The meaning of physician-patient relationship for Medical students

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Abstract
One targeted to find the meaning of physician-patient relationship for students at the Universidade do Vale do Sapucai (Univas). With the qualitative method of exploratory type and methodological guideline of the collective subject speech, sixty (60) students were interviewed, who were in the school's first, second, and sixth years. It was noticed that beginners understand as physician-patient relationship an affinity and affectivity relationship, without distinction between the pathological and emotions involved. At the end of the course, it was observed that student's stand was complemented, he is able to distinguish his emotions and care efficiently for the patient. One may state that curriculum reforms are fundamental for basic academic training, including the human being as a psychosocial being and not just a carrier of hidden lesions. Studies of this nature are encouraged that may be carried out with the intent of expanding bioethics knowledge in the physician-patient relationship, expanding it population with distinct features in different locations.

Key words: Physician-patiens relations. Bioethics. Academics.

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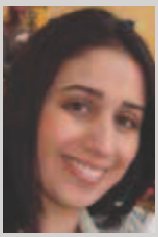

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The interest in evaluating medical student's attitude was consolidated from the end of the 1950s with its socialization understood as incorporation of attitudes, behaviors, and Professional values [1,2]. 0The student initiates the course with huge interest in patient's caring, but there is, throughout apprenticeship, such a changing process that, at the beginning of the Professional cycle, this interest turns to the search of answers for the biological aspects of the patient's disease.

It is a fact that the high-school student is conditioned, even before entering the course of medicine, to perceive the profession as predominantly related to the biological area, because of the knowledge required in the admission exams. This aspect is reinforced during the two years of the basic cycle, whose content is

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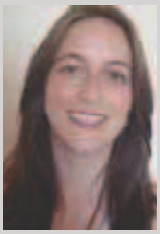

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also essentially biological. The graduate, by completing the course, is prepared to answer the scientific-biological aspects of the Professional practice – however, he is not always able, in fact, to see the person whom he needs helping [1].

Medicine, deriving from these aspects related to the professional training, which should be most human of professions, since it is undertaken by those who are willing, in principle, to donate, to care and assist, ends up by been misrepresented. The professional practice, molded simply in technical basis, opposes to the real patient, who questions, requires, evidences, requests and expects for physician's guidance and support. Thus, the physician-patient relationship ends up by changing into a power-submission relationship[2].

Medical formation, as any other educational activity, is far been restricted to a simple technical capacity-building, even if this is fundamental. Therefore, the ideal model of physician-patient relationship is that which preserves the physician's authority regarding the patient, due to his knowledge and technical qualities in its application, but it conditions the exercise of such authority to an intimate trusting relationship. This relationship should be based in reciprocal exchange of information, necessary to establish of a true affection that generates credibility and trust between parties [3]. Considering such premise, the current work aimed at knowing the meaning of the physician-patient relationship for students at the University of Vale do Sapucai (Univas).

Therefore, in order to have a humanized medical practice, communication becomes a crucial element. The clinical practice cannot prescind of effective communication, either due to the fact and through it that information are exchanged between the Professional and the patient, regarding symptoms, signs, diagnosis, and

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Therapeutics, either because it is communication that characterizes what is human in ourselves, allowing for transmitting emotions, feelings, and thoughts one to the other, and facilitating achieving common objectives.

Method

Considering the nature of this study, one opted for a qualitative approach research of the exploratory and intentional type. It was undertaken, then, individual, semi-structured interview, after signature of the free and clarified consent term (FCCT) in compliance to the National Health Council (NHC) Resolution No. 196/96.

Data collection was carried out in 2010, having as subject entering students and those from the fourth year of the course of Medicine at the University of Vale do Sapucai (Univas). The sample comprised by 60 medical students distribute in the first, second and sixth year of the course. Inclusion criterion was that student to be enrolled in these stages of the Medicine course at the institution, and that of exclusion, students from other graduation courses and medical students enrolled in the third, fourth, and fifth years.

