

Very first patient gift in a general practitioner's career and the impact of this event on physician-patient relationship

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ABSTRACT

Aim To describe experiences, feelings and reactions of general practitioners (GPs) to the very first patient gift in the career, considering the impact on physician-patient relation (PPR).

Methods A representative sample of the Croatian GPs (N=265) filled in a supervised paper-based, researcher-led questionnaire. The response rate was 95.7%. Three independent analysts coded and analysed respondents' descriptions. The results were analysed using the descriptive statistics, χ^2 -test, and ϕ -coefficient of correlation.

Results The GPs received the very first patient's gift (FG) already as students (2.6%), during internship (41.5%), and at the latest after being a doctor for one year. After 2-42 years of practice, 95.1% of GPs described their FGs. Typical gifts were coffee and/or sweets (66%). Dominant feeling of GPs on receiving the FG was discomfort (33%); only 22% felt good; just 26% reacted with composure. The outcome regarding the physician-patient relationship (PPR) ranged from the debacle (9%), through mutual discomfort (13%) or a routine reaction (38%), to smiles and mutual pleasure (40%). In 18% they tried to behave properly, considering the patient's best interest, despite their own discomfort. In 29% of cases, the patient took the role of teacher, supporting the young physician. The PPR was not improved in 3/5 of cases where the FG was described.

Conclusion Receiving the FG is an impressive and deeply touching event, remembered many years afterwards. Without prior instructions, Croatian GPs mostly reacted in a confused manner. The missed opportunity of improving PPR in 60%, and patients' help instead of teachers' suggest the need for education.

Key words: Family Medicine, Gift Giving, Ethics, Education

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INTRODUCTION

The tradition of giving gifts from patients to physicians is very long. This custom is still deeply rooted in many societies, somewhere even considered as normal or obligatory (1-11). Yet, there is almost no physician who has not asked himself/herself "will I make a mistake if I take a gift, or if I refuse it?" (1,2,9,12-17).

There are some recommendations (2,3,18-20,22,23), and (hypothetic) discussions (1,7,11,12,16,17,21,24-26) on this topic. Some authors state patients' gifts are not acceptable at all (3,18,20), because of the possible influence on the professional distance, further, because of the diminished physician's capacity to treat all patients equally (1,3,11,16-18,20), and because of the argument that 'every gift has a hidden message about an expected benefit' (18,27).

Existing discussions (1,7,12,17,21,22,24,25) and guidelines (2,3,19,20) mostly agree on some general statements regarding the appropriate professional manner: gifts of low value are more acceptable than expensive or big ones, gifts in kind more acceptable than those in money, and gifts received after a treatment rather than those given before (1,2,3,11,12,17,19-21,23-25). Gifts of an intimate nature should be considered unacceptable as well (2,3,7,11,17,20,24,26).

The main factor in interpreting the meaning of a gift and deciding if it is acceptable or not is the intention for its giving (1,3,11,16,19,22,25,26). Generally speaking, a gift given without a hidden expectation of any benefit for the patient is considered acceptable (1,2,3,7,11,16,17,19,21-26). More or less openly shown expectations of benefits might include: attaining a personal favour, manipulating the physician, or expecting some privileges or priority in the treatment (1,2,11,17,21-24,27-29).

A physician's feeling of discomfort might also be the reason for avoiding patient gifts (2,3,7,10,11,17,27). This is supported by a challenging opinion that uncomfortable emotions in confusing situations could be read as an internal sign of inappropriate gifts (3,22,26). On the other hand, many authors suggest physicians should avoid to hurt their patients by immediately refusing their gifts, despite their own discomfort or confusion (1,2,10,16,22,28). There is also a cultural element as a decision-factor in accepting gifts (1-5,8,19,20).

In recent years, the number of the reports about the positive therapeutic effects of the patients' gifts has increased (2,28-30), which was recorded even in the cases of the concern-inducing gifts (28). By giving/exchanging gifts with their physicians, patients feel as being not merely objects, but almost friends with physicians, thus improving the physician-patient relationship (PPR) (1-3,11,25,28,29,31). The relatively recently observed positive impact of gift giving on patients' and physicians' feelings and on the PPR (1,3,11,13,25,29,33), and consequently on the therapeutic outcome (2,28-31,34), gives a new meaning to this process. "The importance of congruent relationships between therapists and clients is often enhanced by giving and receiving gifts." (2).

