

Letters to students and physicians in Brazil*

Cartas aos estudantes e médicos do Brasil

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ABSTRACT

The first encounters with patients represent important moments in the life of the medical student and impregnate his future as a doctor. It constitutes an opportunity to evaluate whether he is really willing to face the task of caring and embracing people in situations that are, on the one hand, of suffering, agony, ill-related, and on another, of availability, kindness, hope, and embracement between patient and doctor with gestures and attitudes of serenity and confidence. Nothing can replace the knowledge, experience, and wisdom that are assimilated in the direct contact with the patient, which expresses individuality, complicity, continuity, and privacy. Only then, it is possible to see the links between science and the medical art, which reveals in its fullness, humanism and the humanitarian practice that surround the Medical practice and the doctor.

Key words: Medicine; Students, Medical; Physician-Patient Relations; Education, Medical; Humanism.

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RESUMO

Os primeiros encontros com o paciente representam momentos marcantes na vida do estudante de Medicina e impregnam o seu futuro como médico. Constitui-se em oportunidade de se avaliar se realmente está disposto a enfrentar a missão de cuidar e acolher pessoas em situações em que se encontram, de um lado, o sofrimento, a agonia, o mal-estar e, de outro, a disponibilidade, a gentileza, a esperança, a entrega de paciente e médico com gestos e atitudes de serenidade e segurança. Nada substitui o conhecimento, a experiência e a sabedoria que se assimila no contato direto com o paciente, o que expressa a individualidade, cumplicidade, continuidade e privacidade. Só assim é possível perceber os elos entre a ciência e a arte médicas, o que descortina em sua plenitude o humanismo, mas não só, a prática humanitária que cinge a Medicina e o médico.

Palavras-chave: Medicina; Estudantes de Medicina; Relações Médico-Paciente; Educação Médica; Humanismo.

THE FIRST ENCOUNTERS WITH THE PATIENT

Firstly, I want to tell you that, when in contact with patients, you begin a new phase of your life, not just a new stage of medical school. The big difference is that from this moment on, maybe this afternoon or tomorrow morning, you will be at the bedside of a patient, composing the first or one of the first clinical records of your life. Before anything, turn to the core of your mind and heart and see if you can answer the following questions: are you in the right place? Is this the profession that I really want to practice? If you cannot answer them immediately, reflect

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a little; maybe you can only practice it safely as you relate to your patients.

Now get out there: interview a patient! Please wait... Do not forget to check that you are dressed appropriately, your shoes are clean, your hair is combed; see, in short, check if you are worthily prepared to sit next to a patient. Pay close attention to the language you will use – it should be correct, simple, clear, and no word out of your mouth should cause anxiety or create doubts in his patient. I do not know if at this moment you should stamp a slight smile on your face or if your face should remain serious; this will depend on the patient's condition. Anyway, try to transmit serenity and security in your words, gestures, and attitudes. I know you are insecure, nervous, indecisive regarding the semiotics, but that is normal. The important thing is to know, from the beginning, that the patient's human condition should be placed above all other issues. And that is not a technical issue; it depends on how you see people.

Learn once and for all that nothing replaces what is assimilated through the direct contact with the patient. Books, computers, tablets, and visual aids only serve to facilitate and understand what goes with the patient. Therefore, the medical practice is labor intensive and requires the cultivation of human qualities that should not be confused with psychomotor or technical skills.

In my view, the fundamental human qualities in the doctor-patient relationship are: integrity, which is the willingness to act in the right way regardless of who the patient is; respect, which means the ability to accept the patient's human condition and knowing that he becomes more fragile and more sensitive to the disease itself; and compassion, represented by the genuine concern for the patient's suffering.

Allow me then, to suggest you some stands in this phase of your training that can be useful for the rest of your life as a doctor.

