

# 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 Li<sup>1,2</sup>, Wen-Hong Shao<sup>3</sup>, Yan-Da Li<sup>3</sup>, Ying-Pan Zhao<sup>1,2</sup>, Qing-Na Li<sup>1,2</sup>, Zhao Yang<sup>1,2</sup>, Hong-Cai Shang<sup>4\*</sup>

<sup>1</sup> Xiyuan Hospital, China Academy of Chinese Medical Sciences Drug Clinical Trial Institution; <sup>2</sup> China Academy of Chinese Medical Sciences Institute of Clinical Pharmacology; <sup>3</sup> Beijing United Family Hospital and Clinics (BJU); <sup>4</sup> Key Laboratory of Chinese Internal Medicine of Ministry of Education and Beijing, Dongzhimen Hospital, Beijing University of Chinese Medicine.

### 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 good	<input type="checkbox"/> 1sure	<input type="checkbox"/> 2something like that	<input type="checkbox"/> 3none
2 I think I look good	<input type="checkbox"/> 1sure	<input type="checkbox"/> 2something like that	<input type="checkbox"/> 3none
3 I feel strength all over the body	<input type="checkbox"/> 1sure	<input type="checkbox"/> 2something like that	<input type="checkbox"/> 3none
4 At least two persons think I'm vigorous when doing things	<input type="checkbox"/> 1sure	<input type="checkbox"/> 2something like that	<input type="checkbox"/> 3none
5 At least two persons think I'm not so irritable	<input type="checkbox"/> 1sure	<input type="checkbox"/> 2something like that	<input type="checkbox"/> 3none
6 I think I'm in good mood	<input type="checkbox"/> 1sure	<input type="checkbox"/> 2something like that	<input type="checkbox"/> 3none
7 At least two persons said I eat more than before	<input type="checkbox"/> 1sure	<input type="checkbox"/> 2something like that	<input type="checkbox"/> 3none
8 I think I eat more than before	<input type="checkbox"/> 1sure	<input type="checkbox"/> 2something like that	<input type="checkbox"/> 3none
9 At least two persons said I had accept TCM treatment	<input type="checkbox"/> 1sure	<input type="checkbox"/> 2something like that	<input type="checkbox"/> 3none
10 I accept TCM treatment	<input type="checkbox"/> 1sure	<input type="checkbox"/> 2something like that	<input type="checkbox"/> 3none
11 At least two persons think I complain less of pain	<input type="checkbox"/> 1sure	<input type="checkbox"/> 2something like that	<input type="checkbox"/> 3none
12 I feel that there are fewer symptoms.	<input type="checkbox"/> 1sure	<input type="checkbox"/> 2something like that	<input type="checkbox"/> 3none



## 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<sup>1,2</sup>, Wen-Hong Shao<sup>3</sup>, Yan-Da Li<sup>3</sup>, Ying-Pan Zhao<sup>1,2</sup>, Qing-Na Li<sup>1,2</sup>, Zhao Yang<sup>1,2</sup>, Hong-Cai Shang<sup>4\*</sup>

### 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。

\*Correspondence to: Hong-Cai Shang, Key Laboratory of Chinese Internal Medicine of Ministry of Education and Beijing, Dongzhimen Hospital, Beijing University of Chinese Medicine; Email: shanghongcai@foxmail.com



## 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 combing 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 farther 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 Strengthen 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.

## Objects

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 been also 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].