Still, there is no serious comprehensive investigation on patient gifts (2,3,10,13,16,17,20,24) which would better define what should be considered in particular situations as an acceptable gift vs. what is to be refused, and how. Further, the physicians' feelings in gifts-related situations are often mentioned, but rarely explored (2,10,13,15,17,26-29,34), especially the discomfort (3,7,10-13,15,17,23,26-28) which might arise from the insufficient knowledge in recognition what lies behind the gift. The unclearness about the gifts mainly encompasses the young doctors. As a rule, they do not get adequate instructions on this matter during their medical education (3,7,10,14,16,23,26). Subsequently, they face with many dilemmas on receiving their first gifts.

It seems important to investigate how the improper manner of the uninstructed physicians influences/changes the PPR on receiving gifts. There has been no similar investigation in Croatia, not even in the world.

The aim of this study is to explore what really happens when young colleagues receive the very first gift, what young physicians feel and how they react, and most importantly, how this event influences the PPR as an important and proven element in treating patients.

PARTICIPANTS AND METHODS

Participants and study design

The study was conducted on Croatian general practitioners (GPs) during 2006. The sample was stratified and based on the register of the Croatian Family Medicine Teams. The GPs were chosen

randomly. The GPs with less than two years of experience were considered as not having enough experience for the theme in question. They were excluded with the first question in an initial telephone call and were not allowed to approach. At the time of the study there were 2,358 contracted GPs in total. The sample included a minimum of 10% of all active GPs in Croatia, with proportional gender balance, and as a regional specificity a minimum of 10% of GPs in each of the 21 counties in Croatia. The sample was also representative regarding the proportion of the respondents with or without the vocational training, the percentage of the total patient population, and the proportion of the employed patients under the respondents' care. Without previous intention the sample included participants of a very wide age range from 25-65, a wide variation in terms of the cared population from 352 patients on some islands to 2,200 patients in urban areas, and the inclusion of specific practices (nursing homes, student surgeries, tourist surgeries). The response rate was 95.7%, and the final number was 265 participants.

The study was approved by the Ethics Committee of the Zagreb School of Medicine.

The survey was originally designed in the form of a large questionnaire in order to explore family physicians' experiences and their positive and negative feelings concerning material and non-material gifts given to and received from their patients.

This sub-part of the study investigated GPs' feelings and reactions to the very first gift in the career and the immediate outcome in sense of impact on the physician-patient relationship (PPR). The PPR outcomes are sorted in four basic types: conventional type (just fulfilling social norm), mutual pleasure (good feeling in both patient and physician, recognizing gratuity in small gifts), debacle (misunderstanding, tears, disappointed and hurt patient), and mutual discomfort (confused discomfoted patient and physician). An additional type of outcome was Patient-Teacher, meaning the situation when a patient supported an uninstructed confused young physician and helped him/her to cope.

The outcomes are derived from excerpts from answers to the question "How the patient reacted?" and from the description as a whole. The GPs' reactions were derived from excerpts from

their descriptive answers. The questions in this sub-part asked to describe the first gift, the time of receiving it (month or year of being a student or an intern or physician), further the physician's words and feelings and reaction, and patient's words and reaction.

Methods

The participants were approached by phone after they were chosen (as above described) and assembled in small groups of 2-18 participants. The survey was conducted in field, as a led questionnaire under the supervision and in the presence of the same researcher. The researcher was an experienced GP, therefore capable to understand the issue and to answer the respondents' questions, and not on much higher professional level than participants, so the participants could be more open (according to the results from pilot study). The survey respondents had been informed about the theme in advance, but had not been provided with detailed contents. The respondents had been only requested beforehand to bring with them data about their practice (total number of patients, their breakdown by gender, age and employment status).

The questionnaire was anonymous and instructions were clearly defined beforehand and given immediately before the questionnaire was filled in. Questions were allowed during the survey, but the respondents were not permitted to consult each other about their responses, and no discussion was allowed. A pilot survey was conducted on a group of GPs from different parts of the country.

