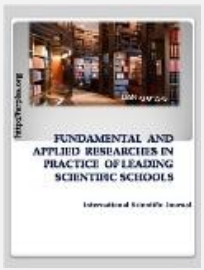

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The doctor and the patient: relationship modus

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The article addresses the problem of the doctor and the patient, beginning with the medicine of Hippocratic model up to the present time. The authors analyze the transformation of the relationships between the doctor and the patient beginning with ancient times up to the classical medicine requirements and then to nowadays, trace minimization of these relationships and disappearance of their humanistic potential, necessary and so essential for whatever medicine model.

The idea of solidarity between colleagues was the integral element of the profession traditional interpretation. Belonging to the profession presupposed the necessity to observe the rule which today is characterized as corporatism. It means that medics were in agreement not to compete, but to give a support to each other. Such loyalty between colleagues might, however, turn out harmful for those whom they had sworn to serve, that is their patients. For instance, doctors' refusal to raise the alarm over cases of their colleagues' incompetence or corruption indicated deformation of the notion of medical professionalism.

Though nowadays innovative medical technologies increase the distance between the doctor and the patient, humanistic doctor – patient relationship will always be an effective modus of their cooperation for the patient benefit.

Key words: the doctor; the patient; Hippocratic oath; humanistic values; ethical code.

Introduction

Relationship between the doctor and the patient is an eternal problem brought about by the origin of medicine. Quite a number of works deal with this problem (Yefimenko, 2006; Zyjatdinov, 2000; Zdravomyslov, 1995; Nazar, Vilenskiy, Gradno, 2000). Still, approach to the problem under current conditions presents undoubted interest. The significance of Hippocratic oath lies in the fact that it formulates the notion of medicine as a profession. During the ancient times medicine was not regarded as a profession in the modern meaning of the word. After getting rid of the influence of religion medicine became a trade, «a way of acquiring means for existence» (Matthews, 1999). At that time there was no system of training doctors, anyone could offer medical services and get payment for the results of the work. The school of Hippocrat situated on a small Greek island went beyond this tradition. It was really a «school»: first of all, it was a place, where future doctors could master medical knowledge; the school formulated ideas as to health, diseases and methods of their treatment; besides, it was a kind of a guild, whose members were closely connected by the ties of loyalty to one another, to their teachers and to their school.

Taking the oath, a solemn promise in the face of God, presupposed a serious difference between people's duties concerning their everyday life and the duties in more important fields of activity. The very fact of taking the oath indicated a special status of the doctor — his profession does not mean just a way to earn his living, it is a membership in a special group of people.

Not everybody could be initiated into the mysteries of Hippocrat medicine, but only those who deserved to be included in the guild of doctors.

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their colleagues' incompetence or corruption indicated deformation of the notion of medical professionalism.

The duties of the doctor included: working for the benefit of the patient, trying not to cause the patient any pain, being cautious in prescribing medicines for the patient, beware of medicines that might be deadly dangerous. The doctor was expected never to misuse his position for his own ends (as for sexual assault, for example), keep his patients' secrets, etc.

The professional concept in this case presupposed devoted service to the client, undertaking certain ethical obligations, adhering to the accepted ethical code. The profession was meant to benefit the patients, but not the doctors. Doctors belonging to Hippocrat school in cases of necessity were obliged to provide medical care free of charge, which was not characteristic of the ancient world. In other cases – in order not to damage the financial situation of the sick person – the doctor received his payment only after the successful result of his treatment. So, the patient's interests were regarded as of greatest importance for the doctor.

A professional is a person who is bound to his client due to certain moral obligations (ethical code), which are meant to benefit the client rather than a representative of one or another profession.

The availability of ethical codes bears witness to the fact that a profession is a self-regulating organ, whose members are obliged to meet certain requirements. As is witnessed by the experience of Hippocrat school, a profession is not just a commercial enterprise, whose workers pursue their own interests in accordance with the market laws (though , of course, subjects of market relations, as well as any other people, are to meet certain ethical requirements).

Moral norms, people are guided by in their everyday life, usually have a negative form : these are usually prohibitions of actions that may be harmful to other people, such as: «don't lie», «don't break your promise», etc.

These rules concern people who do not know each other or do not have close relationships. These norms differ from those that exist between parents and their children, brothers and sisters, between people in love with each other.

The relations between the doctor and the patient differ both from market relations and personal relationships between people. Relationships between the doctor and the patient may be called «quasipersonal».

