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Do Patients-Work-for-Doctors in Today's Healthcare Services of Bangladesh?

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ABSTRACT

In today's healthcare services particularly medical-care market has been blamed to be polluted in economy country-wise such as Bangladesh. Doctors here are blamed for requiring patients' unnecessary tests for doctor's own monetary gains. These are no different in case of universal healthcare system country-wise. Also, doctors' roles in writing prescriptions for patients are blamed to be related to pharmaceutical products' promotions. This situation in medical-care services country-wise such as Bangladesh has motivated conducting this survey-data study where primary data were collected from three groups - patients, patient-attendants, and doctors. The Questionnaire Forms were distributed and interviewed randomly chosen 100 exist patients along with100 attendants of patients of three public, two private and one not-for-profit hospitals located in Dhaka City. On doctors' opinions, data were collected from randomly chosen 30 doctors of three public (15), two private (10) and one non-profit private (5) hospitals located in Dhaka City. Results of data analysis clearly shows that nearly 79% attendants of patients showed negative perceptions on doctor's cordiality towards patients and 78% showed negative perceptions on trusting doctors.

The estimated overall weighted mean was 2 (two), which confirmed the current doctor-patient relationship to be poor. On patients' opinions, 52% patients showed negative on doctors' cordiality issue and 69% patients showed negative on trusting doctors in Bangladesh. Here estimated overall mean was 2.9, which confirms a poor doctor-patient relationship. On overall perception - Felt like "doctors-work-for-patients" in healthcare market, 65% patients expressed negative perceptions. In other words, nearly 65% patients believe that "patients-work-for-doctors" in today's medical care market in Bangladesh. In contrast, over 90% doctors were positive towards doctor's freedom of choosing treatment-protocol. Over 72% doctors acknowledged about their 2nd job. The findings of this study clearly shows that the doctor-patient relationship is poor in patients and patient-attendants' opinions, however, they are different in doctors' viewpoints. So, answer to the question posed depends on who are asked. But the reflections of today's medical-care markets scenarios in economy of Bangladesh are no deniable, which deserves to be studied further.

Keywords: Medical Care Market; Unnecessary Medical Tests; Do Patient Work for Doctor

Introduction

Today's humankind lives in technology-driven world of business-mentality where people try to take advantages within self-ability in multi-faucets without counting right or wrong in practices. In this process of changes, the technology progression has eased having Telemedicine & E-Health Services in practice in many countries, which has eased opportunities in multi-faucets (Chakraborty [1]). However, like few other sectors, healthcare services particularly, medical-care market, has been blamed to be polluted despites historically medical profession was a noble profession. It is obvious that the characteristics of the market for medical-care services are different, and these differences vary country-wise. This is because many countries have universal health coverage provisions in place such as the USA. Some governments of other countries have subsidized public healthcare services along with progression of private healthcare services such as Bangladesh. With this reality in hand, despites medical-care-market has buyers (patients) and sellers or service-providers (doctors) where various features of medical-care-market complicate the analysis of their attraction's country-wise (Rahman [2,3]). Particularly they are

a) Third parties such as government, insurers and unwritten bystanders including pharmaceutical-product-promotional agent's involvement where they have interests in healthcare outcome

b) Patients, in general, do not know what they need and cannot evaluate the treatment they are receiving

c) Healthcare providers are paid by patients in general where public healthcare services are subsidized in many countries such as Bangladesh.

Today it is probably the most criticized profession in world-economy country wise such as Bangladesh (Rahman [4]). Sometimes doctors here are blamed for requiring patients' unnecessary tests for doctor's own monetary gains particularly in case of affiliations with private sector (Dhaka Tribune [5]). Also, the summary of "concluding comments" of respondents who have taken part for opinions on doctor-patient relations for this study reveals it and much more. These are no different in case of universal healthcare system either. Furthermore, some cases, doctors' roles in writing prescriptions or advice for patients are assumed to be connecting with pharmaceutical products' promotions. In other words, by writing lengthy prescriptions doctors receive benefits from pharmaceutical companies. Other group claims that doctors now-a-days make more money by spending less time for each patient. Another group claims that some cases when a doctor is employed by government, on duty s/he is not hesitant advising patients to visit doctor's other chamber, i.e., his/her second employment, with assurance of having available better equipment for better diagnosis there. With all these concerns, at the present doctor-patient relationship is a major issue in medical-care service-industry, which is mostly debated country-wise no matter where we live.