The interviews were recorded and transcribed. The collective subjective discourse (CSD) was used in order to analyze and to present the outcomes, written in the first person of the singular, from which was withdrawn the key-expression (KE). The core idea (CI) [4] was gotten from it. Similar CIs were grouped, thus, establishing the frequency of ideas through tables presented next.

Result

The results gotten with the semi-structured research were collected from students' reports, research subjects, grouped and analyzed regarding the answer given to the question: "What is the meaning, for you, of the physician-patient relationship"?

The above question presented, as result, the core ideas according to Tables 1 to 3, referring to the first, second, and sixth years of the medicine course, respectively

Tables present categories that Express what students consider as the essence and meaning of the physician-patient relationship.

Table 1. Meaning of the physician-patient relationship for first year students

Core ideas	Subject	Frequency
Responsibility, service rendering	1,16, 19,	3
Complicity	1, 18	2
Care, respect, trust	2, 3, 4, 5, 6, 7, 9,11,13,14,17, 19	12
Love, good companionship,tenderness	4,7, 8, 9, 10,12, 15, 20	8
Career	10	1
Total		**26**

Table 2. Meaning of the physician-patient relationship for second year students

Core ideas	Subject	Frequency
Trust, respect, ethics, care	1,3, 4, 6, 7,10, 11, 12, 13, 14,15, 16, 18, 19, 20	15
Essential/important	2, 9	2
Cooperation	5	1
Patience, tenderness	8, 19	2
Concern	16	1
Complicity	17	1
Total		**22**

Table 3. Meaning of the physician-patient relationship for sixth year students

Core ideas	Subject	Frequency
Care, trust, respect, ethics	1, 2, 4, 5, 10, 11, 12, 13, 14, 15, 16, 17, 19, 20	14
Affinity, contact, good communication	2,3,6,18	4
Understanding, harmony	4,14	2
Fundamental, essential, all	7,8,9	3
Total		**23**

Concerning the meaning of physician-patient relationship (PPR) that students have when entering in the course, it is clearly evident that only those in the first year mentioned the word "love", indicating an emotional involvement and a more personal relationship among those Who just begun their medical training. In first and second years students, categories of "tenderness" and "complicity" are shown, which reinforces the idea that students in the first years attribute feeling to the relationship.

However, comparing "love" (first year) and "tenderness" (first and second years) it is possible to establish a grading among the two categories, while the first is more forceful. Such fact evidences an interpretation of the relationship based in altruist feelings, more accentuated in the first (when "love" and "tenderness" are mentioned) than in the second year (when only "tenderness" is mentioned). The fact that neither of the two categories were mentioned in the sixth year evidences the focus in exclusively technical aspect in the formation process.

The "patience" category was mentioned by second year students, indicating their perception since the beginning of the course on the necessity of perseverance in order to continue their formation, despite the difficulties that may arise, enduring PPR's inborn inconveniences without complaints or revolt. It also shows that students in the second started already feeling the impact of technical aspects of their training and the consequent need to dedicate themselves (sometimes, to exhaustion) to assimilate and to know how to reproduce all the technical information in the professional practice that were passed on to them.

Students from the first and second years mentioned the "complicity" category, evidencing that they understand PPR as

an affinity and trusting relationship in their communication with patients. Those from the first year added "good companionship", which sends PPR to the relational dimension of life in society. Those from the second year indicated "cooperation", which gives the idea that there is symmetry and balance in PPR contact. Only the sixth year students mentioned the words "affinity", "good communication" and "contact", therefore, representing a PPR closer to idealized – certainly due to the existence of greater contact with patients at this period of the course.

Even considering the differences in the way of expressing communication and contact in PPR among first and sixth year students, what one may deduce is that they acknowledge the importance of communication for a good PPR. Perhaps, at the beginning, their expectations derive, partially, from the contact with medicine they had in their lives as patients. As they advance, they realize how to adequate these expectations to what they assimilate as the core of ideal PPR.