Professional relationship, as well as market relations, is established between people, who do not know each other; so, in this case formal norms of communication are observed. Your doctor is not one of your friends.

At the same time professional relationship has much in common with personal relationships, as the norms of communication here include not only negative restrictions, but positive obligations directed at the client's benefit.

In accordance with the medicine ethical code, the patient's interests are given preference to the interests of the doctor.

People' health is the greatest of all possible benefits, that cannot be secured on the basis of usual market relations. Health is not the kind of goods that may be distributed among consumers depending upon their solvency.

It would be unjust to deprive anybody of medical care. This makes the relations between the doctor and the patient different from those between the salesman and the purchaser. The doctor takes the pledge to help the patient even to his own detriment; the patient, in his turn, must believe his doctor.

So, as opposed to the agreed relations between the salesman and the purchaser, the relations between the doctor and the patient go far beyond the frameworks of usual moral obligations.

Nowadays, besides Hippocratic oath, a new declaration can be formulated, in accordance with which a medical educational establishment graduate is obliged to use his/ her knowledge and abilities for the benefit of each of the patients and the society as a whole, strictly abide by the glorious traditions of the medical profession and never do anything incompatible with these traditions.

We do not agree with that part of Hippocratic oath that touches upon seclusion of this medical school representatives and can only be compared with the seclusion of Masonic lodges. It would be unreasonable to regard doctors as members of a sacred guild, tied up by some particular mutual obligations.

Replacement of Hippocratic oath by a solemn declaration symbolizes giving up the idea of the profession as a sacred fraternity of people called upon to help each other, and adopting the idea of the profession as a group of people whose main concern is the patient's interests.

Hippocrat's old idea that a doctor should not always demand payment for his services has nowadays transformed into the idea that medical services are to be provided for by society. For example, in Scandinavia medical services are financed from taxation; in other European countries medical services are supported by the state system of obligatory medical insurance. Even in the USA, where most medical services are not run by the state, there exists a system of social medical services for veterans, elderly people and other population groups.

Change in the status of the doctor whose existence depends on the payment of his patients to the status of the doctor who gets his salary from the state strengthens the positions of medicine as a profession.

In classical medicine healing and cure result from joint efforts of the doctor and the patient. In each particular case a convalescence - oriented «we» should be created. That is «we — the doctor and the patient — must treat the patient together» (Ilyin, 1993, p.350]. And this can be achieved only under the conditions of a mutual sympathy between the doctor and the patient. This is a situation when the suffering patient who is losing his strength and does not understand what is happening to him, applies to the doctor for help. The patient wants compassion and support, while the doctor wants frankness in the description of the illness and in the anamnesis. The patient's trust in the doctor is essential, the patient must be sure that the doctor will not just help him, the doctor feels his pain and sympathizes with him, heart and soul. This is love for the patient.

As classical medicine stated, «a doctor who does not love his patients is a cold doctrinaire, a curious interrogator, a spy on symptoms, a prescription automatic machine… And a doctor whom his patients do not love, whom they do not trust, is similar to a pilgrim who is not allowed to enter a sanctuary, or a general who is to take by storm an impregnable fortress» (Ilyin, 1993, p.350).

But nowadays medicine is more and more becoming a group kind of activity. So, the principles of classical medicine are no longer applicable.

Doctors work together with nurses, hospital attendants, representatives of other professions connected with medicine, such as geneticists, bioengineers, etc.

At the same time the relationships between the doctor and the patient become less and less personal. A modern doctor cannot keep in mind details of his patients' private life, their relationships with their family members or their colleagues. Nowadays a doctor can hardly call them «my patients», as well as the patients can hardly call him «my doctor».

A doctor is becoming an impersonal guarantor of providing medical services, and this is furthered by a constantly increasing technological character of modern medicine. The personality of a doctor turns out to be less important in comparison with the potential of modern technologies utilized by the doctor and his team.

The medical profession is capable to provide people with what Aristotle called «common weal», the notion that should not be identified with «moral good» in modern postkantian interpretation of the word, this is just a component of human prosperity, or «eudaimonia». Kant himself did not consider health to be a « moral good», as healthy people may be immoral.

As health is one of the main human benefits, it is but natural that taking care of people's health is essentially different from just carrying out their wishes. Providing this benefit requires proper devotion, «moral seriousness » on the part of the doctor. The doctor is obliged to regard his profession not just as a way of earning his living, but as a way of serving humanity. It is not for nothing that the medical ethical code gives primary importance to the interests of the patients rather than of the profession representatives.