On this critical issue, Bangladesh is no exception. These concerns of human-society raise question on today's doctor-patient relationship. Do doctors work for patients? Or do patients work for doctors in today's medical-care industry in economy country-wise such as Bangladesh? Answering the question posed, this study takes on the challenges examining medical-care services based on analysis of survey-data collected in Bangladesh, which can serve as a scenario with minor variations in World medical-care services in economy country-wise.

This article is organized as such that Section 2 captures an overview of Bangladesh healthcare system. Section 3 conducts a reality check on medical-care services in Bangladesh, which captures doctor-patient-relationship by incorporating into few subsections. Section 4 captures the medical-care services under a market system in an economy country-wise such as Bangladesh. Section 5 captures analysis of opinions of doctors, patients, and patient-attendants. Section 6 supplies conclusion.

Bangladesh Healthcare System: An Overview

In Bangladesh, medical care services are offered either through government-run hospitals or through privately-run clinics. Bangladesh is still lagging in medical care services for the poor. Healthcare system here has undergone number of reforms. The Medical Practice and Private Clinics and Laboratories (Regulation) Ordinance, 1982, eased this approach [6]. It is now vastly decentralized. As a result, it is regulated and controlled by for-profit companies, NGOs, the national government and international welfare organizations (Govt of BD, 1982). Now it presents an extensive medical-care industry in tri-faucets. They are

a. Public

b. Nonprofit

c. Private sectors.

But healthcare system in Bangladesh is still a long way from achieving universal health coverage. Despites statutory healthcare system in place covering all citizens in principle, many patients are left untreated every year in practices. On the other side, private sector services are becoming too expensive for many no matter where they live (Hamid, et al. [7]). Here the Medical Practice, Private Clinics and Laboratories Regulation, Ordinance NO. IV OF 1982, authorizes maximum charges and fees that may be demanded in a private clinic or private laboratory for surgical operations and other medical examinations or services [6]. But

these charges must be specified in Schedule in advance. The law further requires registered medical practitioner to carry-on private medical practices. The Law needs every private clinic and private laboratory prominently display in the chamber, clinic, or laboratory a list of charges and fees that may be demanded for services.

On top of this, Bangladesh has a comprehensive set of policies for Universal Healthcare Coverage (UHC), e.g., a health-financing strategy and staged recommendations for pooling of funds to create a national health insurance scheme and expand financial protection for health. However, despites the Ministry of Health and Family Welfare serves as watchdog of healthcare laws & policies and overall healthcare system in Bangladesh, other organizations have been considerably influencing decision-making process and the outcome. Also, the inequitable access to and financing mechanism in healthcare system between urban and rural are significant. These factors have been hindering the achievement of UHC since its beginning in Bangladesh.

A Reality Check of Medical Care Services in Bangladesh

In profession, increasing specialization, over-dependence on technology and commercialization etc. associated with escalating costs of healthcare are thought to be the underlying causes for this problem. Also, in today's medical-care practices of defensive medicine are affecting the quality of care as well as the relationship between doctors and the patients. Another area of deterioration in the doctor–patient relationship is the nexus between doctors and pharmaceutical companies, which kindles a suspicion in the mind of the patient that s/he is paying more than s/he needs to (Rahman [8]). Also, sometime on spot doctor performs prescribed injection to patient in doctor's chamber where the prescribed injection is managed or bought by doctor's assistant from nearby of doctor's chamber. However, in this scenario, the patient has no knowledge about the name brand of it. So, while the patient suffers next time with the same health problem, s/he needs to go back to the same doctor for having the same brand for its immediate cure. It is no overstated that sometime doctors may intentionally do not show prescribed medicine particularly injection brand-name to the patients with an expectation that patient will need to visit the same doctor again. This is because this self-setting up effort can generate extra visiting-fees or revenues from the said patient. Capture existing problems of today's medical care service sector in Bangladesh, this section has been elaborated into two subsections as follows