Statistical analysis

Answers were analysed by three independent analysts, and coded by a codex of attributions, as given in the Results section. The χ^2 -test was used to test the differences in remembering between age-groups, and the ϕ coefficient of association for calculating the correlation between observed GPs' emotions/reactions and positive or negative PPR outcomes. The simple results are presented by descriptive statistics.

RESULTS

Types of the first gifts

The gifts were mostly small and common, in 175 (66.1%) cases coffee and/or sweets, if inclu-

ding their share in the combined gifts. The food is mostly given in rural areas, 24 cases (9.1%). Flowers were typically given to female physicians, 19 (7.2%), drinks to male ones, seven (2.6%). In 15 (5.7%) cases the gifts were a combination of different types, almost all including coffee/sweets. The gifts were predominantly in kind; there were three monetary first gifts.

The respondents did not remember their first gifts or left blank in 13 (4.9%) cases (Figure 1).

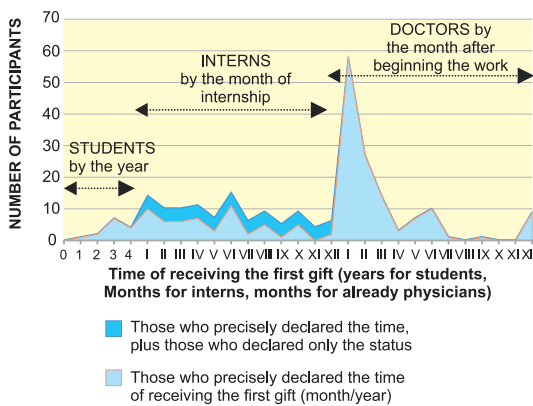


Figure 1. Time-distribution of receiving the first gift

A total number of 265 GPs were involved in the study. A total number of 15 (5.7%) participants received the first gift as students (at the earliest on the 2nd year of medical school at the time), 110 (41.5%) as interns (a range of all months), 133 (50.2%) as physicians (from the 1st month until, at the latest, after one year of being a physician) (the most frequent answer was the 1st month of being a physician, 58/21.9%), and seven (2.6%) participants had no memory or provided answer. No respondent answered s/he received the first gift after one year of being a doctor (Figure 1).

A total of 163 (62%) participants remembered the first gift, 80 (30%) remembered and described the gift in great details, 9 (3%) remembered but were not quite sure, (4%) did not remember, and 11 (1%) did not answer.

The recall rate of the first patient gift was 95.1% (252) participants. The range of participants' years of practice was 2-42 years (the average 16.23 years); the average of years after graduation was 18.4 yrs. There was no statistically significant difference in remembrance regarding the years after the graduation nor the years of practice ($p > 0.05$). In the years of practice only the years of primary care experience were counted, there-

fore, the years after graduation were closer to the elapsed time than the years of practice ($p = 0.147$ and $p = 0.058$, respectively) (Table 1).

Table 1. Remembering the first gift regarding the years of practice

Remembering description	Answer examples/comment	Number (%) participants	p* (years of practice)	p† (years after graduation)
Remember	"flowers" or "coffee"	163 (62%)		
	"bouquet of red and white roses", "7 eggs"			
Remember and describe the gift in great detail	"a basket of cherries from the patient's garden", "Zippo cigarette lighter", "one apple", "100g of coffee"	80 (30%)	χ^2 test $p = 0.058$	χ^2 test $p = 0.147$
Remember, but are not quite sure	"Flowers, I think", or "cheese or some other food"	9 (3%)		
Do not remember		11 (4%)		
No answer	only two respondents, (both extremely embarrassed and further describing this event in great detail)	2 (1%)		

*in the years of practice only years of primary care experience were counted; therefore, the years after graduation were closer to the elapsed time ($p = 0.147$) than years of practice ($p = 0.058$), and the p values were different; the range of participants' years of practice were 2-42 years (the average 16.23); †the average years after graduation 18.4 years

The outcome of receiving the first patient gift regarding the patient-physician relationship (PPR)

In 19 cases the space for answers was left blank. In one additional case the gift was brought by an intermediary. Thus, it was not possible to reach a conclusion on the outcome. Therefore, the percentages were calculated from the total number, minus these answers and minus those declared as 'don't remember' (n=228).