The first is: take charge individually on the clinical examination of the patient; it is between you and him. Make any patient "my patient." Do not share these moments with another colleague. I have no doubt that learning to perform the clinical examination requires that the work be done individually as you will do in your future office. I know that it was interesting and fruitful working in pairs or groups at other stages of the course – in the anatomy rooms, biochemistry and skill laboratories, and pathology rooms – but now, it must be just you and the patient. Only then there will be conditions for you to understand and learn the ex-

periences and practices that make up what we call the doctor-patient relationship. It is good that you be aware that both can occur at the same time: the semiotics learning and doctor-patient relationship. The first is easy to systematize, but no matter how good it is, it alone is not enough for a good medical practice. Making a clinical decision is not the same as making a report for a supplementary examination. The patient as a whole will weigh heavily at that time. He has a family, work, worries, fear, hope, expectations. Take all these into account. In making the clinical examination, pay attention to yourself, patient, and any family member who is participating. It is also necessary to immediately realize that the anamnesis is not limited to a series of questions you ask with the patient trying to answer. Anyone who thinks that this is anamnesis can never be a clinician! Many phenomena are happening in your mind and the patient's mind. The obligation to recognize them is yours, knowing that they inevitably include yours and the patient's affective world. Do not think that you will be absolutely neutral, distant, undisturbed. By the way, if this happens, it is appropriate to ask yourself again: did I choose the right profession for me? Even wishing to be so, sooner or later you will discover that you are not a technician repairing a robot. In fact, according to the laws of robotics, I believe that in the future, robots will be repaired by robots. In contrast, I think that patients will continue to be cared for by doctors!

My second suggestion is that you establish complicity with the patient. That means a lot, but I will summarize it in a nutshell. Even if you do not know the diagnosis or cannot prescribe any medication or perform any procedure, do not think your presence and your work means nothing to the patient. Become the patient's accomplice so that he can receive the best possible care. Do not miss this opportunity to learn now that more important than diagnosing, prescribing, or operating is to take care of the patient. That is what you can do even better than the resident or the professor who is an "expert" in the patient's disease. Learn now the secret of successful doctors: they take care of their patients!

Another suggestion is that there is continuity in your relationship with the patient. This means that each interviewed patient should receive your care: even if it is a quick daily visit until he is discharged or, unfortunately, this will happen until his final moments if he dies. Incidentally, I must say a few words about death. Perhaps, only a few want to touch this

subject during their medical school. The truth is that many of our patients have incurable diseases, some are fatal in the short-term, and you have to be prepared for that eventuality. The assertion that the patient's care is what is most important in the medical profession can be proven very clearly (and with some suffering) next to a terminally ill patient. What should you do in such circumstances? I cannot summarize this in a few words. Find out for yourself. However, one thing I know: this is the time when the human side of medicine takes up all the time and space to dedicate to the patient. Here the value of semiotics is almost zero. So what will be worth? Would it be a word of comfort? A gesture of support? Alternatively, just silent presence? You can only learn experiencing these moments (and also we cannot forget that palliative care is as important as curative interventions).

I spoke of individuality, complicity, and continuity. But I could not forget to address another issue: privacy. You and the patient in a room, such as the doctor in his office, would be the ideal situation. However, I know that this is almost impossible under the current conditions because the university hospitals remain attached

to an outdated system of collective living quarters. At best, that there are rooms with two beds. However, if you find an empty room in the ward or near your patient's room, take him there to create privacy, and there, you will find that the doctor-patient relationship reaches deeper levels, as you thought it should be. Not being able to do so, try to create an atmosphere of privacy, even if the ward has other patients, several students, nurses, and doctors. Sometimes the best thing to do is to return at other times when the ward is empty!

I do not want to prolong this message because I know the anxiety to start the clinical learning. Allow me to finish by making a proposal: look seriously at the technical side of the clinical examination and perform it with maximum accuracy and efficiency – the opportunities to develop your ability to relate to patients. That is to say: learn to identify from the first patient, the phenomena of the doctor-patient relationship. In doing so, you may notice the first links between science (medical) and art (medical). Then, you will see unfold in front of you the most beautiful side of Medicine. Exactly what led you to choose this profession: its human side!