Problems in Medical-Care Services: A Reality Check

Today healthcare service is probably the most criticized profession in Bangladesh-economy. It reminds people here in Bangladesh and beyond about the episode of Sabrina-ism in Bangladesh. There is a vivid example of this reality of issuing falsehood COVID-19 Certificates in Bangladesh, which is known as Sabrina-ism in literature (Rahman [4]). This Sabrina-sim reminds us how large the negative impacts in multi-faucets can be on the people in the country. In this episode, Sabrina was a money-sucking machine at the frontline of the tunnel (Rahman [3,4]). On this token, today's "doctor-patient relationship" in service sector is more controversial than ever before in the economy of Bangladesh. It has been mostly debated in newspapers. To undermine the magnitudes of the debate or incidents, sometime these so-called service-providers take shelter under the banner "Gross Negligence" in respect of professional duties to the patients for which they are getting paid. So, the relevant authority(s) may regard the incident to be a misconduct.

Once this step takes place, this progression is used as sufficient to justify the suspension or removal of the medical-practitioner or service-provider from the registrar. And later the offender(s) is entitled to be prosecuted. However, in today's business-mentality world, it may not be executed in most cases, unless the incident had taken place in the eyes of public. Otherwise, in self-interest politics-driven-world, sometime this progression is used paying compensation to the victim so that the matter can be taken off from the table with parties' agreement. Alternatively, sometime the victim is warned for backing off unless the victim wants facing retaliation where the mood or magnitudes of the retaliation depends on who is backing the offender. The very recent incident "Bashundhara Managing Director" and its later steps towards covering up for good justifies the analogy made above. Despites knowing the fact that victim was denied issuing a medical report, Justice Dept has concluded dropping out the case based on agency's report without questioning its validity in Bangladesh, as reported by the Dhaka Tribune newspaper, (Dhaka Tribune [5]).

The pandemic crisis has ignited the practices of unethical further without boundaries. In aim to coverup the incident and then to undermine the consequences in today's Bangladesh, the Bashundhara donated huge monetary supports among people who needed it most during this pandemic crisis in Bangladesh. Since COVID-19 crisis is now almost over or it is no longer a sever health-issue country-wise such as Bangladesh, like many countries, Bangladesh medical care system still goes thru the Sabrina-ism but in different fashions.

Sector-Wise Problems in Healthcare Services

Problems in Private Sector: Since 1980s, Bangladesh has been following market-oriented liberalizing policy reforms and have prioritized private sector-led growth. Furthermore, overcoming public hospital's limitations in multi-faucets, besides investing in medical education & training, government allows physicians to

practice privately. However, this private healthcare services are facing a severity of crisis [9]. As TIB reported [10], these hospitals & diagnosis centers have turned in to be profit-driven entity or organization in Bangladesh-economy. However, these money-driven services contradict with the basic principles that govern medical-care services since the beginning of human society. As reported [9] today's medical-care services under private sector in Bangladesh-economy run based on somewhat "commission-based marketing mechanism". Under referrals provision, some parties do exchange for commission for the referees. In this mechanism, generally, doctors, owners of private medical facility and middlemen are benefited. All these have limited the benefits for the improvement of peoples' health where government aggressive approaches are missing addressing the issues in private sector of medical care services in Bangladesh. It clearly ratifies that patient serve for doctors in medical care service market. The growth of this sector has limited benefits for the improvement of people's health. The government should take a comprehensive approach and engage its political will to make changes in management and governance and bring in stewardship to revitalize the public sector (Rahman [3,9]).

Problems in Public Sector: Public sector hospitals in Bangladesh face problems in multi-faucets. The main problems of these hospitals are

a. Limited number of hospital beds and various personnel

b. Poor use

c. Poor perception & quality of services

d. Doctors give extremely limited time to patients in consultation & diagnosis

e. Most lab-tests are needed to be completed thru private entities, which is expensive

f. Inadequate connections between public and private sectors etc.

All these problems in the public sector have caused customers i.e., patients to use the private sector, thus promoting the growth of this sector. These have all contributed to private sector growth. Outpatient consultation is the major mode of service provision in the public sector. However, while the population of Bangladesh increases annually by nearly two percent, the number of people seeking medical care from public sector hospitals over the longer term has been decreasing. For example, there was a 30 percent decrease in attendance between 1993 and 1996 (DGHS, 2020). Reasons for this trend include the non-availability of doctors and drugs, over-crowding, increased waiting and travelling times, and poor communication between doctors and patients (Rahman [8]). Consumer dissatisfaction with this sector has led to an increase in attendance figures at private facilities.

