



Physician – patient relationship and compassion

prof.dr. Frans J. van Ittersum

internist-nephrologist
Chair Netwerk Katholieke Zorgprofessionals Nederland
FEAMC Secretary General



Physician-patient relationship

Till ± 1950

- Physician decided what to do (paternalistic)

1979 Beauchamp / Childress principles of Biomedical Ethics

- Autonomy
 - Beneficence
 - Non-maleficence
 - Justice
-

Autonomy



- Beauchamp / Childress 1979
 - John Stuart Mill
 - self-determination
 - autonomy - negative freedom

- Dworkin 1988
 - autonomy - positive freedom
 - acting in agreement with personal values



Empiric models of physician-patient relationship



- Paternalistic (parental or priestly) model
- Informative or scientific model
- Interpretive model
- Deliberative model



Paternalistic model

- Physician decides what is the best to promote health and well-being of the patient
 - Prevailing model till mid 20th century
 - No room for patient's autonomy, self-determination, free will
 - Possibly prevailing model in acute situations
-



Informative model

- All diagnostic and therapeutic options are presented
 - Patient
 - makes his own choice, based on personal values
 - autonomy: self-determination
 - Physician:
 - expert, technician, who provides neutral information to the patient
 - no role for physician's values, understanding of patient's values
 - Requirements:
 - patient must be aware of his own values
 - capable of making choices
-



Interpretive model

- Physician
 - counselor
 - tries to find out patient's preferences
 - assists patient to elucidate and articulate his/her values
 - helps patient in making a choice





Deliberative model

- Extended interpretive model
- Physician
 - friend / teacher
 - helps to group patient's values
 - suggests what to do
- Patient
 - autonomy: moral self-development





Newer models

- Shared decision making (Interpretive / Deliberative)
 - Phenomenologic
 - Emphasis on relationships: PP – family - relatives
 - Hermeneutic
 - Physician and patient explore ways to reinforce the patient's creature, within the possibilities of health care
 - Care Ethics
 - Beneficence in trust (Pellegrino 1988)
 - Choice of Sgreccia (Personalist Bioethics)
-



Beneficence in trust

- More emphasis on beneficence
 - “salus”: well-being & salvation (spiritual)
- Autonomy: positive freedom
- Objective “good”
- Not paternalistic

Islam



- Intimate personal relationship physician – patient
 - Time
 - Compassion
 - Sympathetic
 - Forgiving
- Beneficence
- Good treatment of patient's relatives



Tendencies over last century

- Respect for autonomy – self determination – free will
 - Positive freedom
 - Signs of “Love” in physician-patient relationship
 - Deliberative model: friend
 - Care Ethics: empathy
 - Beneficence in trust: beneficence - love
 - Pope Francis / Islam: Compassion
-

Christianity



- Fits into the desire to overcome emptiness of negative freedom
- More than a vague feeling that empathy is needed
- Awareness that “Love” is important
 - divine mission
 - image of God
- Moral good can objectively be discerned

