Evidence-based Research

Similarities and differences of doctor-patient co-operated evidence-based medical record of treating digestive system diseases with integrative medicine compared with traditional medical records

Bo Li¹,², Wen-Hong Shao³, Yan-Da Li³, Ying-Pan Zhao¹,², Qing-Na Li¹,², Zhao Yang¹,², Hong-Cai Shang⁴*

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Highlight:
Initially make out the differences between evidence-based medical record cooperated by doctor and patient and traditional medical record. Initially put forth medical record cooperated by doctor and patient for treating digestive system diseases based on integrative medicine.

The comprehensive evaluation one month after cooperating

| After one month’s treatment, I feel that… (Please tick on the items you agree with.) |
|---|---|---|---|
| 1 At least two persons said I look goo | ☐ 1 sure | ☐ 2 something like that | ☐ 3 none |
| 2 I think I look good | ☐ 1 sure | ☐ 2 something like that | ☐ 3 none |
| 3 I feel strength all over the body | ☐ 1 sure | ☐ 2 something like that | ☐ 3 none |
| 4 At least two persons think I’m vigorous when doing things | ☐ 1 sure | ☐ 2 something like that | ☐ 3 none |
| 5 At least two persons think I’m not so irritable | ☐ 1 sure | ☐ 2 something like that | ☐ 3 none |
| 6 I think I’m in good mood | ☐ 1 sure | ☐ 2 something like that | ☐ 3 none |
| 7 At least two persons said I eat more than before | ☐ 1 sure | ☐ 2 something like that | ☐ 3 none |
| 8 I think I eat more than before | ☐ 1 sure | ☐ 2 something like that | ☐ 3 none |
| 9 At least two persons said I had accept TCM treatment | ☐ 1 sure | ☐ 2 something like that | ☐ 3 none |
| 10 I accept TCM treatment | ☐ 1 sure | ☐ 2 something like that | ☐ 3 none |
| 11 At least two persons think I complain less of pain | ☐ 1 sure | ☐ 2 something like that | ☐ 3 none |
| 12 I feel that there are fewer symptoms. | ☐ 1 sure | ☐ 2 something like that | ☐ 3 none |
Similarities and Differences of Doctor-Patient Co-operated Evidence-Based Medical Record of Treating Digestive System Diseases with Integrative Medicine Compared with Traditional Medical Records

Bo Li ¹,², Wen-Hong Shao ³, Yan-Da Li ³, Ying-Pan Zhao ¹,², Qing-Na Li ¹,², Zhao Yang ¹,², Hong-Cai Shang*¹

Abstract:
Objective: To establish the model of doctor-patient cooperated record, based on the concepts of narrative evidence-based medicine and related theories on Doctor-Patient Co-operated Evidence-Based Medical Record. 
Methods: We conducted a literature search from Pubmed, following the principles of narrative evidence-based medicine, and refer to the advice of experts of digestive system and EBM in both traditional Chinese medicine and Western medicine. 
Result: This research is a useful attempt to discuss the establishment of doctor-patient co-operated evidence-based medical record guided by narrative evidence-based medicine. 
Conclusion: Doctor-patient co-operated medical record can become a key factor of the curative effect evaluation methodology system of integrated therapy of tradition Chinese medicine and Western medicine on spleen and stomach diseases.

Keywords: Evidence-based medicine; Narrative medicine; Therapeutic evaluation; Integrated therapy

摘要
遵循叙事循证医学理念，咨询中西医消化内科及循证医学专家，凝练医患共建式病历的理论，建立医患共建式病历的范本，对比医患共建式病历与传统病历记录的不同，分析医患共建式病历的优缺点。思考与展望：医患共建式病历有可能成为中西医合作治疗脾胃病疗效评价方法学体系的一个要素。

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Introduction

Clinical Therapeutic Evaluation is a key issue for the development of medical science, which is in the range of concern over life quality to the research of evaluated tables of Patient Report Outcome (PRO), and more medical researchers pay attention to the patients’ feeling. In addition, the main indicators of therapeutic evaluation also tend to be used for the patients’ feeling. The way how to evaluate the efficiency of intervening measures is combining doctor’s evaluation and patient’s evaluation, which come out soon [1-6]. At the same time, based on the current study, clinical effects can be evaluated more comparatively if the patients’ values is paid attention to. However, if the researchers only focus on the patients’ values, over-generalization may be resulted. Clinical therapeutic evaluation system is built by integrating evaluations of both doctors and patients, which is possibly to contribute to evaluating therapy objectively and comprehensively. It is a challenge whether the comprehensive therapeutic evaluation can be established through evaluating by both doctors and patients.