Problems in Non-Profit Organization Sector

Currently, there is not enough evidence available within Bangladesh. However, the general feeling here is that, due to a variety of reasons, the doctor–patient relationship is under strain. Today's doctor-patient relationship appears to be somewhat business-mentality rather having ethical & medical etiquette perspective behaviors in general.

Medical-Care Services: A System of Market Economy

Market economy is an economic system where two forces "supply" and "demand" direct the production of goods and services (Rahman [2]). Central authority, like the government does not control these economies, but it runs based on voluntary exchange. In medical-care services, it is no different. In economics, speaking of "healthcare" means talking about the entire healthcare industry. This industry produces products and supply services in multi-faucets for example from heat transplant to therapeutic massages. It produces and sales goods & services. Market for "doctor office visit" means a patient goes to doctor, which shows that the patient is the part of the demand of this visit. On the other hand, a doctor by "seeing a patient" means services are provided by the doctor, which is the part of supply in this medical-care market. This market runs in a similar fashion of other markets. The demand curve intersects the supply curve with equilibrium price / cost. This market is service-providing market where, in buyer-seller perspectives, doctors serve the patients where patients pay for the services.

In case of private sector, patients pay full cost for services s/he receives. In case of public and non-profit sectors patients pay subsidized price for his / her medical care services. Thus, doctors serve the patients and by nature it should be patient-driven market. In this market, doctors work for patients and serves to a patient's needs. However, the referred market becomes to be doctor-driven by nature when doctors are eased to use his/her own ego for making more money for the shake of business. In other words, when a doctor writes a prescription with the influences of testing facilities, pharmaceutical companies etc. and for doctor's own monetary benefits using rules to justify it, then the situation & practices of rules ratify that patients-works-for-doctors. In this market, products & services are unchanged, however, here a doctor's roles sometime make the patient spending more money for treatment or his / her healthcare-services. In this unwritten process, private sector is blamed more than that of other sectors in healthcare services in Bangladesh. Our survey-data analysis shows that limited well-equipped hospitals, inadequate testing facilities,

lack of awareness, improper knowledge, attitude to and practice of rules etc. ease a doctor succeeding in his/her ego in this path.

Doctor-Patient Relationship in Medical-Care Market

In medical-care market, effective communications and people skills of the doctor may inspire a service-receiver coming back to the same doctor. Eventually, this faucet can be a continuity of patientcare where the rational aspect can be referred to an interpersonal continuity. Since today's human-society lives in world of business mentality, patients here look for better or trustable services with comparatively lower costs. Thus, the characteristic of the ongoing relation is based on mutual trust. So, doctor-patient relationship can be seen as a specialized form of human relationships, which are based on the dynamic interactive aspects of relationships and the mental associations made by people 'in' relationships that are derived from own experience in general.

In this market, the pharmaceutical industry has been at the forefront of research and innovation in drug discovery and development in Bangladesh, like in any other countries. The process of drug discovery extending from preclinical trials to marketing phases such as compete in market where recent years' approaches are getting nasty, which makes the product to be costly.

In (Figure 1)- medical-care market, P1 = doctor's fees per visit in private sector, P2 = subsidized doctor's fees in public & nonprofit sectors. Also, X1 and X2 are number of visits in private & public sectors respectively where X2 > X1 in medical-care market in Bangladesh. The World Health Organization defines drug promotion as "informational and persuasive activities by manufacturers and distributors". It further acknowledges the importance for influencing the prescription, supply, purchase, or use of medicinal drugs. With its humble intent, it has been a valuable tool for creating awareness among healthcare professionals and for updating their knowledge on recent advances in treatment options [11]. However, in today's world, it has become embracing & aggressive marketing-strategies and sometimes unethical business and scientific practices for generating extra profits among the parties where a patient becomes a victim in the process. So, today's drug promotion practices are mostly criticized in multi-faucets in today's healthcare service-market. They are

