

WHY DO WE TALK TO THE PATIENT? - CHALLENGING MEDICAL CONSULTATION FROM THE POINT OF VIEW OF MODERN PHILOSOPHY

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Abstract

The medical consultation - the basis for the physician-patient relationship - is often nothing more than a brief medical history interview and receives no sufficient attention: Thus, the focus today is on providing brief information and obtaining the patient's consent. In this paper we search for an independent approach to assessing the significance of the consultation for physicians. Today, philosophy recognizes two major approaches: modern anthropology as the science of human beings and media theory. If a physician does not "embed" the information, i.e. if he does not give it a meaning through transferring it onto the patient's specific situation, the physician consequently treats the person like a veterinarian would, that is only focusing on the biological organism and irrespective of his characteristic view of the world. Thus, and provided that it is a therapeutical and conciliatory conversation, the consultation must primarily be "tailored to the addressee". The information, the theoretical, purely topical content must be integrated into the patient's actual life situation. This is of fundamental importance for patients safety.

Keywords Medical consultation, philosophy in medicine, media theory, modern anthropology

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Background

Today, daily routine in hospitals and medical practices in Europe and elsewhere is focused on reimbursement systems and is dictated by economization and time pressure [1]; current studies show that consequently professional satisfaction and quality of life of physicians who want an intensive physician-patient relationship is decreasing more and more drastically [2,3]. The logical result of this situation is that the consultation - the basis for the physician-patient relationship - is often nothing more than a brief medical history interview and no longer receives sufficient attention: Thus, the focus today is on providing brief information and obtaining the patient's consent. Caring for patients throughout complex diagnostics and strenuous therapy processes might, however, require time-consuming, repeated consultations, also with relatives. In psychiatry and psychosomatics, the consultation is still an important tool. Outside these fields, however, it has almost disappeared due to time pressure in most clinical fields and in the overcrowded practices of

office-based (family) physicians: Today, a physician who takes time to treat his patients and to intensively talk to them - who actually communicates with them - has become an exception. Apparently this has also become also the standard approach in university courses in Germany. Students in medical school study many scientific facts, a knowledge of those will ensure success in the finals. The concept of thinking about a consultation or of how to go about a consultation is considered unimportant from an organizational point of view. Today's minimal reimbursement reflects the current situation, e.g. in Germany: A consultation, regardless of whether it takes two minutes or two hours, is worth 4.66 € gross pursuant to the German Medical Charges Manual. A consultation that exceeds the average duration is worth 8.74 € [4]. The current and apparent lack in basic appreciation of the importance of a consultation in terms of both time and remuneration is a problem inherent to the system. It is precisely this lack of consultation that is perceived as a loss by

many physicians and triggers a great amount of dissatisfaction among the physicians themselves and of course also among their patients.

Consequently, the following questions arise: Is there an independent approach to assessing the significance of the consultation for physicians? Against the dramatic backdrop of the lack of consultation in hospitals and medical practices - what constitutes the actual specific challenge from a contemporary philosophical point of view?

Methods

In answering these questions it is not suggested that the clinician should acquire the competence to conduct a consultation in the manner of psychotherapists, for instance, nor is it suggested that there should be specific therapeutic content, analyses or strategies.

The contrary is the case: We would rather like to explain the fundamental significance of the consultation from a philosophical viewpoint. Thus the following question arises: What are the specifics required for a consultation, irrespective and completely independent of an individual physician's psychological competence? Today, philosophy recognizes two major approaches: modern anthropology as the science of human beings and media theory.

The anthropology of the consultation

This is undermined by daily examples in clinical practice: Why does a physician disclose a tumor diagnosis to a patient of 18 years differently than he discloses it to a patient of 85 years? Why does he address a farmer differently from a diseased medical colleague? Or: Can the consultation be largely replaced by placing the patient in front of a monitor making him watch an information video about the upcoming surgery?

