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EDITORIAL

The great physician as a Communicator.

Ricardo Cartes-Velásquez.[1]

Affiliation:
[1]Universidad Autónoma de Chile, Chile.

Corresponding:
Ricardo Cartes-Velásquez. Beltrán Mathieu 7, Concepción. Phone: +56977575655. E-mail: ijmss@uautonoma.cl.

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In a recent Perspective Article by *Kittleson (2019)* in the New England Journal of Medicine, he reminds us the necessity to treat patients, but not diseases. As William Osler said *"The good physician treats the disease; the great physician treats the patient who has the disease"*.

Kittleson (2019) tells us about his experience treating a case of a deaf person with a severe cardiac disease, that is, treating a person. He recognizes that, in the beginning, he was caught by an easy inertia, an inertia of silence, assumptions, and in some way, depersonalization. However, at some point, he breaks the inertia and focused on the patient, on giving the person the greater comfort possible, not just treating the illness and improving some biochemical indicators.

What *Kittleson (2019)* stresses out is the urgency for caring about the communication as the basic tool for practicing medicine. In this regard, it is relevant to remember Watzlawick's Five Axioms: *One cannot not communicate; Every communication has a content and relationship aspect such that the latter classifies the former and is therefore a meta-communication; The nature of a relationship is dependent on the punctuation of the partners' communication procedures; Human communication involves both digital and analogic modalities; Inter-human communication procedures are either symmetric or complementary, depending on whether the relationship of the partners is based on differences or parity.*

If you consider the first axiom, *one cannot not communicate,* you can realize that when the physician does not talk to the patient, that communicates something. Then, if you consider the fifth axiom, *Inter-human communication procedures are either symmetric or complementary, depending on whether the relationship of the partners is based on differences or parity*, you can realize that in most cases physician-patient relationship is far from symmetric, but paternalistic. Thus, on the one hand, it seems mandatory to assure an active communication process and, on the other hand, the physician must have an active role in order to make this happen.

Regrettably, this is not what happens in most cases, at least, in my personal experience. In most cases, you are forced *(by the easy inertia)* to maintain a minimal communication focus on the disease, on the quantitative indicators of the disease or the treatment adherence; forced to make assumptions about the patient's motivations and beliefs, mostly negative ones about patient's behavior; forced to deliver an utmost standardized care, without any consideration about the particularities of the patient in front of you; and forced to meet financial goals, but not to seek the improvement of the patient´s quality of life.

Is this inevitable? Certainly not. Is this hard to change? Certainly yes. Then, how can we improve this situation? As *Kittleson (2019)* states at the end of his Perspective Article: *"I will not forget again: diseases may become routine with experience, but patients must not"*. We must not forget that we treat persons, every person is different, and the only way to enter the person's world is through communication, with every person all the times. That is a shared duty, but most of

it relies on the physician's side, as William Osler said: *"The good physician treats the disease; the great physician treats the patient who has the disease"*.

REFERENCES

Kittleson MM. A Good Physician - On Complacency and Communication. N Engl J Med. 2019;381(19):1798-1799.