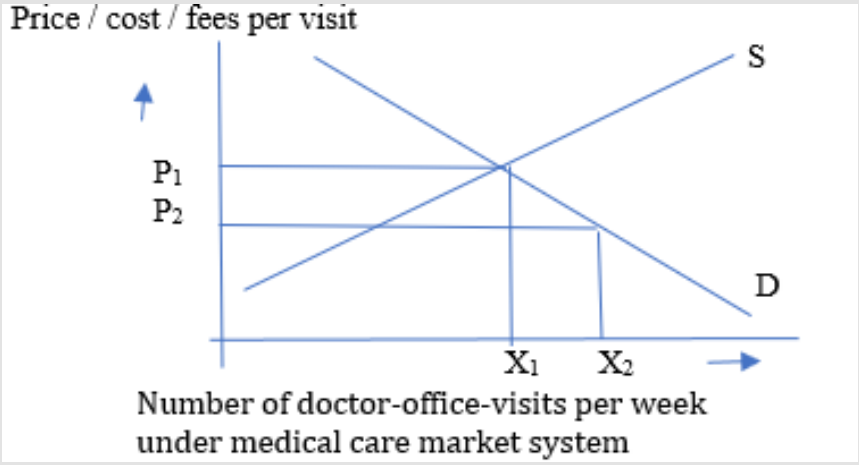

Figure 1: Total Spending for doctor-office-visits under medical care market system in Bangladesh.

i. Its demerits

ii. Influence of drug promotion on doctor's prescribing behavior

iii. Medical-care market becomes to be doctor's driven market, which means "a patient work for a doctor"

iv. Role of regulatory bodies, unethical promotional practices etc.

All these issues raise question on today's doctor-patient relationship. Do doctors work for patients? Or do patients work for doctors in today's healthcare services of Bangladesh?

Doctors, Patients and Patient-Attendants' Opinions: Analysis of Survey Data

Patients, doctors, and social scientists have different opinions on doctor-patient relationship. Some consider it as a prerequisite for best medical care. They believe that best medical care can be achieved by creating an egalitarian relationship for common interest. They have expressed it as "mutuality" or "patient-physician partnership" in literature [Roter and Hall; 20]. Others have more pragmatic viewpoints. They see doctor-patient relationship more as a 'means to an end', which helps proving the right diagnosis and treatment plan. Here the doctor-patient relationship is regarded as physician-controlled. Roter and Hall [20] refer to this relationship

as 'paternalism'. That raises question: how do people particularly patients, attendants of patients and doctors feel about doctor-patient relationship of medical-care industry in Bangladesh-economy?

Methods

Here the survey-data analysis techniques are used for descriptive statistics purposes on people, particularly patients, patient-attendants and doctors feel about doctor-patient relationship in medical-care industry country-wise such as Bangladesh. Thus, the goal here is to estimate the summary measures such as means, proportion and rates of the population capturing whole scale of opinions on doctor-patient relationship – whether doctors work-for-patients or patients-work-for-doctors?

Data Collection Instrument: Here three separate sets of questionnaires (Van Der, et al. [12]) were used for interviewing respondents of three groups: patients, attendant of the patients and doctors. Each questionnaire has a set of nine central questions, each of which needed responses in 5-point Likert scale (1 = strongly disagree, 2 = disagree, 3 = indifferent, 4 = agree, and 5 = strongly agree) (Koutsosimou [13]). In addition, a set of questions were included to capture the feeling about the existing malpractices (i.e., prescribing avoidable diagnostic tests and drugs, and inducing avoidable operations including cesarean section and intensive care unit (ICU) of some physicians in their private practices [14].

Data collection: So, the primary data "perception" on doctor-patient relationship were collected from three chosen groups. They are

a) Attendant of the patient

b) The patient

c) The doctors

Attendants of patients, particularly witnesses who were with the patients while exiting hospital, can describe their feeling based on their experience with themselves, family members, relatives, neighbors, and friends. In contrast, exit patients can describe their feelings based on the latest incident they had gone through. However, it is palatable that in some cases, a patient may not be able to describe what s/he gone through, because of patient's health condition and what the patient has gone through in the treatment process there. The data statistics relates to socio-demographic background of the respondents was not intentionally collected. Thus, in aim to overcome this limitation, in this data analysis section, data were collected on feeling from both attendant and the patient with same indicators in the questionnaire. So, 100 exit patients along with them 100 attendants were randomly chosen from three public hospitals, two private hospitals and one not-for-profit private hospital located in Dhaka City. In this effort, 60 were with patients of public hospital, 30 from the for-profit-private and 10 from non-profit-private healthcare facilities. On doctor's feeling scenario, data were collected from 30 doctors of three public (15), two private (10) and one non-profit private (5) hospitals located in Dhaka City. In this choice, 86.6% were male and 13.4% were female. Among these physicians from public hospitals, over 80% were also engaged in private practices. The data statistics relate to socio-demographic background of the respondents was not intentionally collected.