In all of these areas our thinking is considerably influenced by anthropological fundamentals. René Descartes, a renowned French philosopher of the 17th century, introduced the separation of mind and matter into the western thinking and thus influenced what is called anthropological dualism which strongly influences our thinking in medical science to this day. He even explained the organism of animals and humans in a purely mechanistical way. There exists the illustration of a duck by Jacques de Vaucanson. It looks like a duck from the outside, but inside it consists of a machine with gearwheels, belts and a system of

tubes. This understanding of the organism of animals and humans has strongly influenced medical science ever since. It was the German winner of the Nobel Prize in physics, Erwin Schrödinger, who recognized in 1942 that modern physics did not have a sufficient understanding of "life".

This was followed by the development of the cybernetic model of life by Maturana and Varela among others. It was understood as a self-controlling system with feedback mechanisms and a metabolism driven by food intake and excretion regulated by its own genetic specifications. This was the basis for the modern cybernetic term in biology.

But as physicians in human medicine - and this is what distinguishes us from natural scientists - we have to deal with the "living being", the "humanum", not only with the human body as a physical system. As opposed to pure matter and objects, human beings as individuals live in their own world and therefore in an environment that is never individually uniform but vital nonetheless. Already in the middle of the last century, Maurice Merleau-Ponty pointed out this fact in his main work "Phenomenology of Perception". "Sensations" as the basic structure for human actions can therefore not be explained in an exclusively mechanistical way: Each "sensation" has its meaning in the individual's historical context. Not only does it have to be both processed and interpreted, it also has to be understood against the background of one's own life story in combination with humans surrounding the respective individual. Considering the life story of each individual, this approach clearly exceeds the purely cybernetic point of view of the human organism. Consequently the physical existence in its lifelong context can no longer be explained with solely biological, mathematical-mechanistical or scientific-mathematical means.

Rather, modern experiments conducted by Michael Tomasello at the Max Planck Institute for Evolutionary Anthropology in Leipzig/Germany show that actions are meaningful to human individuals already before they acquire the ability to speak [5]: The experiment shows an infant (approx. 9 months old) lying on a table observing an adult putting away a piece of paper in a file on a neighboring table. The adult then leaves the room and a different adult enters the room. He picks up the file and puts it into a clearly visible locker which he then locks. He leaves the room and the first adult enters the

room again holding a piece of paper in one hand looking quizzically at the table. In all cases this attracted the infant's attraction; looking at the adult they pointed into the direction of the locker. The infants obviously recognized the "intention" of the adult (to put the piece of paper into the missing file) and lead the adult to the locker by means of deictic signs. The most fascinating about this is the realization that all this happens long before language acquisition. This paradigmatic experiment lead Michael Tomasello to the following assumptions: The infant "shares the intention" means: The infant differentiates between action and intention. As opposed to other comparable primates we are facing a strange triadic situation: The infant, the adult and the intended aim of the adult's action which the infant "understands" or "shares" (although it is completely irrelevant to the infant).

This fundamentally distinguishes man from animals: The human being can – even before language acquisition - clearly connect a sign or a gesture to an intended action. But even if only focusing on biology, according to Varela, a sensation does not work mechanistically since with animals (as well as with humans) the following is applicable: A sensation has a meaning in light of one's individual way of life.

The media theory approach

In human beings one has to take into consideration that sensations in media (language, facial expressions etc.) which are of an inter-subjective nature also have a meaning. Therefore culture always additionally influences the "meaning" of a sensation as the media are in turn influenced by culture. Thus apart from these anthropological considerations a modern philosophical theory can be applied: The media theory which systematically develops propositions and tries to explain their nature and effects as well as their functions for both society and the individual (6). In this context, the difference between pure information and its relevance for the individual are of fundamental importance. Physicians in medical science are strongly subjected to scriptural media (e.g. books, specialist journals) and for about 20 years they have been increasingly subjected to digital media as well. Naturally, this changes the relationship between physician and patient: Indeed patients are given further information or an informative medical report letter during their hospital stay. Normally, however,

the medical layman does not understand the technical terminology and scientific-mathematical mindset. Therefore the patient additionally wishes to have a consultation with his physician: It is this consultation that enables the patient to understand the information regarding his condition and his disease, to project the understanding onto his own life and to even comprehend the social consequences for himself, his partner, his family or his profession.