The thought and philosophy of evidence-based medicine is leading the current world medical trend, which include three indispensable factors such as doctors’ experience, the best examination measures at present and the patients’ value orientation. What doctors should consider is how to demonstrate the patients’ values in diagnosis and treatment. Doctor’s record should be oriented in the clinical records because of their objective angle, and patients’ feeling should also be caught more attention to [7-12].

In 2001, Doctor Rita Charon in Columbia University initially put forward the concept of “Narrative Medicine”, which is a medical practice relevant to the patients’ narrative ability and the practices related to doctors, patients, colleagues and the understanding of highly complex public narrative context. In short, it practices doctors how to witness the patients’ sufferings, and lead patients to describe the diseases completely by themselves. In this aspect, it further involves the idea of “respect the patients’ values” of evidence-based medicine, which equips clinical medicine with more humanistic solicitude and flexibility, and it also shows the features of reality and comprehension in therapeutic evaluation [13-15].

The academician Wang Yongyan points out in Strength The Idea of Medical Humanity , Embrace The New Medical Reform and Study Evidence-based Medicine that neither “Narrative Medicine nor Evidence-based Medicine can be overlooked, and the two jointly promote the development of medicine and humanity”; currently “the main practical way of narrative medicine is the writing pattern of parallel medical record in medical activities, which provides medical humanity with substantial clinical procedures and evaluation indicators”. In this process, the patients’ pains should be recorded in non-medical terms. Either doctor’s record or patient’s record should reveal truly the clinical process in two dimensions, so empathy can be created between the doctors and patients, which can be used to serve clinical diagnosis and treatment as well as therapeutic evaluation.

Doctor-patient cooperated record is aimed to change the conventional model of doctor-oriented medical record and set up a certain form so as to make a medical document involved in patient’s feeling, which respect the patients’ values orientation, and recorded by doctors and patients. The records of diseases on spleen and stomach based on doctor-patient cooperation, are oriented by integrated medicine, is established for the commonly seen diseases in digestive internal medicine. This study is to discuss the record of its disease, and the hypothesis of doctor-patient cooperation, as a new way of evaluation, is capable of reflecting the actual clinic effects more comprehensively than conventional records by doctors or PRO’s evaluated tables by patients.

Object

In the case of Reflux Esophagitis of digestive disease and gastric precancerous lesions, make out the similarities and differences between doctor-patient cooperated records and patients and previous records through clinical experiments; evaluate the advantages and disadvantages of medical records cooperated by doctors and patients.

Methods

Retrieve the relevant information by the key English words like Pubmed, Embase, CBMDisc, CNKI, as well as the key words and subject headings in Chinese such as Narrative Medicine and Doctor-patient cooperation from medical databases; Consult experts of internal digestive of integrated medicine as well as evidence-based medicine; Draft the forms of doctor-patient cooperated record from the prospective of clinical therapeutic evaluation; merge with patient’s record of narrative medicine. What these procedures is to formulate doctor-patient cooperated record, and then have clinical survey. During the process, make out the differences between doctor-patient cooperated record and conventional record made by doctors only.

Results

This study plan has been certificated by Xi yuan Hospital’s Ethics Committee of China Academy of Chinese Medical Science, and the Grant No.is 2014XL083-2 It has also been registered in Chinese Clinical Trial Center of WHO, and the Registration No.is ChiCTR-OOC-15006023, clinical trials are under way, and by August 15th, 2015, 79 patients have participated in the study and 52 patients have finished their own tasks.

The clinical diagnosis of doctor-patient cooperated records

The participants must have the pathological diagnosis report from Grade III, Class A hospital. In terms of diagnosis, there is no difference between doctor-patient cooperated record and common medical record.

The symptom tables of doctor-patient cooperated record

The following is cooperated by doctor and patient, which is different from the previous research record and is a core of co-evaluation and co-decision-making. After retrieving English words like Pubmed, CBMDisc, CNKI as well as Wanfang in Chinese and etc. from English and Chinese medical databases, there are no relevant research cases which have been published previously, and the writer have established tables from many clinical trials by taking part in and managing several of digestive apartments in person [17-18].