Type F, Patient-Teacher, was only an additional observation, so it was not counted in the sum of total outcomes. It was noted in 62 out of all 265 cases (29%), i.e. in 24% out of 228 completely described answers (Table 2).

The young GPs very often experienced the first gift-giving just as a social norm (86 cases, 38%), sorted as conventional type of outcome (Type A). It might be only a subjective impression of the young physicians who emphasized their surprise with the patients' "normal" reactions in contrast to their own intensive feelings, confusion and excitement. This strong contrast might mask the patients'

real intention and reaction in the young physicians' eyes. The Type E outcome (cannot remember) also indicates strong emotions when receiving the first gift, since these respondents mostly described they were so overwhelmed with their own emotions that they could not recall patient's reaction. The outcome of the type D (mutual discomfort, 30 cases, 13%) often occurred because some patients were "social beginners" similar as young physicians in front of them. This could be illustrated with the situation of "a couple in a dancing room wanting but not knowing to dance, and constantly apologizing for stepping on each other's feet". In such cases patients became "confused by doctor's confusion", as a participant wrote. A good outcome (mutual pleasure) was found in 92 cases, 40% (Table 2). This type of the outcome is positively correlated with GPs positive initial emotions or composure ($p < 0.001$; $\phi = +0.36$).

Table 2. The outcome of receiving the first patient gift regarding the patient-physician relationship (PPR)

The final PPR outcome*	No (%) of the completely described answers	Examples of the GP's answer
A Conventional type of patient answer, fulfilling a social obligation	86 (38%)	Many GPs expressed surprise at the patient's courteous reaction, describing it as 'normal', 'trained', 'routine' – in contrast to their own feelings (overexcited, confused, discomforted). GP, receiving a bunch of violets: I was glad. I said: "Thank you, they are so beautiful, are they from your garden?" She was happy and pleased that I liked them.
B Mutual pleasure, feeling good, recognising hidden good messages in small gifts	92 (40%)	I was embarrassed. I didn't think I'd done anything special. 'Sorry, but I'd rather not take this.' The old lady cried and left the gift.
C Debacle, PPR turmoil. Misunderstanding. Patient's disappointment, feeling of being refused, hurt.	20 (9%)	The patient pushes the gift over the table to me, I push it back to him; both confused.
D Mutual discomfort	30 (13%)	I don't remember what he said, but I'll never forget that night.
E Not able to remember the patient's answer†	17 (6%) from total	I felt discomfort. I said: "Thank you, you shouldn't have." The patient smiled: "It's only a token of appreciation in the spring"
F Patient as a teacher‡, helping a young doctor to cope, consoling him/her	62 (29%) from total	

*The outcomes were derived from excerpts from answers to the question "How did the patient react?" and from the description as a whole; †In 19 cases the space for answers was left blank, in one additional case the gift was brought by an intermediary, thus, it was not possible to reach a conclusion on the outcome. Therefore, the percentages were calculated from the total number, minus these answers and those declared as 'don't remember' (n=228); ‡Type F, Patient-Teacher, was only an additional observation, so it was not counted in the sum of total outcomes. It was noted in 29 % from all cases, i.e. in 24% of the completely described

In opposite, GP's negative initial emotions correlated significantly with a bad outcome (Type C, debacle), found in 20 cases, 9% (Table 2). Confusion or discomfort led very often to the refusal of the gift, since young GPs did not recognize patient's gratitude and felt as not deserving the gift. The unnecessary refusal is significantly correlated with bad outcomes ($p < 0.001$; $\phi = +0.43$), with disappointed patients, tears in the eyes and bad feelings in both patients and the doctor.

GPs' Reactions to the first patient gift

Negative emotions dominated at GPs: discomfort on the first place, in 88 (33%) cases, even embarrassment (18 cases, 7%), shame, feeling of not deserving the gift, confusion including confusion because of not knowing why the gift was given. Surprise was sometimes positive, sometimes negative. Positive emotions occurred less often than the negative ones. One or several attributions were possible for GPs' reactions. The proportions of positive vs. negative emotions could not be compared because of the mixed emotions or multiple positive or negative (happy and ashamed, proud and discomforted, flattered but embarrassed) emotions in the same answer. Due to the possibility of expressing one or more feelings and reactions, the total percentages are normally over 100% (Table 3).

