

COMMENTARY

Patient-physician alliance: from Hippocrates to Post-Genomic Era

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Abstract

Patients need clinical competence, appropriate diagnosis and therapies in overcoming their disease. Yet this is insufficient. The illness experience tends to frighten people and the resulting emotional aspects could become relevant factors in coping with a sickness and disability. Hippocrates was the first to urge physicians to look beyond the physical features of diseases and to consider the patient as a unique psychosomatic entity. Additionally, the scientist spurred physicians to make the patient an active participant in combating the disease. According to Hippocrates, “the Medical Art has three actors: the physician, the patients and the disease. The physician and the patient must be allied against the disease in order to fight it”. In the “Post-Genomic Era”, an effective therapeutic approach merits a patient-physician participation, based on scientific understandings and human considerations. These recommendations are even more urgent for Rare Diseases.

Key words

- history of medicine
- narration
- rare diseases
- communication

From the time, patients expected qualified clinical competencies in overcoming their disease with appropriate diagnosis and treatments from physicians; this is known to be insufficient. Patients need a lot more to adequately cope with their illnesses [1]. The illness experience tends to frighten people; patients, their friends and relatives, who all merit support and understanding and the resulting emotional aspects could be relevant factors in dealing with, overcoming any changes and uncertainty associated with the sickness and disability [2].

Hippocrates, the father of Medicine, was the first to encourage physicians to look beyond the physical features and to consider patients as a unique psychosomatic entity. The Greek scientist underlined, “it is more important to know what sort of person has a disease than to know what sort of disease a person has” and spurred physicians to understand the illness experience of the patients, caring for their needs, hopes and fears before deciding on any therapeutic choice [3, 4]. The psychological aspects and experiences of each individual determine how they manage their diseases, influencing the patient-physician relationship and ultimately the therapeutic choices and the health outcome. Moreover Hippocrates asserted, “the Medical Art has three actors, the physician, the patient and the diseases. The physician is the Master and he is in charge of guiding the patients in understanding themselves and their diseases, to make them allied in fighting the disease” [3]. Hippocrates was firmly convinced that physicians

needed the collaboration of patients to defeat sickness, and he took the stance that if patients were to be reliable partners it was necessary that they be correctly informed and trained. Hence, the physicians should educate patients about their diseases and assist them to evaluate their capabilities to endure their illness, stressing once more the significance of the psychological aspects of their patients. Patients fear their diseases and how these may affect their lives, and physicians should be able to embrace and enlighten these feelings, to accompany the patients through their illness, and potentiate their coping abilities.

Despite Hippocrates teachings, in recent years, most of physicians have favoured a medical approach based primarily on physical examination, gathering symptoms, “as concise as possible and chronologically” and neglecting patients’ will and expectations [1, 5]. These physicians have tended to underestimate the perception that each patient had of the illness, expecting the patient to passively follow their advice [5]. Surveys have demonstrated that patients undergoing such a medical regime have a low adherence to treatment and clinical outcomes, which are often negative, even if the formulated diagnosis and the given therapies were correct and appropriate. These aspects are considered troubling indications that competent clinical care is not sufficient; patients require something more than just conventional medical advice, as Hippocrates had advised more than two thousand years ago. The demands of patients are

being reconsidered, principally from the aspects of dissatisfaction and complaints directed at the inadequacies in communication efforts and skills of the physicians.

Besides competent clinical care, patients are requesting that they receive clear and adequate information. Patients need to know about their pathology and how this will affect their lives; emotional support can be a determinant in overcoming any change and uncertainty related to sickness and disability [5]. Additionally, doctors should pay great attention to the perception and vision that patients have of their illnesses, as the patient's view of his own illness is relevant for an appropriate diagnosis and an effective therapeutic approach. This recommendation implies that physicians should integrate patients' inputs in interpreting their illness with adequate and precise information and emotional support [6]. Physicians should make patients aware of their diseases and inform them about the offered therapeutic approach; as it is now well understood that a more participative patient will be a more responsible patient in following a therapeutic schema [7]. Medical operators must have medical competencies as well as human psychological skills to engage in an effective patient-doctor communication, crucial for improving the patient's health and treatment. The physicians should listen and understand the patient's needs and requirements: acquire stories from patients and their families, have an accommodating disposition in hearing the description of symptoms, as well as worries, hopes, and fears. The physicians should guide the patients to be active actors, positively involved in decision making, as Hippocrates recommended a long time ago.