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Physician’s record

1. chief complain:

2. history of present illness: See the following tables

Table 1 Clinical symptoms observation: Cardinal Symptoms.

<table>
<thead>
<tr>
<th>Cardinal Symptoms</th>
<th>Category</th>
<th>Grades</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain in the upper abdominal (gastral cavity)</td>
<td>Nature</td>
<td>□1swelling pain □2dull pain □3burning pain □4stabbing pain □5other</td>
</tr>
<tr>
<td></td>
<td>Time</td>
<td>□1before meal □2after meal □3before and after meal □4other</td>
</tr>
<tr>
<td></td>
<td>Degree</td>
<td>□0none □2mild □4moderate □6serious</td>
</tr>
<tr>
<td></td>
<td>Frequency</td>
<td>□0never □11less than one day a week □2one day a week □32-3day a week □44-5day a week □5almost everyday</td>
</tr>
<tr>
<td>Distention and Fullness the upper abdominal (gastral cavity)</td>
<td>Time</td>
<td>□1before meal □2after meal □3before and after meal □4other</td>
</tr>
<tr>
<td></td>
<td>Degree</td>
<td>□0none □2mild □4moderate □6serious</td>
</tr>
<tr>
<td></td>
<td>Frequency</td>
<td>□0never □11less than one day a week □2one day a week □32-3day a week □44-5day a week □5almost everyday</td>
</tr>
<tr>
<td>Oppression in the upper abdominal (gastral cavity)</td>
<td>Time</td>
<td>□1before meal □2after meal □3before and after meal □4other</td>
</tr>
<tr>
<td></td>
<td>Degree</td>
<td>□0none □2mild □4moderate □6serious</td>
</tr>
<tr>
<td></td>
<td>Frequency</td>
<td>□0never □11less than one day a week □2one day a week □32-3day a week □44-5day a week □5almost everyday</td>
</tr>
<tr>
<td>Sour regurgitation</td>
<td>Time</td>
<td>□1before meal □2after meal □3before and after meal □4other</td>
</tr>
<tr>
<td></td>
<td>Degree</td>
<td>□0none □2mild □4moderate □6serious</td>
</tr>
<tr>
<td></td>
<td>Frequency</td>
<td>□0never □11less than one day a week □2one day a week □32-3day a week □44-5day a week □5almost everyday</td>
</tr>
<tr>
<td>Heart burn</td>
<td>Time</td>
<td>□1before meal □2after meal □3before and after meal □4other</td>
</tr>
<tr>
<td></td>
<td>Degree</td>
<td>□0none □2mild □4moderate □6serious</td>
</tr>
<tr>
<td></td>
<td>Frequency</td>
<td>□0never □11less than one day a week □2one day a week □32-3day a week □44-5day a week □5almost everyday</td>
</tr>
<tr>
<td>Belching</td>
<td>Time</td>
<td>□1before meal □2after meal □3before and after meal □4other</td>
</tr>
<tr>
<td></td>
<td>Degree</td>
<td>□0none □2mild □4moderate □6serious</td>
</tr>
<tr>
<td></td>
<td>Frequency</td>
<td>□0never □11less than one day a week □2one day a week □32-3day a week □44-5day a week □5almost everyday</td>
</tr>
<tr>
<td>Table 2 Clinical symptoms observation: Minor symptoms.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Appetite decrease</strong></td>
<td>□none □1mild □2obvious □3total have no appetite</td>
<td></td>
</tr>
<tr>
<td><strong>Food-intake decrease</strong></td>
<td>□none □1less than 1/3 □2 1/3-1/2 □3more than 1/2</td>
<td></td>
</tr>
<tr>
<td><strong>Belching</strong></td>
<td>□none □2occasionally □4sometimes □6most of the time □8 during the whole day</td>
<td></td>
</tr>
<tr>
<td><strong>Burning sensation in subternal</strong></td>
<td>□0No □2Yes</td>
<td><strong>Pharyngeal foreign body sensation throat</strong></td>
</tr>
<tr>
<td><strong>Nausea</strong></td>
<td>□0No □2Yes</td>
<td><strong>Distending pain in the chest and hypochondrium</strong></td>
</tr>
<tr>
<td><strong>Vomiting</strong></td>
<td>□0No □2Yes</td>
<td><strong>Abdominal distention</strong></td>
</tr>
<tr>
<td><strong>Dry in the mouth</strong></td>
<td>□0No □2Yes</td>
<td><strong>Vexation and irritable</strong></td>
</tr>
<tr>
<td><strong>Bland taste in the mouth</strong></td>
<td>□0No □2Yes</td>
<td><strong>Hard breath and weak statement</strong></td>
</tr>
<tr>
<td><strong>Bitter taste in the mouth</strong></td>
<td>□0No □2Yes</td>
<td><strong>Fatigue</strong></td>
</tr>
<tr>
<td><strong>Sticky sensation in the mouth</strong></td>
<td>□0No □2Yes</td>
<td><strong>Oppression in the chest</strong></td>
</tr>
<tr>
<td><strong>Hunger without appetite</strong></td>
<td>□0No □2Yes</td>
<td><strong>Feverishness in palms and soles</strong></td>
</tr>
<tr>
<td><strong>Fear of coldness</strong></td>
<td>□0No □2Yes</td>
<td><strong>Cold in limbs</strong></td>
</tr>
<tr>
<td><strong>Lassitude in limbs</strong></td>
<td>□0No □2Yes</td>
<td><strong>Poor sleep</strong></td>
</tr>
<tr>
<td><strong>Yellow urine</strong></td>
<td>□0No □2Yes</td>
<td><strong>Emaciation</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 3 Clinical symptoms observation: Inducing and aggravating factors of main symptoms.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inducing and aggravating factors of main symptoms</strong></td>
</tr>
<tr>
<td><strong>Having meal</strong></td>
</tr>
<tr>
<td><strong>Empty stomach</strong></td>
</tr>
<tr>
<td><strong>Tiredness</strong></td>
</tr>
<tr>
<td><strong>Having a cold</strong></td>
</tr>
<tr>
<td><strong>Medical factors</strong></td>
</tr>
<tr>
<td><strong>Climatic variation</strong></td>
</tr>
<tr>
<td><strong>Emotional factors</strong></td>
</tr>
<tr>
<td><strong>Intense work and high pressure</strong></td>
</tr>
<tr>
<td><strong>Others</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 4 Clinical symptoms observation: Symptoms for differentiation reference.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Symptoms for differentiation reference</strong></td>
</tr>
<tr>
<td><strong>Defecation times</strong></td>
</tr>
<tr>
<td><strong>Texture of stool</strong></td>
</tr>
<tr>
<td><strong>Tongue body</strong></td>
</tr>
<tr>
<td>No.</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>1</td>
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<td>16</td>
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<tr>
<td>17</td>
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<td>18</td>
</tr>
</tbody>
</table>