## Physician's record

1、 chief complain: \_\_\_\_\_

2、 history of present illness: See the following tables

**Table 1 Clinical symptoms observation: Cardinal Symptoms.**

Cardinal Symptoms	Category	Grades
<b>Pain in the upper abdominal (gastral cavity)</b>	Nature	<input type="checkbox"/> 1swelling pain <input type="checkbox"/> 2dull pain <input type="checkbox"/> 3burning pain <input type="checkbox"/> 4stabbing pain <input type="checkbox"/> 5other
	Time	<input type="checkbox"/> 1before meal <input type="checkbox"/> 2after meal <input type="checkbox"/> 3before and after meal <input type="checkbox"/> 4other
	Degree	<input type="checkbox"/> 0none <input type="checkbox"/> 2mild <input type="checkbox"/> 4 moderate <input type="checkbox"/> 6 serious
	Frequency	<input type="checkbox"/> 0none <input type="checkbox"/> 2occasionally <input type="checkbox"/> 4sometimes <input type="checkbox"/> 6most of the time <input type="checkbox"/> 8 during the whole day <input type="checkbox"/> 0never <input type="checkbox"/> 11less than one day a week <input type="checkbox"/> 2one day a week <input type="checkbox"/> 32-3day a week <input type="checkbox"/> 44-5day a week <input type="checkbox"/> 5almost everyday
<b>Distention and Fullness the upper abdominal (gastral cavity)</b>	Time	<input type="checkbox"/> 1before meal <input type="checkbox"/> 2after meal <input type="checkbox"/> 3before and after meal <input type="checkbox"/> 4other
	Degree	<input type="checkbox"/> 0none <input type="checkbox"/> 2mild <input type="checkbox"/> 4 moderate <input type="checkbox"/> 6 serous
	Frequency	<input type="checkbox"/> 0none <input type="checkbox"/> 2occasionally <input type="checkbox"/> 4sometimes <input type="checkbox"/> 6most of the time <input type="checkbox"/> 8 during the whole day <input type="checkbox"/> 0never <input type="checkbox"/> 11less than one day a week <input type="checkbox"/> 2one day a week <input type="checkbox"/> 32-3day a week <input type="checkbox"/> 44-5day a week <input type="checkbox"/> 5almost everyday
	Frequency	<input type="checkbox"/> 0none <input type="checkbox"/> 2occasionally <input type="checkbox"/> 4sometimes <input type="checkbox"/> 6most of the time <input type="checkbox"/> 8 during the whole day <input type="checkbox"/> 0never <input type="checkbox"/> 11less than one day a week <input type="checkbox"/> 2one day a week <input type="checkbox"/> 32-3day a week <input type="checkbox"/> 44-5day a week <input type="checkbox"/> 5almost everyday
<b>Oppression in the upper abdominal (gastral cavity)</b>	Time	<input type="checkbox"/> 1before meal <input type="checkbox"/> 2after meal <input type="checkbox"/> 3before and after meal <input type="checkbox"/> 4other
	Degree	<input type="checkbox"/> 0none <input type="checkbox"/> 2mild <input type="checkbox"/> 4 moderate <input type="checkbox"/> 6 severe
	Frequency	<input type="checkbox"/> 0none <input type="checkbox"/> 2occasionally <input type="checkbox"/> 4sometimes <input type="checkbox"/> 6most of the time <input type="checkbox"/> 8 during the whole day <input type="checkbox"/> 0never <input type="checkbox"/> 11less than one day a week <input type="checkbox"/> 2one day a week <input type="checkbox"/> 32-3day a week <input type="checkbox"/> 44-5day a week <input type="checkbox"/> 5almost everyday
	Frequency	<input type="checkbox"/> 0none <input type="checkbox"/> 2occasionally <input type="checkbox"/> 4sometimes <input type="checkbox"/> 6most of the time <input type="checkbox"/> 8 during the whole day <input type="checkbox"/> 0never <input type="checkbox"/> 11less than one day a week <input type="checkbox"/> 2one day a week <input type="checkbox"/> 32-3day a week <input type="checkbox"/> 44-5day a week <input type="checkbox"/> 5almost everyday
