

Managing Doctor-Patient Socio-Medical Relationships in the Health Care Delivery System: Impacts and Ways Forward

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Abstract: This article discusses the socio-medical relationship between doctor and patient in health delivery system. It explains the concepts of a doctor and a patient from medical point of views. It discusses the medical ethics of trust, confidentiality and respect, informed consent and avoidance of negligence which should be kept by medical doctors in the course of discharging their duties to their patients. It argues that good relationships between doctors and patients would reduce emotional distress of the patients; improve patient's compliance; result in better health delivery outcomes; establish trust and confidence between doctors and patients, and improve doctor's and patients' satisfactions. The article highlights and explains dissatisfaction from limited timing; patients' feeling of abandonment; physician devaluing patients' views; lack of explanation for tests and procedures performed and physician's superiority, as factors which create strained relationship between doctors and patients. It suggests effective communication and active listening; good agenda; empathy; educating patients; reassurance of patients; agreement on treatment plan and avoidance of over-reaction, as ways of ensuring smooth relationship between doctors and their patients. Recommendation made in this article would go a long way in enhancing and encouraging good relationship between doctors and their patients.

Keywords: Doctor; Patient; Treatment; Health and Communication

INTRODUCTION

The relationship between doctors and their patients has gained sociological, medical, philosophical and literary attention since the beginning of time and has attracted attention in several modern medical and health literatures, journals, monograph, books and over 8,000 articles. The robust science on the doctor and the patient relationship, and frequent meetings, help in guiding decision making and plans in healthcare. This relationship has formed one of the fundamentals to the healthcare modern medical and contemporary ethics. In most universities of today, they teach and encourage young medical students from the beginning (even before they set their feet into the hospital) to create and maintain a good communication with their patients, upholding the dignity of their patients' and to have a higher sense of respects for their patients privacy. Hence, the relationship between the doctors and patients is very central to the practice of healthcare and also very essential for the high quality healthcare delivery pertaining to diagnosis and treatments of pathological diseases. The quality of doctor and patient relationship is also very essential and relevant to both parties because it helps in achieving high level of trust, mutual respect, shared values and perspectives about a

particular disease and also with the presence of much time, one can acquire knowledge and information about patient's disease which will eventually increase the level of accuracy in diagnosis and also increase the patient's knowledge about the disease.

In spite of the above, Physician and patient relationship has multiple issues; It is built on two conflicting issues (doctor's perception of a particular illness and the patient's own opinion). Most of the visits to offices turn into a "tug of war"; this is partly because doctors and patients are on two different end of the rope. To the doctors, illness and illness related behaviours are disease processes that can be measured and understood through laboratory tests or clinical observation, while on the part of the patient, they see illness as a form of disruption of one's life. The doctor's focus is more on keeping in with the fast changing medical sciences than on trying to understand the level of patient's pain, concern and feelings, ignoring the fact that the major concern of the patient is to create the sense of being heard and understood. Many doctors do not see their role as listeners, but on the contrary, they view their role and functions in relation to the "human car mechanic" which is known as the

“find” and “fix” mechanism. This has made the patients to feel devalued because their ill state is limited to a mechanical process. In some cases, patients are often experiencing difficult situations with their doctors because of their inability to relate properly with their patients and to access patients’ cases to their satisfaction. Sometimes patients tend to wait for too long without being attended to and when they have the opportunity to meet with their physicians, limited time to ask questions is offered to them (patients).

Everyone is aware of the fact that good doctor and patient relationship is relevant to the sustenance of any healthcare. However, external influences are making it increasingly difficult to attain a good communication that can build an effective relationship but rather it has further sour and created a strain relationship. The article, therefore, aimed at providing explanations to several issues like physician’s superiority and conflict of interest, patients feeling of abandonment by physicians, being formal or casual, truth and informed consent, limited timing, doctor - patient confidentiality, among others.

Conceptual Clarification

Two major concepts of Doctor and Patient are to be defined in this section. A doctor is considered as one who practices Medicine, who is concerned with the treatment and diagnosis of disease, injury and illnesses. Hence, a doctor must rely on the art of human understanding to amplify the insights provided by science.