In all three groups interviews, the words "care", "respect", and "trust" were mentioned, which got greater frequency showing that educational and daily relationships concepts are used in PPR construction.

Discussion

PPR has been pointed as key feature to improve the quality of health service. Caprara and Rodrigues [5] make considerations on Anne Scott's study, in which it is reported that during training period, student become aware of what must be ignored or excluded in this relationship, having biomedical rationale as the guiding parameter that tends to highlight purely the profession's technical features. However, recent reflections about improving medical practice show the importance of humanizing the relationship between physicians and patients, indicating the need of greater sensitivity of professionals in face of suffering and disease[5].

The process of establishing human relationships with patients concurs toward developing the physician's feeling of responsibility, as well as to enhance the outcomes and adhesion to treatment, increasing the satisfaction level of patients [6,7]. Caprara and Franco consider a study done by Sucupira, which got as result that pediatrics was considered as best cared in the National Institute of Medical Care and Welfare (Inamps) than in the State health units because it was possible, in the first, to be cared by the same physician, thus, reactivating discussions connected to the topic under issue[7]. Knowledge and continuity of the physician-patient relationship tends to reinforce the bonds of trust and to ease diagnosis due to previous knowledge of patient's history.

For some general practitioners, the relationship with patients basically sends them back to graduation classes or arise in the way of conversations among colleagues, often without major correlations with the

reality lived in their offices and nursery wards [8,9]. The elements of the patient's social hysteria[5] tend to be ignored, making difficult the perception of his/her overall condition, as well as the necessary communication of diagnosis and therapeutics. Caprara and Rodrigues, quoting Fallowfield's study, show that incidence of anxiety and depression is higher among patients ill-informed on their disease when compared to better informed group [5].

Foucault analyzes, in *The Birth of clinics*, the consolidation of the landmarks of medicine showing that with the discovery of the pathological anatomy, the medical interest was targeted increasingly to search of lesions that would explain diseases. In this process, the importance of the subject became increasingly secondary [3,10]. In view of this increased technicality, Caprara and Franco, quoting Jaspers, highlight the necessity for medicine to recover the subjective elements of communication between physician and patient, exclusively assumed nowadays by psychoanalysis, since, currently, the medical practices of other expertise are based solely in technical instrumentation and in the objectivity of data [7,11].

Clavreul suggests that technicality which imprints professional work actually derives from physician been submitted to a reductionist process that, essentially, places him, as spokesman of the medical institution. This institution has its preset control and enforcement mechanisms and it is this order that must be presented and reaffirmed to the patient[8]. The fact that the professional is led to identify himself with medicine (and, thus, be seen as well by the patient seems to lead toward a growing impersonality that nowadays characterize clinical practice and makes communication difficult

.

The Medical course at the Harvard University, attempting to minimize this process that inhibits the communication between the professional and the patient, foresees some basic elements, such as, in the first year, the examination, by the student, of the motivations that led him to enroll in the course. At the University of Maastricht, the communication features are gradually increasing in complexity in accordance with practices and situations, in as much as these elements are analyzed separately first (in the first year) and, afterward, progressively integrated into the clinical practice in advanced semesters [7,12]

Other studies reinforce the idea of the importance of communication between the professional and the patient. According with Caprara and Rodrigues, the PPR issue, in order to the curriculum of medicine has a suitable profile, needs to pervade the whole formation process, as well as the indispensable insertion of the interdisciplinary approach. With the lapse of time, each student identifies his own capabilities and difficulties, choosing the training path most suited to his needs [5].

Final considerations

Data gotten in the research go back to the reflection on the role of medical school in the sense of clarifying its students about the immensity of ethical issues involved in their training. Nevertheless, schools also need to be prepared to face the subjective features of the PPR and to transmit knowledge about them to students under training.