Data Analysis

Here descriptive statistics methods are used for basic analysis purposes of the survey data. So, the mean score of doctor-patient relationship is estimated. It then defines the percentage of respondents retorting agree or strongly agree as a positive feeling score for each indicator of relationship Similarly, it explains the percentage rating of disagreeing, strongly disagree, or neutral as a negative feeling score. We consider the neutral choice along with disagreeing and strongly disagree options for defining negative feelings.

Results and Discussions

(Table 1) Nearly 79% attendants of patients show negative perceptions on doctor's cordiality towards patients and nearly 78% shows negative perceptions on trusting doctors in Bangladesh. The estimated overall weighted mean is 2 (two), which also confirms the current doctor-patient relationship to be poor in Bangladesh. On overall feeling - Felt like "doctors-work-for-patients" in healthcare market, nearly 90% respondents expressed negative perceptions. In other words, nearly 90% people believe that "patients-work-for-doctors" in healthcare market. In contrast, 52% patients, which is smaller than attendant percentage, show negative feelings on doctors' cordiality issue. On trust issue, 69% patients show negative feeling on trusting doctors in Bangladesh. In this case the estimated overall mean is 2.9 (nearly three), which confirms a poor doctor-relationship in Bangladesh. On overall feeling - Felt like "doctors-work-for-patients" in healthcare market, nearly 65% patients expressed negative perceptions. In other words, nearly 65% people believe that "patients-work-for-doctors" in today's medical care market in Bangladesh.

Table 1: Attendant perception and patient perception toward the doctors in Bangladesh.

Respondents = 100 where Public = 60, Private = 30 nonprofit - 10	Attendant Perception			Patient Perception		
Indicators	(+) in %	(-) in %	Mean	(+) in %	(-) in %	Mean
Delivered treatment cordially	20.0	78.9	2.2	48.2	51.8	3.21

Delivered treatment with responsibility	30.0	70.0	1.9	22.9	77.1	2.51
Invested adequate time	24.5	75.5	2.2	26.8	73.2	2.77
Supplied mental support	30.0	70.0	2.1	49.0	51.0	3.18
Listened to the patient attentively	20.5	79.5	2.3	33.2	66.8	3.2
Patient was satisfied with the medical care services	33.0	67.0	1.9	34.6	65.4	2.9
Described the disease / health issue	30.0	79.0	2.1	27.2	72.8	2.8
Explained the prescriptions clearly	33.0	67.0	2.0	23.0	77.0	2.9
Felt like influenced by a pharma/ commission agent	75.2	24.8	2.1	46.0	54.0	3.0
No discrimination was found in services	10.0	90.0	2.0	33.0	67.0	2.9
Having trust on the doctor as service provider	22.8	77.2	1.9	31.0	69.0	3.1
Overall perception: Felt like "doctors-work-for-patients" in healthcare market	15	84.6	2	35.0	65.0	2.9

Note: Source: Author

Table 2: Doctor perception toward patient in Bangladesh.

Respondents= 30 where Public= 15, Private = 10, Nonprofit= 5	**Doctor Perception**		
Indicators	**(+) in %**	**(-) in %**	**Mean Score**
I am engaged in second job (private / nonprofit sector)	72.5	27.5	3.8
I can play vital role for choosing treatment protocol	90.2	9.8	4.0
Patients/attendants respect me properly	56.0	44.0	3.5
Patients / attendants are highly cooperative	30.2	69.8	2.9
Patients listen to me carefully	65.0	35.0	3.5
Patients follow my instructions carefully	48.2	51.8	3.3
Patients are well behaved	30.0	70.0	3.5
Prescription was influenced by third party linkage	30.0	70.0	2.5
Third party influenced test requirements	56.0	44.0	3.0
I do not face unnecessary questions from patients	72.5	27.5	3.1
I have proper safety if any unexpected incident occurs	40.1	59.9	2.5
Overall perceptions: Felt like "doctors work-for-patients" in healthcare market	57.2	42.8	3.2