[6] indicates that a doctor is a medical practitioner and a physician: one who undertakes the cure of disease. Medical Doctors are responsible for the maintenance and restoration of human health through the practice of medicine, which is concerned with the diagnosis and treatment of human disease, injuries, pain, ailments and other conditions. In the contemporary times the word “Doctor” is not often used as the word “Physician”. Other subsequent names used include medical practitioner and medical doctor. Doctors are not only found at the hospitals only but also in other settings also, for example in the health organizations, public and private sectors, medical schools and other groups. Even with the name doctor, not all the doctors do the same task daily. This is because of the variations in their schedule, which is greatly affected by the kind of medical practice one specializes in. These specializations include Audiologist (Ear Specialist), Cardiologist (Heart Specialist), Dentist (Dental Specialist) Epidemiologist (Disease Specialist), Gynaecologist (Female Reproductive Specialist), Andrologist (Male Reproductive System Specialist), Oncologist (Cancer Specialist), Veterinarian (Animal Specialist) among others

According to [10] a doctor is concerned with running various tests, interpreting them, administering treatments, prescribing medicine in the hospital. The doctors also make notes concerning patient’s physical conditions, advising patients on how to stay healthy and talking to them about further treatment. Other roles of a the physician’s obligation include to commit full attention to the patient; create an environment that preserves the patient’s dignity; foster candour in the disclosure of confidential and intimate information; convey genuine concern for the patient’s well being; and respect the role of the patient advocate and/or caregiver. Some doctors invest their time completing administrative duties such as updating patient records, returning phone calls or dealing with various office issues. On the other hand, the word “Patient” is an ancient reminder of medical duty, as it originally meant ‘one who suffers’.

According to Parson [16] in his work on ‘Sick Role’, explains the behavioural pattern of sick people. To parson, being sick is not a deliberate act or choice of the sick person (even though the sickness may be as a result of exposure to infection or injury). A sick person cannot take care of himself and very necessary to seek medical experts. There are specific obligations a sick person needs to fulfil in order to get better, since Talcott sees the sickness as a dysfunction to the society, causing stress to the social structure itself. The obligations by Talcott parsons include: refrain from normal social activities, the sick person should seek medical help from medical experts since their state is beyond their control. Cooperation is needed with the doctor or physician and other health workers, since there is the desire to get well.

There are some principles which are broadly applicable to the art of being a patient and these principles will be discussed below:

- First, is the need to lower expectations of what medicine can do and without reducing respect for the medical practitioner? It is good to note that science, while seemingly unbounded, is still constrained in dealing with human condition. Irrespective of the expansion of medical knowledge, there will always remain human lacunae of ignorance. Medicine will never be able to prevent death, or the deterioration of age, or fully repair the consequences of severe traumatic accidents, or totally correct some birth defects.
- Secondly, patients have to understand that many discomforts stem not from disease but from the rough and tumble of living. In our death-defying culture, individuals are grimly determined to purchase happiness at any cost. The sooner patients understand that doctors are not in the happiness-promoting business, the greater their likelihood of being helped.

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- Thirdly, according to [10] it is the essence for a patient to frequently ask questions so as for him/her to gain insight on how to best deal with ones situation. On the one hand, some patients tends not to ask questions because of fear, but on the other hand, a doctor is to tell the patient the truth and not to withhold any information from his patient in order not to make their patient to lose any hope. The doctor is to tell the patient the truth even if the news is unpleasant.

Relationship between Doctors and Patients

The patient–doctor relationship is an important concept in health care, especially primary care. It is a complex topic that means different things to different people. Some scholars investigated it in terms of the communication and interpersonal skills of the doctor, for others major facet is continuity of patient care, where the relational aspect is referred to as interpersonal continuity[13]

Recently some scholar like [7] have developed great interest in examining the characteristics of the ongoing relationship between doctor and patient, which includes trust, knowledge, loyalty and regard. The doctor and patient relationship is seen as a specialized form of human relationship, and also, the works in other disciplines have shown a clear difference between the dynamic interactive aspects of relationships and the mental associations made by people ‘in’ relationships, which are ‘historically derived as representations of experience’

According to medical ethicist, there is no single characterization that can properly do justice to the patient-physician relationship “given the complexity of professional styles, patient expectations and values, and contexts in which the relationship is established.” The doctor and patient relationship is central to the practice of healthcare and is essential for the delivery of high and quality health care in the diagnosis and treatment of disease, hence it forms one of the foundations of contemporary medical ethics[10] . A patient-physician relationship exists when a physician serves a patient’s medical needs, generally by mutual consent between physician and patient. In some instances the agreement is implied, such as in emergency care or when physicians provide services at the request of the treating physician.

According to [1]“when you see your doctor, you don’t face any medical issue alone. You do it together.” From this statement it emphasized the relevance of mutual involvement of both the doctor and the patient. The relationship between patient and physician is based on trust and gives rise to physicians’ ethical obligations to place patients’ welfare above their

own self-interest and above obligations to other groups, and to advocate for their patients’ welfare.

