A Patient’s Convictions, Influences or Tribulations.

In the medical field, we are called “patients”: persons who are given medical attention. Originally, this word meant “the one who endures” or “the one who suffers”, but nowadays, it has several meanings, such as someone receiving treatment or medical care or even client. But a new word has recently been coined: “actient” in the sense of “active patient”, this refers to the growing tendency for patients to research information themselves and to ask more and more questions of their physician.

It all originates from an inherent inequality in the relationship. Indeed, the starting point of the patient-physician relationship is a patient’s demand when he consults the doctor. He tells him about his pain and troubles. Some would even say that he complains. For some patients this is a legitimate expression of their suffering, for others it is a way to exist and to draw attention. Being ill may also have added benefits for some patients.

The interplay starts with a transformation process. The patient’s complaint has to be reworded in a structured and understandable way. Then the physician will translate the words of the patient into one or several symptoms that he will analyze through the lens of clinical data. This whole process may result in a diagnosis and treatment or a few additional tests may be prescribed and performed.

At each step, patient and doctor enter into negotiation concerning the symptoms described by the patient and a shared point-of view emerges, i.e. when the patient’s reality also becomes the doctor’s reality. The clear understanding of the symptom opens the way to a reliable diagnosis. If not, the patient will suffer and think he’s not been completely understood. For his part he will explain in detail, dramatizing or exaggerating if necessary, to alert or draw the attention of the physician. On the other hand, patients sometimes hide details. There will be unspoken things, lies, and the withholding of information for fear of the physician’s reproaches.

Throughout the patient’s description of his situation, the doctor will establish a subtle translation process between what is spoken and its meaning in medical terms. These different language levels are important go-betweens within the patient-doctor relationship, which bridge the cultural gap between two often distant worlds. Nothing can replace the interaction between a patient and his physician and the latter has to answer all the questions, even the most embarrassing, without side-stepping them!

The patient-doctor relationship is made not only of words. What about the fact that for the patient each gesture of the doctor becomes important? What does he really understand when he sees an almost imperceptible sign of disquiet or emotion? For him it is the most evident expression of the doctor’s evaluation of his health condition.

As an acute observer, the patient probes word and gesture to “divine” truth, so that it is the physician’s responsibility to know that his relationship with his patient is based not only on the words spoken, but also on gestures and behavior.

Completely under the influence of their doctor, some patients literally drink in his words and are complacent, or even docile. They strictly follow their treatment. Others, on the contrary, always challenge the authority of the medical establishment and reject any decision or therapeutic proposal.

In a way, patients have lots of preconceptions. They believe in drugs because in most information provided by the pharmaceutical companies and in the collective unconsciousness, a disease is defined first and foremost by the existence of a therapy. They also believe in the magical virtues of injections, which are supposedly much more efficient than tablets.

If the help offered or proposed is poorly adapted or inaccurate, if the doctor could not create the psychological conditions that initiate the healing process, etc patients will turn to traditional or religious practices or alternative medicines for healing. Preventing the patient who is suffering from making this choice can be compared with a psychological mutilation. It is part of the free will of the patient and it is well known that going against his choice would infringe on his freedom. The physician’s duty is ultimately to inform and enlighten his patient as to the risks.

Free-will is a patient’s right. But in his weakened state, he’s made powerless if the doctor does not fully inform him about his disease or uses a scientific terminology that he does not understand.

Coming back to the subject of this first international conference, the following question has to be raised:

Is it in the interest of the patient that his doctor be independent of the pharmaceutical industry?

As specialists, we probably all agree that the doctor’s independence is real when each of his professional acts is driven only by his conscientiousness, his scientific knowledge and ultimately the interest of the patient. He has to combine his medical know-how with the “magic” of the intimate physician-patient relationship, so that this peculiar alchemy turns medicine into an art, the art of healing.

Please allow me to conclude my speech by quoting Emmanuel KANT, a German philosopher of the 18th century: “The more habits a man allows himself to form, the less free and independent he becomes.”

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