<b>Sour regurgitation</b>	Time	<input type="checkbox"/> 1before meal <input type="checkbox"/> 2after meal <input type="checkbox"/> 3before and after meal <input type="checkbox"/> 4other
	Degree	<input type="checkbox"/> 0none <input type="checkbox"/> 2mild <input type="checkbox"/> 4 moderate <input type="checkbox"/> 6 serious
	Frequency	<input type="checkbox"/> 0none <input type="checkbox"/> 2occasionally <input type="checkbox"/> 4sometimes <input type="checkbox"/> 6most of the time <input type="checkbox"/> 8 during the whole day <input type="checkbox"/> 0never <input type="checkbox"/> 11less than one day a week <input type="checkbox"/> 2one day a week <input type="checkbox"/> 32-3day a week <input type="checkbox"/> 44-5day a week <input type="checkbox"/> 5almost everyday
	Frequency	<input type="checkbox"/> 0none <input type="checkbox"/> 2occasionally <input type="checkbox"/> 4sometimes <input type="checkbox"/> 6most of the time <input type="checkbox"/> 8 during the whole day <input type="checkbox"/> 0never <input type="checkbox"/> 11less than one day a week <input type="checkbox"/> 2one day a week <input type="checkbox"/> 32-3day a week <input type="checkbox"/> 44-5day a week <input type="checkbox"/> 5almost everyday
<b>Heart burn</b>	Time	<input type="checkbox"/> 1before meal <input type="checkbox"/> 2after meal <input type="checkbox"/> 3before and after meal <input type="checkbox"/> 4other
	Degree	<input type="checkbox"/> 0none <input type="checkbox"/> 2mild <input type="checkbox"/> 4 moderate <input type="checkbox"/> 6 serious
	Frequency	<input type="checkbox"/> 0none <input type="checkbox"/> 2occasionally <input type="checkbox"/> 4sometimes <input type="checkbox"/> 6most of the time <input type="checkbox"/> 8 during the whole day <input type="checkbox"/> 0never <input type="checkbox"/> 11less than one day a week <input type="checkbox"/> 2one day a week <input type="checkbox"/> 32-3day a week <input type="checkbox"/> 44-5day a week <input type="checkbox"/> 5almost everyday
	Frequency	<input type="checkbox"/> 0none <input type="checkbox"/> 2occasionally <input type="checkbox"/> 4sometimes <input type="checkbox"/> 6most of the time <input type="checkbox"/> 8 during the whole day <input type="checkbox"/> 0never <input type="checkbox"/> 11less than one day a week <input type="checkbox"/> 2one day a week <input type="checkbox"/> 32-3day a week <input type="checkbox"/> 44-5day a week <input type="checkbox"/> 5almost everyday
<b>Belching</b>	Time	<input type="checkbox"/> 1before meal <input type="checkbox"/> 2after meal <input type="checkbox"/> 3before and after meal <input type="checkbox"/> 4other
	Degree	<input type="checkbox"/> 0none <input type="checkbox"/> 2mild <input type="checkbox"/> 4 moderate <input type="checkbox"/> 6 serious
	Frequency	<input type="checkbox"/> 0none <input type="checkbox"/> 2occasionally <input type="checkbox"/> 4sometimes <input type="checkbox"/> 6most of the time <input type="checkbox"/> 8 during the whole day <input type="checkbox"/> 0never <input type="checkbox"/> 11less than one day a week <input type="checkbox"/> 2one day a week <input type="checkbox"/> 32-3day a week <input type="checkbox"/> 44-5day a week <input type="checkbox"/> 5almost everyday
	Frequency	<input type="checkbox"/> 0none <input type="checkbox"/> 2occasionally <input type="checkbox"/> 4sometimes <input type="checkbox"/> 6most of the time <input type="checkbox"/> 8 during the whole day <input type="checkbox"/> 0never <input type="checkbox"/> 11less than one day a week <input type="checkbox"/> 2one day a week <input type="checkbox"/> 32-3day a week <input type="checkbox"/> 44-5day a week <input type="checkbox"/> 5almost everyday