In view of doctor and interpersonal skills, a doctor's communication and interpersonal skills encompass the ability to gather information in order to facilitate accurate diagnosis, counsel appropriately, give therapeutic instructions, and establish caring relationships with patients. This is because effective doctor-patient communication is a central clinical function in building a therapeutic doctor-patient relationship, which is the heart and art of medicine. Basic communication skills in isolation are insufficient to create and sustain a successful therapeutic doctor-patient relationship, which consists of shared perceptions and feelings regarding the nature of the problem, goals of treatment, and psychosocial support. The ultimate objective of any doctor-patient communication is to improve the patient's health and medical care [3].

According to [8] Patient-doctor communication is the verbal and non-verbal processes through which a doctor obtains and shares information with a patient, thereby developing a therapeutic relationship. While communication with a patient may seem straightforward and intuitive, an effective patient-doctor interaction can be quite challenging. It is up to the doctor to find out about the patient and their medical issues regardless of how difficult or complex the patient’s history may be. Only when the doctor understands the patient, in his or her own context, can the physician provide good care.

Good doctor-patient communication has the potential to help regulate patients' emotions, facilitate comprehension of medical information, and allow for better identification of patients' needs, perceptions, and expectations. Patients reporting good communication with their doctor are more likely to be satisfied with their care, and especially to share pertinent information for accurate diagnosis of their problems, follow advice and adhere to the prescribed treatment. Patients' agreement with the doctor about the nature of the treatment and the need for follow-up is strongly associated with their recovery.

According to [1], there are some ethical issues that need to be explored in the doctor-patient relationship.

The first of these ethical issues is Trust. Trust is an essential part of the physician-patient relationship. Patients should be able to trust that their doctor will behave professionally towards them during consultations and not see them as potential sexual partners. In order to receive medical care, patients have to reveal personal information to physicians and others who may be total strangers to them---information that

they would not want anyone else to know. They must have good reason to trust their caregivers not to divulge this information. The basis of this trust is the ethical and legal standards of confidentiality that healthcare professionals are expected to uphold.

The second ethical issue is confidentiality and respect. In order for any health care system to work properly, it is essential that those participating in it have confidence that whatever private health information they provide to their physician will be kept confidential and will not become a matter of public record. Physicians and Patients within the treatment or even outside of the treatment in regard to the life of men, which on no account one must spread abroad, it should be known and kept only between the doctor and the patient because some patients find such information shameful when spoken about outside. Physicians therefore make oath to keep all that they heard confidential no matter what. However, other codes reject this absolute approach to confidentiality[7].

The third ethical issue is Informed consent. Informed consent is one of the central concepts of present-day medical ethics. The right of patients to make decisions about their healthcare has been enshrined in legal and ethical statements throughout the world. The WMA Declaration on the Rights of the Patient states that: "The patient has the right to self-determination, to make free decisions regarding him/her. The physician will inform the patient of the consequences of his/her decisions. A mentally competent adult patient has the right to give or withhold consent to any diagnostic procedure or therapy. The patient has the right to the information necessary to make his/her decisions. The patient should understand clearly the purpose of any test or treatment; what the results would imply, and what would be the implications of withholding consent" [11]

A necessary condition for informed consent is good communication between physician and patient. They must provide patients with all the information they need to make their decisions. This involves explaining complex medical diagnoses, prognoses and treatment regimes in simple language, ensuring that patients understand the treatment options, including the advantages and disadvantages of each, answering any questions they may have, and understanding whatever decision the patient has reached and, if possible, the reasons for it. Good communication skills do not come naturally to most people; they must be developed and maintained with conscious effort and periodic review.

Avoidance of negligence on the part of doctors is another factor which encourages good doctor-patient relationship. Criminal negligence means rash and reckless conduct on the part of a person, resulting in the death of another person. In medical field, it signifies

rash or reckless conduct on the part of a doctor in administering treatment or performance of medical procedures resulting in the death of a patient. Recklessness involves conscious and unreasonable risk taken by a doctor as to the possibility that a particular undesirable circumstances exists or as to the possibility that some evil will come to pass [7] . Hence, a good doctor should not engage in criminal negligence to his/her patient.

