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THE CORE-VALUES CONSTRUCTION OF THE PHYSICIAN – PATIENT COMMUNICATION, RESPECTIVE OF THE PATIENT'S AGE

Maria Dorina Paşca

Dr. Psih., Department of Social-human sciences, Târgu-Mureş University of Medicine and Pharmacy

Abstract. Doctor - patient communication represents a test on both sides, so that healthy issues must be solved together. Taking into consideration the age particularities of patients represents a step forward in decrypting a behavior, an attitude and the cognoscible process of human value. The doctor must personalize the strategy of communication and the relation with patient having in mind the age particularities and considering the main elements of communication: to be understood, heard, accepted and receiving a feedback. In this context the value and the efficiency of communication has educational value, making the relation between transmitter and receiver doctor-patient or patient-doctor a special and a very important one because the patient is a human being not an object.
Keywords. communication, doctor, patient, age, efficiency, education

If we were to follow one definition, according to Lupu I., Zanc I., Săndulescu C. (2004) we would consider interhuman communication to be that „transfer of information and meaning from one person to another" (Dawis and Newstrom – 1985) which determines an alternate behavior between the sender and the receiver.

Considering the same framework, Stanton N. (1995) described four main goals for the communication process:

a). to be received (heard or read)
b). to be understood
c). to be accepted
d). to determine a reaction (a change in behavior or attitude)

Based on the elementary ideas concerning the structure of communication, on physician and patient level, it is necessary to grasp its core-values construction, primarily considering the subject's (client's, patient's) age related idiosyncrasy as qualitative benefit of the established relationship. Thus, besides the chronologic age of the patient regarded as a variable constant, relatively equal for all persons born the same date, the psychological age, as general entity, does not essentially refer to the complexity of the personality, but to the adaptive behavior layering, which allows ascending forms of adaptation and social contribution.

The structural aspects may be of more significance when it comes to certain aspects of the psychological age. When a lack of harmony in development or a transversal gap occurs, the composition of the main psychological characteristics is of increased interest, as they are loaded with virtualizing energy, but also of interest are the potential characteristics, the reserves or supplements, untrained talents, because these constitute an important force of the personality and they create its specific color. In changing life conditions, the supplements can come into action and they can ease the readjustment. Under these conditions, the more fragile psychological characteristics can deteriorate, which creates the outline of developmental disorders and pathological development, as Schiopu U. and Versa E. emphasized (1981).

This is why it is imperative the physician knows the age idiosyncrasy of the patient and makes the communication and the relationship efficient for both parties.

Maria Doina Paşca
5, Dacia Traiană Str., Iernut, Jud. Mureş, Romania
Email: aura.rusu@clicknet.ro

The literature objectively describes the development stages based on age (cycle of life) by citing S. Freud and Jung C.G. who consider that external factors play an important role in the personality development process and in its adaptation. Piaget J. elaborates the formulation of quantitative differences in the cognitive development process, especially in the thinking process development, and Erikson E. defines the stages of the cycle of life:

- first year (trust – mistrust)
- early childhood (autonomy – shame – doubt)
- kindergarten age (initiative – guilt)
- middle childhood (industry – inferiority)
- adolescence (identity – role confusion)
- young adult (intimacy – isolation)
- middle age adult (generativity – stagnation)
- old age (integrity – despair)

We can also add the core-values construction, which we shall emphasize, considering this as a real help in the efficient physician – patient communication, starting from the keyword:

- child patient = innocence
- adolescent patient = search
- adult patient = stability
- old patient = *senectutis*

a). Child patient = innocence

A child can be included in this behavior class from birth until around 11 years old, knowing that a very important role is played by the family – as first landmark for our patient.

Under these circumstances, related to the disease, Athanasiu A. (1983) considers that the child can manifest an attitude very dependent on the parents' attitude, both the overprotective one and the pessimistic one being equally detrimental, given that in both cases there is an amplified emotional state.

Considering and starting from these elements, the physician will have to find the most efficient method for dealing with the child by making him comply. He will have to build a positive relationship with the parents, finding out how the child spends his free time and his school time, and generating the necessary responsibility. Also, in most cases, the physician will have to conduct the whole consultation as a game, being careful not to create panic and behavior destructuring. We have to mention that Iamandescu I.B (2002) emphasized some elements that are very important to be known by the physician when the patient is a child:

- to know and to understand the child's development;
- to evaluate the child's behavior considering that many behaviors are just wants of adapting to the given situation or age specific manifestations (in most of the cases a psychiatric exam being uncalled for)
- to build a set of techniques helpful for resolving different misbehaviors, but considering there is no unique technique, applicable to all children, and these techniques have to be concordant to the needs of the child and his/her family.