**Table 2 Clinical symptoms observation: Minor symptoms.**

<b>Appetite decrease</b>	<input type="checkbox"/> 0none <input type="checkbox"/> 1mild <input type="checkbox"/> 2obvious <input type="checkbox"/> 3total have no appetite		
<b>Food-intake decrease</b>	<input type="checkbox"/> 0none <input type="checkbox"/> 1less than 1/3 <input type="checkbox"/> 2 1/3-1/2 <input type="checkbox"/> 3more than 1/2		
<b>Belching</b>	<input type="checkbox"/> 0none <input type="checkbox"/> 2occasionally <input type="checkbox"/> 4sometimes <input type="checkbox"/> 6most of the time <input type="checkbox"/> 8 during the whole day		
<b>Burning sensation in substernal</b>	<input type="checkbox"/> 0No <input type="checkbox"/> 2Yes	<b>Pain in substernal</b>	<input type="checkbox"/> 0No <input type="checkbox"/> 2Yes
<b>pharyngeal foreign body sensation throat</b>	<input type="checkbox"/> 0No <input type="checkbox"/> 2Yes	<b>Prefer warmth and pressure in stomach</b>	<input type="checkbox"/> 0No <input type="checkbox"/> 2Yes
<b>Nausea</b>	<input type="checkbox"/> 0No <input type="checkbox"/> 2Yes	<b>Distending pain in the chest and hypochondrium</b>	<input type="checkbox"/> 0No <input type="checkbox"/> 2Yes
<b>Vomiting</b>	<input type="checkbox"/> 0No <input type="checkbox"/> 2Yes	<b>Pain in abdominal</b>	<input type="checkbox"/> 0No <input type="checkbox"/> 2Yes
<b>Dry in the mouth</b>	<input type="checkbox"/> 0No <input type="checkbox"/> 2Yes	<b>Abdominal distention</b>	<input type="checkbox"/> 0No <input type="checkbox"/> 2Yes
<b>Bland taste in the mouth</b>	<input type="checkbox"/> 0No <input type="checkbox"/> 2Yes	<b>Vexation and irritable</b>	<input type="checkbox"/> 0No <input type="checkbox"/> 2Yes
<b>Bitter taste in the mouth</b>	<input type="checkbox"/> 0No <input type="checkbox"/> 2Yes	<b>Hard breath and weak statement</b>	<input type="checkbox"/> 0No <input type="checkbox"/> 2Yes
<b>Sticky sensation in the mouth</b>	<input type="checkbox"/> 0No <input type="checkbox"/> 2Yes	<b>Fatigue</b>	<input type="checkbox"/> 0No <input type="checkbox"/> 2Yes
<b>Halitosis</b>	<input type="checkbox"/> 0No <input type="checkbox"/> 2Yes	<b>Oppression in the chest</b>	<input type="checkbox"/> 0No <input type="checkbox"/> 2Yes
<b>Hunger without appetite</b>	<input type="checkbox"/> 0No <input type="checkbox"/> 2Yes	<b>Feverishness in palms and soles</b>	<input type="checkbox"/> 0No <input type="checkbox"/> 2Yes
<b>Fear of coldness</b>	<input type="checkbox"/> 0No <input type="checkbox"/> 2Yes	<b>Cold in limbs</b>	<input type="checkbox"/> 0No <input type="checkbox"/> 2Yes
<b>Lassitude in limbs</b>	<input type="checkbox"/> 0No <input type="checkbox"/> 2Yes	<b>Poor sleep</b>	<input type="checkbox"/> 0No <input type="checkbox"/> 2Yes
<b>Yellow urine</b>	<input type="checkbox"/> 0No <input type="checkbox"/> 2Yes	<b>Emaciation</b>	<input type="checkbox"/> 0No <input type="checkbox"/> 2Yes