Table 5 Patient’s record.

Table 6 PRO’s Evaluated Table of Gastroenteropathy.
<table>
<thead>
<tr>
<th>Question</th>
<th>□ 0</th>
<th>□ 1</th>
<th>□ 2</th>
<th>□ 3</th>
<th>□ 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you feel pain in abdomen?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you feel distending in abdomen?</td>
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<td></td>
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<tr>
<td>How is your pain in substernal?</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>How is your burning sensation in substernal?</td>
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<td></td>
</tr>
<tr>
<td>How is your pain in stomach?</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>How is your feeling of distending in stomach?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>How is your pain in abdomen?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How is your feeling of distending in abdomen?</td>
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<tr>
<td>Do you have diarrhea?</td>
<td></td>
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<tr>
<td>Do you have constipation? (defecate more than every 3 days, or have dry and hard stool or have difficulty in defecating)</td>
<td></td>
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</tr>
<tr>
<td>Do you still want to defecate after having done it?</td>
<td></td>
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</tr>
<tr>
<td>Do you feel urgent to defecate (Do you rush to the wash room)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you lost weight in recent 2 months?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is your mood affected easily?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you in anxiety or tension?</td>
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</tr>
<tr>
<td>Are you worried about your disease?</td>
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</tr>
<tr>
<td>Does your health condition limit your social activities such as shopping or visiting relatives or friends?</td>
<td></td>
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</tr>
<tr>
<td>Does the disease affect your status or role in family or work?</td>
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</tr>
<tr>
<td>Patient’s signature</td>
<td></td>
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</tr>
<tr>
<td>Physician’s signature</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 7: The comprehensive evaluation one month after cooperating.