Under such circumstances, hostile acts between the two (physician – patient) are diminished, and the wants of adapting and the phenomenon of incompliance in given situations are both continually regressing. But maybe the most important fact is represented by knowing, accepting, understanding and mutual help in the core-values construction of the communication relationship physician – patient vs. patient – physician.

b). Adolescent patient = search

This is the moment characterized by search, knowing that the patient goes through the period of identity and/or role confusion (11-20 years) – preadolescence and then adolescence.

Preoccupied by the search for the identity and/or role, the adolescent does not care about his health (he generally declares himself as healthy), and a doctor's appointment is only made in extremis and/or in delicate moments, when he can no longer take care of the problem alone. The conflict with the family continues, and he strives for a certain degree of independence, exposing himself to dangerous situations and acting reckless.

When dealing with such a patient, the physician will have to modulate the communication according to the abovementioned characteristics, synthesized by Iamandescu I.B. (2002):

- building a personal physician-patient relationship, based on trust;
- treating with respect without criticizing;
- the physician will assure the patient that the discussion is confidential;
- the interview will be based on the age and cognitive development level of the patient;
- tact and delicacy when approaching intimate topics;
- active and sympathetic listening to the opinions expressed;
- explaining the importance of having a healthy behavior
- flexibility, sense of humor, lack of prejudice in communication

Provided that the adolescent finds in the physician a positive anchor in his sometimes winding development, both parties will benefit, for the health education and the respect towards the family and community will become beneficial landmarks in the given context.

c). Adult patient = stability

It is here that we notice a situation in which intimacy and isolation, generativity and stagnation are mixed together, in a stage ranging from 20 years to 65 years old.

Inclined to changes, this adult stage forces the individual to be capable to adapt to all changes that may occur, marking the maturity stage of the adult. In this period several phenomena occur, such as: school graduation and employment, unemployment, marriage, child raising. All these concur to making the individual responsible as parent and preparing him psychologically for the possibility of death, divorce, getting old or for reactions to stressful phenomena.

Now the physician will have to go a different way in knowing the adult patient, emphasizing trust, responsibility, consciousness and mutual respect. Most times, a piece of advice can help an adult patient, thus transforming the physician from a family doctor to a family member, enforcing the mechanisms required for keeping the patient healthy. In fact, it is only together that the two of them can create the team which will have to fight not only the disease, but also the isolation and stagnation, making way for physical, psychological and social maturity. The philosophy of life will direct the adult closer to reflecting upon past stages, even if he can start from the saying "tomorrow is another day".

d). The old patient = *senectutis*

Before getting to the point of talking about the wisdom that comes with the age, above the age of 65 we can still talk about integrity, despair and isolation. This is the moment in time in which the attitude towards work, but also towards the individual's own life makes this period quite stressful for some patients. To have a family or not, to be single or not, to be healthy or sick, but especially to fear death or not and to be ready for "the long journey" and for the inevitable "passage", all these represent questions and even more answers which an old person, healthy or not, lives with, referring most of the times to a certain personal "lifestyle" and in the same time creating "biographies".

According to Iamandescu I.B. (2002), the old patient lives with a true inferiority complex, amplified by the perspective of retirement or by the actual retirement, and also by his social entourage:

- feeling of social uselessness
- personal under-appreciation
- loss of the meaning of existence

All these create alterations of the self-image and self-esteem.

In the relationship with the patient, the physician requires a lot of professional skill in order to accurately assess the patient's health condition, and to observe the cognitive and affective disorders specific to this period. Of the outmost importance in this relationship are the elements which converge towards: listening, patience, understanding and certitude, being aware that the old patient realizes that "the engines are cutting power" and the hard times are only beginning.

Our entire constructive approach was mainly based on knowing the age characteristics of the patient, knowing that in the communication and the relationship with the patient, the physician will have the advantage of success by taking the cognitive process towards the value evolution of the state of health. In this context, communication comes to complete a behavioral attitude towards the concept of life itself, because together, its meaning can change. All that remains is that we decide ourselves, without forgetting the words of the "Serenity Prayer": "O God and Heavenly Father, grant to us the serenity of mind to accept that which cannot be changed; courage to change that which can be changed, and wisdom to know the one from the other".

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