Table 3. General practitioners' (GPs) reactions to the first patient gift*

Type of reaction	No (%) of GPs
1. suitable and composed reaction	70 (26)
2. discomfort	88 (33)
3. extremely embarrassed	18 (7)
4. confused	49 (18)
5. honoured, proud or flattered	13 (5)
6. glad, pleased or cheerful	45 (17)
7. aware of patient's gratitude	12 (5)
8. feeling of not deserving the gift, or just not knowing why it was given	17 (6)
9. surprised	48 (18)
10. trying to do or say something appropriate, with the priority not to hurt the patient, despite own discomfort	48 (18)
11. refusing or trying to refuse the gift (for any reason)	40 (15)
12. From all cases where the first reaction was negative, some of them ended up positively, and in a significant number of these patients support was noted	

*One or several attributions were possible for GPs' reactions. The proportions of positive vs. negative emotions could not be compared because of the mixed emotions or multiple positive or negative emotions in the same answer. Due to the possibility of expressing one or more feelings and reactions, the total percentages were normally over 100%

The impact of GPs' reactions and emotions on immediate outcome in sense of physician-patient relationship (PPR)

The GPs who reacted with composure significantly differed in immediate outcome to those GPs who reacted non-composedly ($p < 0.001$), and the composure was significantly positively associated with good outcome, i.e. with improved PPR (coefficient of association $\phi = +0.36$).

Positive initial emotions resulted with the same good results in the same values ($p < 0.001$) ($\phi = +0.36$). The GPs who were glad, proud, honoured, pleased, joyful, cheerful, aware of patient's gratitude, flattered or praised, achieved more often good immediate outcome (Type B, i.e. improved PPR or mutual pleasure) (Table 2).

The GPs' discomfort or embarrassment was significantly positively associated with bad outcomes (Types C and D) (Table 2) ($p < 0.001$; $\phi = +0.35$; for both negative initial emotions).

Refusal of the gift (even with the best intention, as the compassion for patient's poverty) was significantly positively associated with bad outcome ($p < 0.001$; $\phi = +0.43$).

Example. The GP: "I was embarrassed; I thought it unnecessary and refused the gift". Outcome: It was very hard for the patient. "I'd give more if I had it", he repeated constantly.

The GP: "It was horrible for me. Someone was giving me something small he had, a token of gratitude, and I was refusing it". This GP learned in the hardest way the meaning of a gift and the importance of building the good PPR.

Some of young doctors were aware that they should say or do something appropriate, despite their own discomfort and lack of knowledge. They try to "do it well", considering the patient's best interest, but the results were only insignificantly positive in the sense of bettering the PPR ($p = 0.244$, $\phi = +0.08$), and insignificantly negative in worsening it ($p = 0.077$; $\phi = -0.07$).

Example. The GP: "I felt discomfort. I tried to refuse 'in a fine way', but it didn't succeed. The patient was unpleasantly surprised and looked confused by my explanations".

In 62 (29% out of 265) participants the patient supported the young inexperienced doctor and in this way successfully helped to turn up the initial discomfort to mutual pleasure. From all 88 cases

where the GP's first reaction was discomfort, those where the patient's support was noted significantly more ended with the mutual pleasure as a good outcome (Type B) (Table 2) ($p = 0.0036$; $\phi = +0.31$).

DISCUSSION

The gift giving is traditional and common

The results of this study have shown that GPs received their very first patient gifts very early (no GP said s/he received it after one year of practice), which confirms the general notion that gift giving in family medicine is often and common (1,7,12). In Croatia it is obviously also a tradition. There are no data to compare this with other countries, but only general observations about cultures where gifts to physicians are not deemed non-ethical, but rather as something normal, polite and socially well accepted or almost obligatory (2,4,5,7-9,24). Examples from Japan (8), Australia (1) and the USA (13) show that the gift-giving tradition is not necessarily restricted to developing countries. In three Baltic countries gifts were given in 14% of all visits to physicians, while a half of the respondents had not seen it as corruption, especially not in case of in-kind gifts (6).