In conclusion, the establishment of good rapport with a patient is important. Some medical specialists agreed that the quality of the patient-physician relationship is important to both parties. The better the relationship, in terms of mutual respect, knowledge, trust, shared values and perspectives about disease and life, and time available, the better will be the amount and quality of information about the patient's disease transferred in both directions, enhancing accuracy of diagnosis and increasing the patient's knowledge about the disease. Where such a relationship is poor the physician's ability to make a full assessment is compromised and the patient is more likely to distrust the diagnosis and proposed treatment, causing decreased compliance to actually follow the medical advice

IMPACTS OF DOCTOR-PATIENT RELATIONSHIP

When exploring the effect of the relationship between the doctor and his/her patient, we are looking at both the positive and the negative impacts that have occurred over time. When we talk about positive impacts of doctor-patient relationship, we mean the various benefits one derives from a good communicative session with his/her doctor. Among these are:

Reduction of Emotional Distress in Patients:

Strong doctor-patient relationships help in the reductions of emotional distress in patients [11] The degree of patient-centeredness in communication is directly related to the degree of patient comfort and satisfaction and the subsequent degree of turn over for further consultation at the health care.

Improved Patient Compliance, Resulting in Better Health Outcomes

The primary goal of all doctor-patient interactions should always be to optimize outcomes for the patient. Research has consistently shown that a strong doctor-patient relationship is a key determinant of good compliance with medical treatments in patients [2]; [12] . As a result of increased compliance, patients who have good relationships with their doctors have higher symptom resolution rates, and better control of chronic diseases that include better blood pressure, blood glucose and pain control [15].

Establishment of Trust and Confidence

A study conducted in the outpatient division of teaching hospitals in the USA concluded that physician satisfaction is directly related to greater patient trust and confidence in their physicians [4]. A good doctor and patient section, most especially when there is greater transparency, create greater trust and confidence in their doctor. Greater transparency will help patients and doctors make better-informed decisions and hence trust and confidence is achieved.

Improved Physician's Satisfaction and Patient's Satisfaction

A more patient-centred encounter results in better patient as well as doctor satisfaction. Satisfied patients are less likely to lodge formal complaints or initiate malpractice complaints. Satisfied patients are advantageous for doctors in terms of greater job satisfaction, less work-related stress, and reduced burnout [12].

In view of the above, the negative impact of the doctor –patient relationship arises from a strain relationship which has developed over time. The question we are to ask is why is it that there is a strained doctor- patient relationship? The biggest challenge doctors face in building strong relationships with patients is simply as a result of bad communication or poor doctor's attitude toward them. The negative effects of the doctor and patient relationship are caused by the following:

Dissatisfaction from Limited Timing

Lack of time in the examination room. Insurance companies pay physicians based on how long they believe a procedure or examination should take, so doctors have an average of 10-16 minutes to spend with patients before they literally start losing money [1]. Therefore, most doctors played a paternalistic role. The resulting one-directional communication with patients leaves limited time for questions. Patients live with unmet expectations and an incomplete understanding of what comes next. Patient feel rushed by their physicians because there is no enough time for them to express how they actually feel.

Patient Feelings of Abandonment by doctor

In every healthcare, patient have to make appointment before they are attended to; unless in other severe conditions. Patients wait for long period of time before they see their doctors and in some cases, they still will not get to meet their doctors either making excuses that they (doctors) are not around or he is busy. Most patients do feel a form of rejection and pain and time wastage since they were kept two to three hours without being attended to. This led to the violation of the patients' opinion right 10.01 which states that patient has the right to courtesy, respect, dignity, responsiveness, and timely attention to his or her needs.

The feeling of being abandoned discourages most patient from the health care. This factor led to patients moving from one hospital to another for a better option for them [1]; [14].

Physicians Devaluing Patient Views

In effective communication, a patient finds the section satisfactory when the doctor allows them to say their own view of a particular situation. . Patients who are involved in their treatment plan are more likely to feel better and to manage their symptoms. Patients often make suggestions on what the doctor should do concerning their problem, but when a doctor tends not to adhere to their decisions, a patient feels that his ideas are irrelevant to the doctor. According to [1] on the opinion right 10.01; the fundamental elements on doctor and patient relationship stated that “the patient has the right to make decisions regarding the health care that is recommended by his or her physician”. Accordingly, patients may accept or refuse any recommended medical treatment.

Lack of Explanations for Tests and Procedures Performed

The inability for doctors to convey information properly concerning the tests and diagnosis that has taken place is another problem. Most doctors make use of medical terms to convey their messages to their patient which the patient may not be able to comprehend easily, and to those patients who are illiterate, they will not even be able to understand anything at all. This experience makes patient to look vulnerable and confused, this creating dissatisfaction to them. A patient goes away with unmet expectations and not knowing what actually is wrong with them. This particular factor will eventually discourage patients from further visits to the healthcare in general [9].