After one month’s treatment, I feel that… (Please tick on the items you agree with.)

<table>
<thead>
<tr>
<th>Item</th>
<th>□ 1sure</th>
<th>□ 2something like that</th>
<th>□ 3none</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least two persons said I look good</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I think I look good</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel strength all over the body</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At least two persons think I’m vigorous when doing things</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At least two persons think I’m not so irritable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I think I’m in good mood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At least two persons said I eat more than before</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I think I eat more than before</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At least two persons said I had accept TCM treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I accept TCM treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At least two persons think I complain less of pain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel that there are fewer symptoms</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Discussion

The total of 61 papers about narrative medicine have been found on the Internet by retrieving English words like Pubmed, Embase, CBMdisc and CNKI, but there are no reports on “Doctor-patient cooperated record” at home and abroad. This is first to expound the establishment of doctor-patient cooperated record on the base of narrative medicine and the framework of the relevant therapeutic evaluations.

There are two parts in doctor-patient cooperated record, one is from doctor, and the other is from patient which is not found in the conventional records. The two parts are integrated together and proved each other, which can better reflect the current state of the diseases. The doctor’s record includes four factors such as cardinal symptoms, minor symptoms, inducing factors and differentiation reference (excrement, tongue and pulse), which are the ways for doctors to diagnose, and doctors follow the medical principle of strictness and objective. This part includes all symptoms of digestive diseases and is classified according to medical terms, which is what doctors inquire of the patients and can reveal the doctor’s evaluation. The tables filled in by patients have been revised based on PRO’s evaluated table through many clinical trials, and the digestive symptoms that patients can feel have been chosen as much as possible and classified into different items. Furthermore, language is easy to understand and the choices can be operated easily, and the items are the symptoms and suffering that patients want to tell doctors.

The tables of symptoms such as epigastric pain, acid reflex, heart burn are designed to exchange confirmation by doctors and patients, and the method make the evaluation more representative and close to clinic facts. The results can be evaluated precisely because the symptoms and symptom degrees are confirmed by doctors and patients respectively.

The study are also involved the patients’ satisfactions, values as well as diagnosis and treatment, which consists with patients’ assessments and free descriptions and can further verify patients’ judgments. Subjective description is possible to deviate from and be different from facts and discrepancies are easier to occur than the objective records. Doctors get the information about the patients’ value orientation in order to know the patients’ thinking, and then educate patients from the respective of sociology and psychology. The patients with high expectation can make doctors and patients in trouble because of the non-objective diagnosis and treatment. Doctors and patients are faced with the symptoms through communicating each other on account of trust and work together to ascertain the diseases, which is beneficial to produce the most effective in diagnosis and treatment. Full communication between doctors and patients show the meaning of evidence-based medicine, which respect patients’ value orientation, and the humanity of narrative medicine.

The questionnaire after treatment is also an important item in doctor-patient cooperated record, which displays patients’ entire feelings and has a preliminary quantification. It is divided into six dimensions and is used to evaluate a month’s treatments as a whole. Two questions in a dimension can confirm each other. Referring to the doctor and patient’ evaluation above, and after examining validity and reliability, we will adopt weighting way to calculate effective quantity by putting the three items together, and then get the comprehensive mark for doctor-patient cooperation and try to take it as comprehensive evaluation for patient’s effects, which is different from the conventional medical record, but it is easily overlooked because what doctor and patient desires are not consistent. However, this questionnairetemps to unify doctors’ and patients’ feelings and balance the evaluation of diagnosis and treatment.

We think that it is possible to contribute to an innovation in a new model of clinical therapeutic evaluation by researching doctor-patient cooperated record, which far more focuses on patients’ feeling than the conventional medical record. Many items in therapeutic evaluation are consistent and make patients enjoy their life experience and their cognition without having the feeling of “coldness” in the medical world any more. And the patients can raise satisfaction by these items and depend on them increasingly so that it improves the ways of diagnosis and treatment as well as effects. This study is to demonstrate the whole therapeutic effects with multi-targets and multi-levels by making out the differences between doctor-patient cooperated record and the conventional medrial record, coordinating doctors with patients and balancing the objective and subjective.

Competing interests

The authors declare that they have no competing interests.

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