

## Editorial

## A Neglected Part of Physicians' Care

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Although family care giving has been intensively studied in the past decade [1], even though there are high rates of stress, distress, and psychological illness in family caregivers of patients [2]. There is still a wide communication gap between the physician and the caregivers which leads to their anxiousness and depression and a poor quality of care. Caring is held to be very demanding and emotionally involving. The main complaint of caregivers is the lack of support from the Public Health Service [3], which has a very adverse impact on the caregiver's decision and their mental status as well as on health outcomes.

Physicians have long recognized a professional responsibility to improve the quality of care [4]. Although much has been written about how health professionals and family caregivers should relate to one another, we know very little about the relationships that develop between them [5]. A theoretical stance that physicians' power flowing from their specialized knowledge can be countered by methods of enhancing patient power, so that an egalitarian or a negotiated approach in the relationship will ensue. The caregivers' need for support from physicians is based on the stress-support-health paradigm, and views the caregiver as a "hidden patient" of the physician [6]. Patients depend on family caregivers for assistance

with daily activities, managing complex care, navigating the health care system, and communicating with the health care professionals. Physician recognition of the value of caregiver role may contribute to a positive care giving experience and decrease rates of patient hospitalization and institutionalization [7].

There is inadequate support and assistance to the patients and their family members. These issues can be partially overcome when multiple health care organizations work together to make a better understanding and wider use of collaborative efforts [8]. Strategies should be taken place to assess the emotional and psychological status of the caregivers. Clinicians should be aware of the high rates of anxiety as well as depressive symptoms in family caregivers of the patients, especially in female caregivers [2].

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