2 | - | 4 | - |
| Responsibility | P | 1 | - | 1 | 1 |
| Love of the profession | P | 1 | - | - | - |
| Accuracy in diagnosis | P | 1 | 3 | 2 | 6 |
| No answer | - | 3 | 2 | 5 | 5 |

**Table 2 Results of χ2 test examining differences between physicians and the general public in the rating of the two traits**

(p < 0.05, χ2 = 5.64)

|  |  |  |
| --- | --- | --- |
|  | **Physicians (%)** | **General Public (%)** |
| Two traits of humaneness | 16 | 16 |
| Two traits of professionalism | 15 | 24 |
| First trait humanness, second trait professionalism | 46 | 28 |
| First trait professionalism, second trait humaneness | 23 | 32 |