**Table 3 Clinical symptoms observation: Inducing and aggravating factors of main symptoms.**

Inducing and aggravating factors of main symptoms	Category
<b>Having meal</b>	<input type="checkbox"/> 0No <input type="checkbox"/> 1Yes
<b>Empty stomach</b>	<input type="checkbox"/> 0No <input type="checkbox"/> 1Yes
<b>Tiredness</b>	<input type="checkbox"/> 0No <input type="checkbox"/> 2Yes1Yes
<b>Having a cold</b>	<input type="checkbox"/> 0No <input type="checkbox"/> 1Yes
<b>Medical factors</b>	<input type="checkbox"/> 0No <input type="checkbox"/> 2Yes1Yes
<b>Climatic variation</b>	<input type="checkbox"/> 0No <input type="checkbox"/> 1Yes
<b>Emotional factors</b>	<input type="checkbox"/> 0No <input type="checkbox"/> 2Yes1Yes
<b>Intense work and high pressure</b>	<input type="checkbox"/> 0No <input type="checkbox"/> 1Yes
<b>Others</b>	

**Table 4 Clinical symptoms observation: Symptoms for differentiation reference.**

Symptoms for differentiation reference	Category
<b>Defecation times</b>	time(s) every day (note: fill in with 1/n if the patient defecate once every couple of days)
<b>Texture of stool</b>	<input type="checkbox"/> 1well-formed soft stool <input type="checkbox"/> 2dry <input type="checkbox"/> 3watery <input type="checkbox"/> 4dry and watery now and then
<b>Tongue body</b>	<input type="checkbox"/> 1red <input type="checkbox"/> 2reddish <input type="checkbox"/> 3pale <input type="checkbox"/> 4other



<b>Tongue coat</b>	<input type="checkbox"/> 1yellow greasy <input type="checkbox"/> 2white greasy <input type="checkbox"/> 3white thin <input type="checkbox"/> 4other
<b>Pulse</b>	<input type="checkbox"/> 1slippery <input type="checkbox"/> 2string-like <input type="checkbox"/> 3other

**Table 5 Patient's record.**

<b>Symptom making me suffer most and their duration (months)</b>	
<b>Other symptoms making me suffer and their duration (months)</b>	
<b>Objective of clinical visit</b>	<input type="checkbox"/> 1understand disease; <input type="checkbox"/> 2relieve symptoms; <input type="checkbox"/> 3restore health; <input type="checkbox"/> 4avoid relapse; <input type="checkbox"/> 5other
<b>Diagnosis and Treatment satisfaction</b>	<input type="checkbox"/> 1very satisfied ; <input type="checkbox"/> 2satisfied; <input type="checkbox"/> 3ordinary; <input type="checkbox"/> 4dissatisfied; <input type="checkbox"/> 5extremely dissatisfied
<b>Reason of satisfaction</b>	<input type="checkbox"/> 1treatment effect; <input type="checkbox"/> 2doctor's attitude; <input type="checkbox"/> 3medical visit experience; <input type="checkbox"/> 4other
<b>Goal hoping to achieve</b>	<input type="checkbox"/> 1have definite diagnosis of western medicin or TCM with name and TCM pattern; <input type="checkbox"/> 2 symptoms relieved 50% above; <input type="checkbox"/> 3seizure frequency decreased 50%; <input type="checkbox"/> 4other
<b>Free description:</b>	

**Table 6 PRO's Evaluated Table of Gastroenteropathy.**

No.	Items	Never	Occasion ally	Sometim es	Most of the time	All the time
1	Are you easy to be tired?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2	Do you sleep well?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3	Do you have feeling with no hunger in meal time?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4	Is your appetite decreasing?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5	Do you want to eat, but dare not to eat?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6	Do you feel dry in your mouth?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7	Do you taste bitter?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8	Do you have bad breath?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9	Do you have foreign body sensation at your pharynx?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10	Do you have sour regurgitation?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
11	Do you hiccup or belch?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
12	Do you feel nausea?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
13	Have you vomited?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
14	Do you have burning sensation in substernal?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
15	Are you painful in substenal?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16	Do you feel pain in stomach?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
17	Do you feel distending in stomach?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
18	Do you feel burning in stomach?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4