Tradition obligates patients in two ways: first, as a kind of a reward for being treated, and second, to show respect for certain professions, such as physicians and priests, by giving them something. Since treating someone is perceived as something worthy and generous, almost a kind of a gift, it has to be rewarded in an appropriate way (4,5). A patient's gratitude might be expressed even by giving something "which is missing within the medical facilities, such as syringes" or even "a blood-donation by a family member", because "leaving the provider's office without expressing gratitude is culturally not acceptable" (5). In some cultures, the types of gifts are strictly defined, and the refusal is considered very impolite (8).

A gift is sometimes a cultural obligation as a proof of a patient's own dignity (4,5,8,10). It is usually explained as "When I do not have money I do not go to a physician. I will be embarrassed to show up and not be able to pay." (5). The custom of gift giving is especially strong in some countries where people have a feeling that "nobody cares" for them or they "know well that the government's promises are mostly false and disappointing" (5), or where "the formal rules of

health care are pushed to the side” and “marginalized for political reasons” and people just have to accept that “do-it-yourself way” by giving gifts to get the medical help (9).

The local tradition could be very different (2-5,7,9,11,24,35) so cultural differences should be considered when receiving gifts (1,2,4,7-10,16,19,20,24,26). This issue is however largely ignored in medical school curricula (2-4,9,13,14,24) despite all the recommendations in that sense, despite the suggested individual approach on receiving gifts (2,7,10,13,19,22), and despite the advice to act even on a case-by-case basis (16,20).

Negative feelings are the most often on receiving the first gift

The fact that negative feelings were most frequently described in our study was almost expected considering the above-mentioned lack of proper education. In some cases, an extremely unpleasant reaction was provoked, such as running away, blushing, beginning to stutter. One respondent directly described his reaction as a shameful from his current point of view. Discomfort related to receiving gifts is often discussed in literature (3,7,10-13,15,17,23,26-28), but with rare and unclear guidelines how to avoid it, or how to gain useful knowledge and good orientation about the meaning and acceptability of a particular gift. Some advices are logical: “Education, education, education!” (23), similar to those from other authors (1,7,10,14). A very reasonable opinion on using guidelines alone rather than practical teaching was given by an experienced family physician: “Young physicians, and some who are not so young anymore, seem to believe that guidelines are a solution to all problems, even to the challenge of dealing with patients who offer them kindness.” (13).

It should be noted that our study described the experiences with the very first patient gifts, at the beginning of the participants’ careers, which in many cases happened many years ago, when opinions were mostly given from a theoretical and philosophical point of view. Consequently, GPs did not dare to see all the warmth and appreciation hidden in these mostly small gifts (1,2,10,13,16,25,29,33,34), but rather accepted those stiff statements as their own inner ones. In only one case the reaction was indifference. Indifference in the PPR might be worse than

honestly expressed negative emotions, because “affective neutrality breaks the bond that holds people together” (32) and “rigidity, distance and coldness are incompatible with healing” (2).

Better control of emotions could be achieved by improving communication between a physician and a patient, as a specific sub-part of that relationship, because it has been proved that it increases health outcomes and well-being (32,36). Further, it has been observed that accepting even those gifts which were raising a concern for therapists facilitated the therapy process (28).

Negative emotions and refusal worse the physician-patient relationship (PPR)

Negative initial emotions and refusal of the gift are significantly associated with the worsening of the PPR as an immediate outcome. Refusing the gift might hurt the patient (1-4,7,8,10,16,19,21,22,25) and “irrevocably fracture the physician-patient relationship” (1). Many authors advise “not to hurt the patient” as one of the basic principles on receiving a gift (1-3,7,8,12,16,21,22), so it is sometimes suggested to be followed despite own discomfort (1,2,16,22,26). Furthermore, gestures which may hurt patients and worsen the PPR are inadvisable (1,2,7,8,16,31). Sometimes, just once disturbed PPR might compromise the therapeutic effect forever (1,7,26), especially in family medicine (26), since improper behaviour on receiving gifts might induce negative feelings in patients (1-4,7,8,10,16,21) and physicians alike (7,3,24,28).