Note: Source: Author

Doctors' Perceptions

(Table 2) In "doctor's perception" survey, because of time limitation, 30 doctors where 15 from three public, 10 from 2 private and 5 from one nonprofit hospital located in Dhaka City were interviewed. Since the socio-demographic background was intentionally ignored, here doctors' responses cannot be judged based experience, qualification etc. but all doctors. Here over 90% doctor's perception was positive towards doctor's freedom of choosing treatment-protocol. Over 72% respondents agreed that patient did not counter his/her decision or did not raise unnecessary questions to him/her. Over 72% respondents acknowledged about their 2nd jobs with private / nonprofit. On third-party linkage-perceptions, exactly 70% respondents showed negative. Here the estimated overall mean is 3.2 which confirms a doctor-relationship better in Bangladesh. On overall perception - Felt like "doctors-work-for-patients" in healthcare market, over 57% doctors expressed positive perceptions. In other words, nearly 43% of the respondents believe that "patients-work-for-doctors" in today's medical care market in Bangladesh.

Conclusion

Today's humankind lives in technology-driven world of business-mentality where people try to take advantages within self-ability in multi-faucets without counting right or wrong in practices. In this process of changes, like few other sectors, healthcare services particularly medical-care market has been blamed to be polluted despites historically it was a noble profession. Here medical-care services in Bangladesh are no exception. Doctors here are blamed for requiring patients' unnecessary tests for doctor's own monetary gains. These are no different in case of universal healthcare system either country-wise. Moreover, in some cases, doctors' roles in writing prescriptions or advice for patients are assumed to be connecting with pharmaceutical products' promotions. Some claims that doctors now-a-days make more money by spending less time for each patient. However, integrity and honesty must be

a fixed price in upholding the profession, being able to be honest without compromising the quality of own efforts on duty.

Underpinning the motto, the current situation in medical-care services country-wise such as Bangladesh have motivated conducting this survey-data study where primary data were collected from three groups particularly from patients, patient-attendants, and doctors. So, 100 exist patients along with100 attendants with patients of three public hospitals, two private hospitals and one not-for-profit hospital located in Dhaka City. On doctors' feeling scenario, data were collected from 30 doctors of three public (15), two private (10) and one non-profit private (5) hospitals located in Dhaka City. In these choices, 86.6% were male and 13.4% were female. Among physicians from public hospitals, over 80% were also engaged in private practices. The data statistics relate to socio-demographic background of the respondents was not intentionally collected. The results of data analysis shows that nearly 79% attendants of patients showed negative perceptions on doctor's cordiality towards patients and 78% showed negative perceptions on trusting doctors in Bangladesh.

The estimated overall weighted mean was 2 (two), which confirmed the current doctor-patient relationship to be poor in Bangladesh. On overall feeling or perception - Felt like "doctors-work-for-patients" in medical-care market, nearly 90% respondents expressed negative perceptions. On patients' opinions, 52% patients showed negative on doctors' cordiality issue and 69% patients showed negative on trusting doctors in Bangladesh. In this case the estimated overall mean is 2.9 (nearly three), which confirms a poor doctor-relationship in Bangladesh. On overall perception - Felt like "doctors-work-for-patients" in healthcare market, nearly 65% patients expressed negative perceptions. In other words, nearly 65% patients believe that "patients-work-for-doctors" in today's medical care market in Bangladesh. On doctors' opinions, over 90% doctors were positive towards doctor's freedom of choosing treatment-protocol.

Over 72% respondents agreed that patient did not counter his/her decision or did not raise unnecessary questions to him/her. Over 72% respondents acknowledged about their 2nd jobs with private / nonprofit. On third-party linkage-perceptions, exactly 70% respondents showed negative. Here the estimated overall mean is 3.2 which confirms a doctor-relationship better in Bangladesh. On overall perception - Felt like "doctors-work-for-patients" in healthcare market, over 57% doctors expressed positive perceptions. The findings of this study clearly show that doctor-patient relationship is poor in patients and patient-attendants' opinions, however, it is different in doctors' viewpoints. So, answer to the question "do patients work for doctors in today's healthcare services?" depends on who we ask. But the reflections of today's medical-care markets scenarios in economy of Bangladesh are no deniable, which deserves to be studied further.

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