

Chapter 9

Ethical Aspects of Talking to a Patient

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ABSTRACT

A very important role in the diagnosing process is played by the conversation with a patient, which should always have a diagnostic-therapeutic character. The subject of interest of this paper are the relations between medical personnel and patients. The chapter aimed to explain the application of main ethical theories in conversation with patients as a diagnostic-therapeutic instrument. As an example, a case study illustrates basic ethical principles of such a conversation. It as an instrument of diagnosis and therapy retained its value despite introducing numerous methods of diagnosis based on the findings of modern physics or electronics. In our view, the conversation should always aim at the benefit of the patient and the results of treatment as well as sustaining patient's subjectivity and hope for achieving a higher quality of life.

INTRODUCTION

Every recovery process begins with making a diagnosis of an illness. The diagnosis includes the aetiology of the disease, the pathogenesis and the therapy scheme. New facts systematically appear during the treatment which ought to be taken into consideration and undergo necessary modifications of the treatment. Therefore, diagnosis is a dynamic process which is constantly modified. A very important role in the diagnosing process is played by the conversation with a patient, which should always have a diagnostic-therapeutic character. This means that in the course of the conversation a patient should experience subjectively positive emotions which evoke hope for progress in treatment and should be mobilized to cooperate with medical personnel in achieving the aims of the treatment and rehabilitation. Every conversation with a patient should be grounded in ethical values. Depending on the kind of

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patient's problem, the properties of social environment and patient's individual traits a particular ethical theory should be employed as the basis of therapeutic procedure.

In this chapter treatment and rehabilitation are going to be used conjointly as every treatment should be complemented with rehabilitation. Rehabilitation completes the treatment and shortens full functional recovery. It also enhances the quality of life. Worthwhile is also the engaged attitude of the patient, otherwise, positive treatment results are barely possible. In case of a terminal disease medical personnel should help the patient to go through the disease, including potential pain and suffering, with dignity. Frequently until the understanding and accepting death.

The conversation with a patient is an element of the recovery process and, at the same time, it permeates the whole process and all its dimensions. It is especially worthwhile in the biopsychosocial paradigm which appreciates the factors exceeding the biomedical paradigm. The biopsychosocial paradigm assumes that it is the whole human who is ill and not only a single, separate organ or system. Not only is the bottom-up causality (a specificity of reductionism) regarded but also the top-down approach (the specificity of holism).

The great psychosomatician Wiktor von Weizsacker (1886-1957) stated that: "Humans react with illness to an experience which they cannot cope with. The body and the psyche can replace each other. The body comes to the fore when psyche is helpless" (Pollak, 1970, p. 309).

The concerns are going to be illustrated by the description of psychological care provided to a patient since 1983 by Roman Ossowski. The patient D.W., born in 1953, has been suffering from obsessive-compulsive disorder (OCD) with psychotic features F23.00 (ICD-10). He holds secondary, technical education. The patient is an author of memoirs of his complicated life and the therapeutic process. A great deal of information also comes from conversation with the patient. The patient gave his written consent to publish the data, although the personal details have been coded.

In the case of D.W. mainly constructivist therapy according to Michael White and Inso Berg (Prochaska, Norcross, 2006) was applied. The ground of constructivist approach is the focus on the change and resources of the patient and not on the causes of the problems. The patient's point of view and his narration about himself is of utmost importance. The narrations themselves are interpretation of reality perceived by the patients. Worthwhile is the question – what you are going to do, i.e. focus on real aims, problems and solutions. The narrative approach is pleasant for patients as they are free to talk about who they are and who they would like to be. In this concept of a therapy we express a great respect for patient's subjectivity and autonomy. There are no attempts to socially affect the patient.

ETHICS IN TALKING WITH A PATIENT: AN OUTLINE OF THE PROBLEMS

All relations with patients are deeply grounded in ethical values. Even Hippocrates (460-377 B.C.) in his famous *Corpus Hippocraticum* undertook the notion of relationship between a doctor and a patient. The collections regards medical ethical norms. Ethics is a branch of philosophy, a science of obligations, of what is good, evil, perfection, human destiny and happiness. Ethics is closely related to morality.

Morality is a system of beliefs, values and primary appraisals concerning the rightness of human actions and behaviours. The appraisals are made in the continuum of: right – not right, good – evil, tolerance – intolerance. They are also considerations over the boundaries of natural law, moral autonomy, the sense of life, responsibility, dignity, justice, virtue, friendship and obligation.

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