However, it cannot be said that the reason for worsening the PPR was the mere act of refusing a gift. This could also be caused by an inappropriate way of refusing a gift due to lack of experience or instructions beforehand (4,7,10,16,26), or the fact that young physicians often find their first jobs more easily in an unattractive remote place than in a big city. Highly educated and coming from an urban area, they do not understand the local sub-culture (10). Our study has shown that only exceptionally the young GPs refused gifts in a proper manner, with composure and without an unpleasant outcome. In such cases, not only the words, but the style and intonation were important (1,16,26) such as in the following example: “I politely refused the gift, saying thank you and explaining to the mother of the child that I treat patients equally well, regardless of any gift. She accepted my words well.”

Positive emotions or composure improve PPR

The outcome of the Type B (mutual satisfaction) was mostly associated with physicians' positive feelings and with recognising patients' gratitude expressed through gifts. A few authors describe pleasant emotions upon receiving gifts, either their own (15,28,29,34) or patients' (34), or they only observed a positive therapeutic effect of gift-giving (2,28,30), without specifically exploring the link between positive emotions and the outcome regarding the PPR.

The most interesting finding (in 29% of all cases) occurred when the patient helped the young GP to understand the meaning of the gift declining confusion. The patient supported and taught the inexperienced doctor how to cope with this situation. Such examples confirm the existence and the beauty of PPR, where both sides, patient and physician, have an important role in this interactive relation (7,16,22,26,32,33). On the other hand, one could ask: why the first teacher on how to interpret and receive the gift was the patient, and not the professor on medical faculty (1,7,10,14,23)?

In general, composure and/or positive emotions upon receiving gifts, significantly improved the PPR. On the other hand, the presence of negative emotions (discomfort, embarrassment, shame) and the subsequent refusal of the gift significantly worsened the PPR, or at least produced a "cold" conventional type of the relationship.

The recall on the very first patient gift is very high

After 2-42 years of practice 95% of the GPs still remember their first gifts, and 30% describe them in great detail, similarly to rare single examples in the literature (17). Moreover, there was no significant difference in recalling the event, which was neither dependent on the years of practice nor on the years after the graduation.

Some answers sound as this event is an unspent and unspendable stock of joy, still vivid after so many years: 'I was flattered and infinitely happy because I thought it was a sign that I did my job well.' Just this type of an answer explains the very high recall rate on the first gift. Other authors also mention the emotionally coloured long-term recollection of gifts (1,13,17,33,37), as opposed to the opinions of losing the data-bias due to the lapse of time (35). The deep positive

emotional influence on physicians due to intangible gifts was rarely described: for example as providing "the antidote to burnout" (33). These gifts, described as "trust and gratitude, sometimes expressed but more often implied" (13,33), are regularly long remembered (13,17,33,37). GPs keep them with pride "in their shelves full of paintings, photographs, craftwork and cards received from their patients over the years" (1) or "in their treasure chests" (13). It is important to emphasize that in all the above mentioned cases of long and deep emotional recall the gifts were either non-material or small and almost symbolic (1,13,17,33,37) just as most of the first gifts. So, emotions are those that make the gift "valuable" or "unforgotten", not real monetary value.

Drawing from this one can conclude that because the described first gifts are generally of small value (coffee, flowers, chocolate) they should be acceptable (1,3,7,11,17,19,20,21,23,24). It is a pity then that these small and acceptable first gifts, mostly given in a well-intentioned and emotionally warm situation, did not lead to bettering of the PPR in 60% of cases, probably due to the lack of instructions. Despite the fact that in Croatia giving gifts to doctors is a tradition, young physicians found themselves surprised when it happened to them for the first time. This unpreparedness led not only to GPs' own discomfort and confusion, but it often produced a negative outcome for the patient-physician relationship. In some cases patients turned out to be the first teachers for physicians on how to receive gifts, converting GPs' initial discomfort into shared satisfaction. A positive outcome in immediate PPR (smiling, feeling good, accepting and understanding patient's gratitude and appreciation, declining a gift without hurting) was described in only 40% of the completed answers.

In conclusion, since a good physician-patient relationship is a prerequisite for a successful treatment process, these results suggest that education both on the meaning of the patient gifts and proper and professional behaviour, and in accordance to the local culture, is necessary for medical students.

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TRANSPARENCY DECLARATION

Conflicts of interest: Nothing to declare.

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