That makes the consultation "transformative". Thus it is of fundamental importance for the physician to not only pass on the medical information but to integrate the information into the respective patient's specific, individual and social environment. In this case a consultation is no longer purely "analytical" (psychoanalytical consultations could be taken into consideration) but becomes "synthetic" through the extended correlation.

Discussion

The physician's care of the patient includes both verbal and non-verbal communication. It cannot be standardized, cannot be written down in the form of guidelines and can therefore not be registered for example in a DRG-system in an evidence-based way. Also, from a modern philosophical perspective, the dialogue is the constituent, fundamental and central attribute of the relationship between physician and patient. Ironically, this fundamental significance and challenge to each individual doctor is no longer taken into account in our German medical system. The actual logic of the physician's function, however, should be considered again: Consultations must be feasible again by making use of the necessary personnel as well as economic and temporal resources. The relevancy and content of consultations cannot be measured and therefore, unlike other medical services, cannot be put to better economic use. It is a false conclusion, however, to think that for this reason consultations automatically result in a scarcity of both financial and personnel resources and are therefore not feasible. The opposite is true: Just recently Wallace [7] proved that a physician's quality of life represents a "missing quality indicator". A physician's job satisfaction will increase, however, when a he can practice the profession's fundamentals and can conduct a consultation as described as a basis for the physician-patient-relationship. The appreciation of

the consultation thus also constitutes an appreciation of the physician himself and will induce increased patient satisfaction.

Conclusion

In the end, it's not exclusively the modern diagnostic and therapeutic instruments which characterize a modern physician's work, rather it is something that is not taught sufficiently at German universities today, the old and almost lost art of engaging in a dialogue. If a physician does not "embed" the information, i.e. if he does not give it a meaning through transferring it onto the patient's specific situation, the physician consequently treats the person like a veterinarian would, that is (only!) focusing on the (biological) organism and irrespective of his characteristic view of the world.

Thus, and provided that it is a therapeutical and conciliatory conversation, the consultation must primarily be "tailored to the addressee". The information, the theoretical, purely topical content must therefore be integrated into the patient's actual life situation: This is the only way information can become meaningful for the patient and his relatives.

Resumo

La medicina konsultado - la bazo de la rilato inter kuracisto kaj paciento - ofte ne estas pli ol mallonga intervjuo pri la anamnezo kaj ne ricevas sufiĉan atenton: tial la fokuso hodiaŭ estas provizi mallongajn informojn kaj akiri la konsenton de la malsanulo. En tiu ĉi artikolo ni serĉas sendepandan alproksimiĝon al la taksado de la signifo de la konsultado por kuracistoj. Hodiaŭ, filozofio agnoskas du grandajn aproksimiĝojn: modernan antropologion kiel scienco pri homoj kaj la teorion pri komunikmedioj. Se kuracisto ne „ĉirkaŭigas“ la informon, t.e. se li ne donas al ĝi

signifon per transigi ĝin al la specifa situacio de la paciento, la kuracisto sekve traktas la personon laŭ maniero de bestkuracisto, t.e. enfokusigi la biologian organismon sen respekto de ĝia karakteriza alrigardo de la mondo. Tial, kaj supozita, ke temas pri terapeŭtika kaj repaciga konversacio, la konsultado devas esti „adaptita al la ricevanto“. La informo, la nura formala enhavo estas enigenda en la aktualan vivsituation de la paciento. Tiu fundamente gravas por la sekureco de la paciento.

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