19	Do you feel pain in abdomen?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
20	Do you feel distending in abdomen?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
21	How is your pain in substernal?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
22	How is your burning sensation in substernal?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
23	How is your pain in stomach?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
24	How is your feeling of distending in stomach?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
25	How is your pain in abdomen?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
26	How is your feeling of distending in abdomen?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
27	Do you have diarrhea?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
28	Do you have constipation? (defecate more than every 3 days, or have dry and hard stool or have difficulty in defecating)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
29	Do you still want to defecate after having done it?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
30	Do you feel urgent to defecate (Do you rush to the wash room)?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
31	Have you lost weight in recent 2 months?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
32	Is your mood affected easily?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
33	Are you in anxiety or tension?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
34	Are you worried about your disease?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
35	Does your health condition limit your social activities such as shopping or visiting relatives or friends?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
36	Dose the disease affect your status or role in family or work?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
37	Patient's signature				Date	
38	Physician's signature				Date	

**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.)		
1	At least two persons said I look goo	<input type="checkbox"/> 1sure <input type="checkbox"/> 2something like that <input type="checkbox"/> 3none
2	I think I look good	<input type="checkbox"/> 1sure <input type="checkbox"/> 2something like that <input type="checkbox"/> 3none
3	I feel strength all over the body	<input type="checkbox"/> 1sure <input type="checkbox"/> 2something like that <input type="checkbox"/> 3none
4	At least two persons think I' m vigorous when doing things	<input type="checkbox"/> 1sure <input type="checkbox"/> 2something like that <input type="checkbox"/> 3none
5	At least two persons think I' m not so irritable	<input type="checkbox"/> 1sure <input type="checkbox"/> 2something like that <input type="checkbox"/> 3none
6	I think I' m in good mood	<input type="checkbox"/> 1sure <input type="checkbox"/> 2something like that <input type="checkbox"/> 3none
7	At least two persons said I eat more than before	<input type="checkbox"/> 1sure <input type="checkbox"/> 2something like that <input type="checkbox"/> 3none
8	I think I eat more than before	<input type="checkbox"/> 1sure <input type="checkbox"/> 2something like that <input type="checkbox"/> 3none
9	At least two persons said I had accept TCM treatment	<input type="checkbox"/> 1sure <input type="checkbox"/> 2something like that <input type="checkbox"/> 3none
10	I accept TCM treatment	<input type="checkbox"/> 1sure <input type="checkbox"/> 2something like that <input type="checkbox"/> 3none
11	At least two persons think I complain less of pain	<input type="checkbox"/> 1sure <input type="checkbox"/> 2something like that <input type="checkbox"/> 3none
12	I feel that there are fewer symptoms.	<input type="checkbox"/> 1sure <input type="checkbox"/> 2something like that <input type="checkbox"/> 3none



## 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 sufferings 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 questionnaire tempts 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 medial record, coordinating doctors with patients and balancing the objective and subjective.

## Competing interests

The authors declare that they have no competing interests.

## Acknowledgment

Supported by the National Natural Science Foundation of China (No. 81303151), Beijing Nova Program (No. xxjh2015A093 and No. Z151100003150125) and Projects in the National Science & Technology Pillar Program during the Twelfth Five-year Plan Period (No. 2012BAI41B07).

