

# Communication between doctor and patient in contemporary times

**Meropi N. Spyropoulos**

*Athens, Greece*

*Every medical action is, ultimately, the cooperation between a conscience and a confidence.*

Since ancient times and even in primitive societies, the persons involved with the care of sick people—whether mythological divinities, “magicians,” or true doctors—have always had some special privileges and were deeply respected by the others. Hence, the explanation of the well-known verse from Homer’s *Iliad*, when Achilles asks the old doctor Idomeneus to give priority and special care to a specific wounded warrior, Mahon, by saying “for he is a doctor, a man worthy of many others.”

In ancient Greece, 2500 years ago, Hippocrates, the “Father of Medicine,” in addition to his splendid medical observations and proposals and to his belief that “the profession of all those who are practicing medicine is philanthropy,” incorporated his high ethical code for the behavior of those who practice medicine in his famous oath that is universally renowned and time resistant. It is an oath that, in essence, constitutes an eternal legacy, worthy of the nobility of the Greek spirit.

On the basis, however, of the knowledge stemming from the astonishing evolution of medicine through the ages, it becomes obvious that, in contemporary times, things have changed. Due to the vast invasion and the irresistible attraction of modern technology, in collaboration with other factors, the communications between doctors and patients have acquired many new, different, and often impersonal, alienating, and strange parameters, that are hardly understandable or appreciated by the patients.

I am well aware that our profession has some specific characteristics that differentiate it from other medical and dental specialties. For example, we are dealing mostly with young patients and the parents behind them, and our services—whether to young or

older patients—are not involved with major and life-threatening health problems.

However, because we as orthodontists have the privilege of incorporating in our many services and their ramifications the obvious amelioration of one of God’s gifts to mankind—ie, the smile, with its multiple effects—no one can deny that orthodontics is, in essence, a health service.

Therefore, we accept the premise that the very valuable and very special communication that can be established between doctor and patient is of paramount importance and contributes to the successful outcome of any medical treatment plan. It can also be supportive to the beneficial psychological attitude and response of the patient to the doctor’s efforts, and that surely enough makes all the procedures easier.

Hence, it was considered quite useful to focus and refresh our consciousness on some crucial presuppositions and prerequisites that are necessary for the solid establishment of this communication. Let me just add that, according to related studies conducted in some major hospitals, the doctors who were known to have good rapport with their patients received about 70% fewer complaints and had the lowest number of lawsuits against them.

The prerequisites that will be discussed concern doctors and dentists in free practice and in conditions where patients have the possibility of a free choice of doctors. They stem from and are related to elements that affect the behavior of both, doctor and patient (and his environment), with many ramifications in several aspects of the rapport established between them.

## Particularity of this rapport

It is necessary to start by emphasizing the particularity of this specific rapport. We must keep in mind that every patient, regardless of age, sex, social status, or education, when visiting a doctor for the first time, whether he admits it or not, is usually experiencing feelings of uneasiness, dislike, and anxiety. He is also wondering how this doctor will be, how he will assess the specific problem, and what his verdict will be.

University of Athens, Athens, Greece.

Based on a lecture presented during the 5th Mediterranean Orthodontic Congress, held November 11-13, 2016, in Limassol, Cyprus.

Am J Orthod Dentofacial Orthop 2017;151:629-32

0889-5406/\$36.00

© 2017 by the American Association of Orthodontists. All rights reserved.

<http://dx.doi.org/10.1016/j.ajodo.2017.01.004>

The patient, most of the time, has many unexpressed questions about this stranger who, by general acceptance, has the authority to give some kind of orders, which the patient must obey. Orders that vary from simple ones, such as “open your mouth” or “do not breathe” to some others that are much more embarrassing. So, somehow, deep in his heart, the patient feels uncomfortable at this first visit, which will play a significant role in what will follow.

This is probably the reason that we Greeks are in the habit of addressing our doctors by adding a possessive pronoun to the word doctor, saying “giatre mou” ie, “my doctor.” This attitude expresses the patient’s deep need not to be considered by the doctor as a stranger. Instead, he wants to be treated as a familiar person, seeking the doctor’s attention and care. It is worth keeping always in mind the age-old maxim: “Patients do not care how much you know, until they know how much you care about them.”

Nevertheless, apart from these problems that are somewhat innate in the patient–doctor relationship, contemporary life conventions and demands add more factors that may further complicate the attempt for significant communications between doctor and patient. Let me mention just a few of them.

In spite of the tremendous possibilities offered by the progress of technology regarding communication, generally speaking, it seems that genuine and sincere human relationships have become more difficult as people more and more focus their vision on cold screens of various sizes, rather than in the eyes of the person sitting across the table or next to them on the couch in the living room.

Also, the intensive pursuit of wealth and the belief that money can buy anything, and that it is the only important goal in life because it contributes to someone’s social recognition, power, and respect, have affected many aspects of contemporary human behavior, making no exceptions for what concerns medical services. It is no secret that the “businessman’s” attitude acquired by certain doctors and dentists of various specialties has caused much social mistrust toward them.

In addition, it is a fact that the extreme specialization in all areas of medicine, together with the undoubted progress that was thus achieved, has also promoted high-tech, piecemeal, impersonal medicine.

So, the patient has, in actuality, lost “his doctor” who once was considered almost like a dear relative. On the other hand, doctors are often treating just “cases,” not persons.

It is always wrong to generalize. We certainly do know that this is not always the case and that this unique human rapport, the communication between doctor and

patient, can be really established and enjoyed, with all its potential rewards.

Therefore, since in every human relationship what really counts is what every party contributes to the rapport—although in the doctor–patient case, the doctor’s contribution is much more influential and decisive—let me try to summarize some facts offered by related studies and clinical experience to outline the prerequisites demanded from both parties for the establishment of a qualitative communication.

### Prerequisites on the part of the patient

1. It is necessary that the patient starts the acquaintance with the doctor by being predisposed to have confidence in this specific doctor. If, for any reason, this confidence becomes doubtful, the best decision is to choose another doctor.
2. Once this confidence is present, the patient must be totally honest toward the doctor, but also he must comply with all the instructions and recommendations that the doctor gives to him.
3. It is a mistake to demand from the doctor to be always, 100%, sure and very clear in his answers concerning the diagnosis and prognosis of the problem. In spite of contemporary progress, the process of diagnosis still, in many cases, continues to be a complex and complicated research project, while the treatment procedures are, in essence, an experiment whose outcome every time depends on many and sometimes obscure factors.

These factors may include (1) the physical and psychological predisposition of the patient, (2) the hereditary background, (3) the habits present, (4) the reaction to certain procedures, and (5) the willingness to cooperate and comply with the rules. Finally, the importance of the influence exerted by each patient’s environment cannot be overlooked.

All of the above, and certainly some other factors as well, constitute the uniqueness of every human being—hence, every patient. It is therefore necessary for the patient to understand that in every medical service, things are not always colored in black and white, and there is also the grey probability, which every doctor is trying hard to fight and turn into a positive white perspective.

4. The patient must go to the doctor having totally forgotten the advice and the medical authoritative suggestions of the next-door, good old neighbor who had exactly the same problem and who knows all about what should be done.
5. The patient must be predisposed to listen carefully to what the doctor is telling him. Related studies

Download English Version:

<https://daneshyari.com/en/article/5637627>

Download Persian Version:

<https://daneshyari.com/article/5637627>

[Daneshyari.com](https://daneshyari.com)