Disintegration of the traditional doctor – patient relationship tells worst of all on the patient. From the very beginning these relationships meant much more than just providing medical services. They were displayed in full measure in «borderline situations», when the patient was between life and death. In this case both parties experienced a special emotional effect: the patient's despair, uncertainty and horror caused the doctor's « emotional resonance ». Aristotle called this « encouraging» emotional state a catharsis. A similar emotional communication must obligatory be a part of doctor – patient relationship in modern society.

Sympathy presupposes respect, appreciation of the other person's individuality, wish to establish relationship determined not only by reason, but also by intuition and emotions. Sympathy is an obligatory element of doctor – patient relationship.

«If we want to preserve medicine humanistic values, to teach sympathy, the first step on this way is to recognize the responsibility of the teachers of medical educational institutions for ethical upbringing of their students» (Lowenstin, 1997, p.17). It would be advisable while delivering lectures on the course of the history of medicine to dwell upon examples of humanistic relationships between the doctor and the patient found in the literary works of such writers as Thomas Mann, Leo Tolstoy, Alexander Solzhenitsyn and others. The new forms and methods of treatment should not essentially change the character of doctor – patient relationship: the doctor must be sympathetic towards his patient.

The language of medicine has radically changed during the last 50 years. Changes in the language and the methods of treatment still increase the distance between the doctor and the patient. The word combination «a good old doctor» does not mean a kind elderly person with a small black bag and a limited choice of harmless medicines. What is meant is the necessity of a common language in the communication between the doctor and the patient, the language that brings consolation, instills hope, strength and courage.

Each patient contributes to the doctor's professional training. The doctor's ability to study a disease by way of a scrupulous communication with the patient cannot but command respect. If the doctor finds a considerate approach to the patient, the latter will give him all the necessary information.

From his experience of communication with patients the doctor may learn much more than from just reading medical books.

It is a logical conclusion. Each patient resembles a «living island», that has its own history, which does not coincide with the patient's anamnesis, that is what he managed to remember and tell about his past; any anamnesis has its limits, it breaks off, gets inaccurate and problematic, even if the patient is quite frank and has a good memory. That is why the material of the anamnesis must be confirmed and supplemented from the evidence got, observations made and impressions received by the doctor himself.

The doctor has to do it by way of a careful questioning the patient and thoroughly analyzing the information received.

The patient's «case history» is really all his life story. That is why the doctor, in accordance with the classical medicine model, should examine the patient proceeding from his past, find «a key» to his current ailment and «a door» to his future health. Only in this case the patient's illness may become the lowest point of his life, from which an ascent to his recovery may start (Ilyin, 1993, p.351-352).

The patient's need for comfort and sympathy is an integral element of doctor – patient relationship. The more uncertain is the patient's future, the more pessimistic is the prognosis, the more essential for the patient is the doctor's support. The patient's need for comfort and sympathy is not an expectation of a miracle or magic, it is a striving for friendly ties. The suffering patient wants to be sure that his pain is under control, that he will manage to keep his dignity and self-respect, that his wishes will be taken into account, that he will not be left alone to face his death.

The feeling of uncertainty, fear of death, despair experienced by the patient cannot pass unnoticed by the doctor. Sympathy is the natural reaction of the doctor to the suffering of the patient.

Although the doctor is able of sharing the patient's feelings, their relations have an asymmetrical character. It goes without saying, that the patient and his family suffer much more than the doctor.

«Satisfaction that the doctor experiences as a result of his sincere communication with the patient, might make up

to some extent for the burden of uncertainty, sorrow and loss» (Lowenstin, 1997, p.51).

During the recent 25 years the approach to the problem of the truth in the relationship between the doctor and the patient has changed radically. Paternalism has been given up for the sake of the patient's autonomy, proceeding from a firm belief, that « a complete frankness» is necessary for a normal medical practice. As a result, the information obtained by patients in the field of diagnostics and diseases treatment has greatly increased.

What is said by his doctor is sometimes more important for the patient than prescriptions and written instructions. So, the doctor should understand very well, how to behave in each particular case. In some cases «a complete frankness» is necessary, in other cases the truth should be presented more carefully. The doctor should choose the way of presenting the truth to the patient as well as solve the problem of the treatment intensity with thorough consideration of the patient's life (Lowenstin, 1997, p.80).

Though nowadays innovative medical technologies increase the distance between the doctor and the patient, humanistic doctor – patient relationship will always be an effective modus of their cooperation for the patient benefit.

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