Physician Superiority

Doctors are said to be knowledgeable in medical sciences and their high level of credibility. During the patient session with the doctor, the patient mostly feel incompetent because of the limited knowledge they have in medical sciences, they have to rely on the doctor to dictate their ill state. This level of dependency has made so many patients feel inferior to their doctors. A doctor should at least recognize this disparities existing between them in order to create a good rapport and good communication. But some doctors use this medium to exercise superiority and this has devastating effects on the patient's health or slow rate in recovery simply because doctors failed to put themselves to their patient's level to encourage them [5].

Ways of Improving Doctor-Patient Relationship

According to [3] there are several techniques that can help physicians facilitate constructive patient

session and make the most of the time allotted for the appointment.

Effective Communication and Active Listening

The key to building good doctor-patient relationships is patient-centred communication which is more educational and requires physicians to seek for patients' opinions, affirm understanding, and encourage questions. Physicians are to encourage their patients to tell the stories of the illness, through the restatement of information in the patient's own words, and the development of open-ended questions during the medical interview.

Agenda

The doctor and his patient are of two side of the coin, having different agendas and goals. The physician's agenda on the one hand may be to help patients accept the diagnosis of a functional disorder and to consider symptom management, while the patient on the other hand, might come to the appointment seeking a specific diagnosis, a cure, or the reassurance that they do not have cancer. Therefore, it is important and advisable for both to communicate or be aware of each other's agendas from the beginning of the appointment. To facilitate this, physicians can ask several questions such as: "What do you think is going on, what are your concerns and fears, and how can I be of most help to you at this time?"

Empathy

Empathy means demonstrating an understanding of the patient's pain and distress while maintaining an objective and observant stance. The physician should acknowledge the difficulty patients experience in trying to manage their pain as they struggle to perform jobs, maintain their roles within the family, and validate their disorders to themselves and others. Patients who have experienced major psychosocial loss or trauma (e.g., abuse history) might find it embarrassing to discuss these issues. For this reason, it is important for the physician to validate the patient's feelings without making a personal judgment or offering a quick solution.

Educating Patients

Education plays a crucial part in a good doctor-patient relationship. Education involves a dialogue where the physician elicits the patient's thoughts, feelings and beliefs, and then provides new information consistent with the patient's needs and interests. Providing written materials can be particularly helpful in supplementing and enhancing the information obtained from the physician during the appointment.

Reassurance

Identifying and legitimizing a patient's concerns and worries without offering false reassurances can help comfort the patient. It puts them

at ease by knowing that the physician has a commitment to them and recognizes their emotions as important and their disorder as real and not "in their head."

Agreeing on a Treatment Plan

After the medical interview and physical exams are completed, it is important for the patient and physician to agree upon a treatment plan. The physician should take into account the patient's personal experiences and life style, and provide choices that are consistent with these factors.

Avoid Overreacting

Some patients may appear demanding, dependent or even adversarial. It is the physician's responsibility not to overreact in these situations. This can be achieved by establishing limitations (boundaries) on what can be provided and suggesting appropriate ways for the patient to contact the physician. Physicians should address unrealistic demands, frequent phone calls or inappropriate requests for narcotics in a timely fashion before this type of behavior escalates into impulsive actions from the patient. Feelings and emotions should be addressed honestly, thereby facilitating communications between the doctor and patient on a positive level and helping to avoid conflict.

CONCLUSION AND RECOMMENDATION

We conclude that good doctor – patient relationship is quite essential for successful health care delivery system in every – nation of the world. Such good doctor – patient relationship would facilitate the ways doctors deliver their duties and responsibilities, not that alone, but with ultimate good results. On the part of the patients, it would ensure that patients receive the best from their doctors and have assurance that the best would be given to them in the health care delivery systems. We recommend, therefore, that medical doctors should pursuit good relationship with their patients for this is one of the best avenues to ensure that they deliver good care to their patients which is the focus of health care delivery system of every nation. It is recommended that every medical association should ensure strict compliance from their members when attending to their patients. Moreover, refresher courses and seminars on the issues pertaining to doctor – patient relationship should be conducted for medical doctors, time to time. On the part of the patients, there should be tutorial lectures for them on how to have good relationships with their doctors. Finally, doctors who fail to uphold ethic of good relationship with their patients should be sanctioned. In order to facilitate this, there should be a complaint bureau in every hospital where patients can report doctors who breach ethic of good relationship with their patients.

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