The research outcomes show that the approach of PPR affective features is an issue to be thought again. Students enter the course with highly emotional expectations about medicine and get distanced from their emotions as they consolidate their technical knowledge, which ends up by suppressing (in many cases) the human relationship that should be PPR basic element. Feelings will be always present, no matter how hard one seeks to maintain distancing, in most diverse ways and professionals need to be prepared to deal with them. Due to the lack of training to experience this situation, some professionals systematically seek to deny this reality, while others, on reverse, tend to exclusively reduce PPR to its affective content[8].

In order to avoid these deviations that compromise professional work, either due to lack or excessive, curricula reforms and the search for new pedagogic techniques are crucial to adapt current academic training, including the human being as psychosocial being and not only as Carrier of hidden lesions. However, even this may be insufficient to help student to desing the diversity of affective struggles with which he will have to dealt[13,14].

In this context, one highlights the importance of introducing bioethics in academic training and in continued education. This discipline allows for the continuous rethinking of practice in medicine, intervening in the quality of care with the personalization of the relationship, the humanization of activities, the right to information, and perfecting the physician-patient communication, diminishing patient's suffering and, thus, increasing his level of satisfaction[7].

Studies of this nature need to be encouraged, as they may expand knowledge in bioethics, subsidizing the relationship between physicians and patients, and, inclusively, considering their peculiarities bearing in mind populations with different characteristics and from different locations. One may infer, then, that PPR relates both to preconceived concepts during student's education and Professional training features as well.

Resumo

Objetivou-se conhecer o significado da relação médico-paciente para alunos da Universidade do Vale do Sapucai (Univas). Com método qualitativo do tipo exploratório e diretriz metodológica do discurso do sujeito coletivo, entrevistaram-se 60 alunos, do primeiro, segundo e sexto anos. Notou-se que os iniciantes entendem como relação médico-paciente uma relação de afinidade e afetividade, não havendo distinção entre patológico e emoções envolvidas. Ao fim do curso, nota-se que a postura do aluno complementa-se: consegue distinguir suas emoções e tratar de maneira eficiente o paciente. Pode-se afirmar que as reformas curriculares são fundamentais para a formação académica, incluindo o ser humano como um ser psicossocial e não apenas portador de lesões ocultas. Encorajam-se estudos dessa natureza, que podem ser realizados com a intenção de ampliar o conhecimento de bioética na relação médico-paciente, estendendo-se a populações com características distintas em diferentes locais.

Palavras-chave: Relações médico-paciente. Bioética. Acadêmicos.

Resumen

El significado da relación médico-paciente para alumnos de Medicina

Se tuvo el objetivo conocer el significado de la relación médico-paciente para alumnos de la Universidade do Vale do Sapucai (Univas). Con método cualitativo del tipo exploratorio y directriz metodológica del discurso del sujeto colectivo, se entrevistaron 60 alumnos, siendo éstos del primero, segundo y sexto año. Fue notado que los que están iniciando entienden como relación médico paciente una relación de afinidad y afectividad; no habiendo distinción entre patológico y emociones involucradas. Al final del curso, se nota que la postura del alumno se complementa; consigue distinguir sus emociones y tratar de manera eficiente al paciente. Se puede afirmar que las reformas curriculares son fundamentales para la formación académica, incluyendo al ser humano como un ser psicosocial y no solamente como portador de lesiones ocultas. Se incentivan estudios de esa naturaleza, que pueden ser realizados con la intención de ampliar el conocimiento de bioética en la relación médico-paciente, extendiéndose a poblaciones con características distintas en diferentes lugares.

Palabras-clave: Relaciones médico-paciente. Bioética. Académicos.

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Authors' participation in the article

Fabiana Fraga and Rafaela Vilas Boas outlined the topic, carried out the bibliographic assessment, wrote the introduction, justification, objective, methodology, and references, They undertook selection of students, interviews with students from first, second, and sixth year, transcription of interviews, analysis of results, discussion, and writing the paper. Adriana Mendonça and Denia Von Atzingen were advisors in the work.