## References

1. Atkins D, Best D, Briss PA, et al. Grading Quality Of Evidence And Strength Of Recommendations. *BMJ*, 2004, 328(7454): 1490.
2. Schunemann H, Fretheim A, Oxman AD. Improving The Use Of Research Evidence In Guideline Development: 10. Integrating Values and Consumer Involvement. *Health Res Policy Syst*, 2006, 4:22.
3. Fletcher SW, Spitzer WO. Approach Of The Canadian Task Force To The Periodic Health Examination. *Ann Intern Med*, 1980, 92(2 Pt 1):253-254.
4. Glasziou P, Chalmers I, Rawlins M, et al. When Are Randomized Trials Unnecessary? Picking Signal From Noise. *BMJ*, 2007, 334(7589):349-351.
5. Thompson DC, Rivara FP, Thompson R. Helmets For Preventing Head And Facial Injuries In Bicyclists. *Cochrane Database, Syst Rev*, 2000; (2): CD001855.
6. Oxman AD, Guyatt GH. Guidelines For Reading Literature Reviews. *CMAJ*, 1988, 138(8): 697-703.
7. Cannegieter SC, Rosendaal FR, Briet E. Thromboembolic And Bleeding Complications In Patients With Mechanical Heart Valveprotheses. *Circulation*, 1994, 89(2): 635-641.
8. Karanicolas PJ, Davies E, Kunz R, et al. The Pylorus: Take It Or Leaveit? Systematic Review And Meta-analysis Of Pylorus-preserving Versus Standard Whipple Pan





- Creaticoduodenectomy For Pancreatic Orperiampullary cancer. *Ann SurgOncol*, 2007, 14(6): 1825-1834.
9. [9]Schunemann HJ, Jaeschke R, Cook DJ, et al. An Official ATS Statement: Grading The Quality Of Evidence And Strength Of Recommendations In ATS Guidelines And Recommendations. *Am J RespirCrit Care Med*, 2006, 174(5): 605-614.
  10. Guyatt G, Cook D, Devereaux PJ, et al. Therapy. In: Guyatt G, RennieD, eds. *The Users' Guides To The Medical Literature: A Manual For Evidence-based Clinical Practice*. Chicago: AMA Publications, 2002.
  11. Montori VM, Devereaux PJ, Adhikari NK, et al. Randomized Trials Stopped Early For Benefit: A Systematic Review. *JAMA*, 2005, 294(17):2203-2209.
  12. Wang Yongyan,Shang Hongcai , Mu Wei Wang Yanping and ect. Strengthen The Theory Of Medical Humanities And Embrace The New Medical Reform And Study Narrative Medicine In Modern Traditional Chinese Clinical, Vol 22 No 1 Jan: 1-4
  13. CHARON R.Narrative Medicine:From, Function, And Ethics[J]. *Annals of Internal Medicine*, 2001,134(1):83-87
  14. CHARON R.Narrative Medicine –A Model For Empathy, Reflection, Profession, And Trust[J] *JAMA*,2001,286(15):1897-1902.
  15. Wang Yifang Clinical Medical Humanities: Problems and Solutions - On The Significance Of Narrative Medicine For Clinical Humanities [J]. *Medicine and Philosophy*, 2013,34 (9A):. 14-18.
  16. Liu Fengbin , Wang Weiqiong, Formulate PRO's Evaluated Table On Stomach Disease And Item Selection [J]. *The World Science And Technology (Modernization of Traditional Chinese Medicine)*, 2009, (4).
  17. Wang P, Tang XD, Liu BY, Zi MJ. Development of a patient-reported outcome instrument for chronic gastrointestinal disease :item selection. *J Chin Integr Med*. 2012; 10(10):1092-1098.
  18. Tang XD, Wang P, Liu BY, Zi MJ. Development and Analysis of a Patient Reported Outcome Instrument for Chronic Gastrointestinal Diseases. *Journal of Traditional Chinese Medicine*. 2008;50(1):27-29.

**Submitted:** 27 October 2015

**Accepted:** 15 November 2015

**Published:** 5 January 2016

**Executive Editor:** Cui-Hong Zhu

**English Editor:** Li-Yun Cui



© 2016. This work is published under <http://creativecommons.org/licenses/by/4.0/> (the "License"). Notwithstanding the ProQuest Terms and Conditions, you may use this content in accordance with the terms of the License.