

“Values” in medical practice

Carlo-Federico Perno

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Until a couple of centuries ago, the figure of the medical doctor overlapped with that of the philosopher, alchemist, and also astronomer, mathematician, etc. This was mostly because knowledge about medicine was limited, with scarce anatomical and physiopathological information, and, last but not least, with very few medical remedies really effective in healing humans from their diseases.

There was something else that justifies, and somewhat explains, the multivalent role of the medical doctor in ancient times: the perception that body and soul are interdependent, intermixed, and embedded in an even more complex natural environment. The sickness then becomes an unpleasant event that disturbs the natural body and soul equilibrium with the environment. Therapy then starts from the principle of curing body and soul together; healing works by means of, and requires, such a holistic approach.

The success of modern medicine has obscured the ancient times and relegated the old medicine to the frame of a magic environment. The absolute faith in science, the great discoveries in medicine, and the advent of modern surgery have left in a corner a question that remains unanswered: what is the value of the person in the context of sickness and pain?

Today the cure rates for diseases mostly untreatable for millennia are incredibly high. Infectious diseases, the major causes of death since the appearance of humans on the earth, have a limited impact in terms of death toll, at least in so-called developing countries. Cancer is today cured in more than 50 % of the cases, and the remaining cases are mostly well managed for many years. Stroke,

heart injuries, etc., are perceived as something that we can cope with, thanks to prevention and treatment.

So, if the situation is so brilliant, what’s the meaning of discussing values today? An answer comes from the three articles by Surbone and Baider, Balducci, and Foster published in this issue of the *Journal of Medicine and the Person*.

Our medical science has so much developed and improved, with astonishing discoveries that have changed the lives of billions of humans, yet the major questions remain unaltered: what is the meaning of our sojourn here? What is the role of suffering in the frame of a society dedicated to wellbeing and personal care?

The fideistic approach to a medicine able to relieve humanity of pain and suffering is challenged by everyday clinical evidence, and questions whether healing from a disease is the only path to full happiness. The examples given in the articles clearly show that, beside the primary effort directed at treating diseases, doctors and workers in health systems have to manage a greater question, which comes from the humanity of sick people, not from their sickness per se: what are the values that inform the whole life of each single patient?

Unfortunately doctors today are accustomed to treat diseases, not persons with diseases. A demonstration comes from the typical way of describing persons admitted to hospital as “a breast cancer in bed 3”, “a stroke in bed 24”, etc. Therefore, our attempts are directed solely at treating diseases, our objective is only to heal people from their body sickness. To do so, we are required to be as professional as possible, and separate humanity and medical science. A doctor must be non-empathic with patients, it is often said, otherwise this empathy would destroy the doctor’s equilibrium, impair his/her medical decisions, and ultimately affect his/her personal life.

C.-F. Perno (✉)
Department of Experimental Medicine and Surgery,
University of Rome, Tor Vergata, Italy
e-mail: cf.perno@uniroma2.it

As an oncologist with expertise on AIDS, I've realized that this "cold" approach may be feasible, and convenient, because it represents the best way to keep myself out of someone else's problems. Whether it is without consequences for the success of therapies, I'm not so sure. The experience of providing treatment and care, without considering the whole patient with his/her personality, needs, beliefs, dreams, relatives, environment, dignity, and, why not, economic situation, may be unsuccessful, and even lead to a lower rate of success. Why? In my case, only a relentless patience in entering into the patient's soul and beliefs puts me in the position to explain, with reasonable results, the importance of taking the prescribed therapy properly on a daily basis. Only discussing with patience the role of antiviral therapy in saving lives of people with HIV infection, permits doctors to enter into the depths of some Africans who still perceive western medicine as a violation of persons and ancient cultures. In other words, patience by doctors, empathy, may increase the rate of medical success. Without the "time-spent-with-patients", the chances of success of the therapy become lower. So, there is at least one good reason for implementing our ability to interact at the maximum level with patients: only a deep relationship, generated by time and effort, let doctors help patients enter into the problem of the disease and understand the reasons why the therapy, as proposed by the doctors, is the best that can be provided.

But there is another, more important reason that makes the patient-doctor relationship crucial in any circumstances: the value behind each single patient that comes in contact with the doctor. As pointed out in the article by Balducci, doctors' skill in providing good medical care is sometimes inversely proportional to their ability to listen to patients' requirements, needs, and beliefs. While we may be scientifically sure that a treatment provides the best rate of success against a disease, this does not necessarily mean that such a medical approach answers properly the deepest

needs of our patient, of that specific patient! As described by Surbone and Baider, what we as doctors perceive as the greatest need and emergency, that is early diagnosis and appropriate treatment of a cancer, may not be the greatest priority of an apparently poor, low-culture woman with limited ability to understand the progress of modern medicine. Can we say that the objective, impersonalized approach of the doctors, in that case, is the best that can be given to each single patient? The answer may be yes, if we establish that there are absolute values that each human has mandatorily to comply with, and that those that do not comply are uncivilized people who fail to comprehend (yet?) the progress of science and humanity. The answer is no, by contrast, if we accept that the scale of values of each single human is not related only to culture and progress, but derives from a sort of genetic code driven by family, country, experience, and, ultimately, by a "question" that rides in our brain and soul, that is whether the healing of the body is indeed the ultimate answer to the problems of humans, and the only key to happiness.

Our work has changed, we have more and better tools to manage diseases, yet, also for us as doctors, the same questions stand. Caring about values for ourselves provides a preliminary, but mandatory answer to the questions raised by the presence of a suffering "alterum" (another person). Values, and the respect of others' values, today even more than in the past, represent the inevitable background of each human relationship. We, as doctors, should never forget the complexity of humanity, also when time constraints, fatigue, or personal problems lead us to behave differently. Our responsibility as "kingmakers" of someone else's health still stands. Coping with the personal values is the best way of starting a relationship that may ultimately lead to what can be the best solution for each single patient, even though, sometimes, such a solution is not necessarily what we perceived as the absolute best for us.