At the beginning of this century the physician Rita Charon emphasized the power of narration in medical practice and acknowledged, "the healing process begins when patients tell of symptoms or even fears of illness", shaping the term 'Narrative Medicine' [8-10]. The storytelling enables the patients to recognize and to communicate their feelings about their diseases. This is the starting point, the physicians should then be able to acknowledge these illness stories, promoting a health alliance that will encourage patients to share more information about themselves and their symptoms. In the end, a perceptive and emphatic analysis of these narrations will facilitate knowing better the patients and their diseases; hence, narrative medicine reminds us of what Hippocrates said, in considering first the patient and then the disease. Moreover, the illness stories may help to refine the knowledge of diseases for a better and faster diagnosis and improvement of therapies [8]. Illness stories may include valuable information on symptoms that can improve the scientific and clinical experience of physicians. In this respect, the new platforms of communication are contributing to a revolution as the Internet provides patients with unlimited health information. Sometimes, patients may carry along the biomedical information gathered from the Web to the medical examination to share and discuss with the physician. This fact adds fresh content to illness stories: scientific considerations, proposals and suggestions of new diagnostic and therapeutic procedures [8]. In this regard, the illness narration recalls the

first aphorism of Hippocrates, "Life is short and Art is long". This aphorism emphasizes the impossibility for physicians to possess all the knowledge necessary to cure any disease and, then, alerts medical practitioners to be aware of their deficiencies, encouraging them to take note of patients and caregivers' suggestions and advice [3, 4]. Herein, the translations by Jones WHS, "Life is short, the Art long; opportunity fleeting, experiment treacherous, judgment difficult. The physician must be ready, not only to do his duty himself, but also to secure the cooperation of the patient, of the attendant and externals" and "Life is short and Art is long. Be cautious, and proceed with care, in dealing with disease. The judgment and experience may fail you, as your skill; seek from the patient and his nurse their help and their good will" [3, 4]. According to the first aphorism of Hippocrates, the physicians should be able to practice Medical Art as well as to acknowledge and adopt information from their patients and other stakeholders in order to fill in the gaps and understand the failures. The Greek scientist claimed cooperation among physicians, medical operators, attendants, and patients to better overcome their limits and to fully exploit their potentialities.

The reasoning behind "Life is short and Art is long" is even more evident in our Post-Genomic Era; medical knowledge, having reached goals never conceivable before, may induce pretentious feelings in physicians and false expectations in patients. Even if, the scientific community is aware that the great accomplishments achieved could be considered just as the beginning, the temptation of the ultra-advances can be enormous. Moreover, biomedical research is destined to go beyond what has so far been accomplished and that underlie the molecular determinants of human diseases. This situation is challenging and requires the strong cooperation of researchers in diverse disciplines and even that of patients. The patients input may indeed be the determinant to translate research into the clinical and the new Web-communication and sharing opportunities may be the vehicle in this process.

In fact, patients, giving their physicians the biomedical information gathered from the Internet for any constructive consideration at hand, are helping the spread of this information and are carrying out a test on their effective practical application. In the first instance, sharing and discussing health information with patient have disoriented physicians, as they considered Web information a foe; however, this attitude has been changing. Some practitioners still deny the potentiality of the changes brought about by the World Wide Web, others have favoured and embraced them, considering their unquestionable positive contribution to health care decisions whereby the patient is more involved and informed [11]. Yet, the information gathered from the Internet is not always verified; it could be wrong and inappropriate, and could be misleading for the proper therapeutic decisions. This represents a critical task for medical practitioners, as they should be prepared to carefully consult patients through the Internet jungle in filtering out the reliable information. This challenge is far more crucial in the Post-Genomic Era. No doubt,

the techno-sciences derived from the Human Genome Project are providing much input for better diagnosis and therapeutic approaches; however, these are not yet properly fine-tuned and their premises can be misinterpreted or overestimated [12]. The physicians must have appropriate scientific competencies to select the trustworthy information and the suitable communication skills to simply and clearly explain and justify their choices and advice. The post-genomic physicians should familiarise their patients to the new molecular tools that may be suitable for improving diagnosis and therapy. Further, physicians should be able to explain the possible success and failure of the selected therapeutic option, how this may change the life of the patient: their affects and expectations. Additionally, the post-genomic physicians should be able to discuss and evaluate the great financial effort that these therapies imply. Orienting the patients in the post-genomic biomedical arena represents a huge responsibility: scientifically, ethically and morally. Still, physicians should never forget that they are the “Masters of Art” and they should be able to propose the best choice for the health and life of their patients. An honest and sincere communication is the prerequisite to reach this goal, gaining the esteem of patients and protecting them from false promises and delusions, as Norman Cousins stated, “medical knowledge is worth only if combined with physician’s respect for the human soul”, encouraging the caregivers to consider, “the mood and the attitude of the patient are potent factors affecting treatment” [7].

These recommendations are urgent for all illness, but even more so for Rare Diseases care, considering the number of people involved and the unmet needs still to be fulfilled. These serious illnesses hinder the quality of life, cause severe disabilities and are life-threatening,

and they seldom can rely on safe and effective drugs, and medical tools for the prevention, diagnosis and treatment. A strong and reliable patient-physician alliance can thus be more beneficial for the correct medical approach and emotional support [13].

Undoubtedly, the medical sciences have come down a long path since Hippocrates drew attention to the fundamental role of the patients in fighting the diseases, still, an effective therapeutic approach needs to be based on scientific understanding and human respect.

Additionally, Hippocrates’ expectation of physicians being able to educate patients and inclined to establish with them a productive collaboration, it is far more imperative today, considering the explosion of scientific knowledge and the ease of accessibility to information: even if at times it is inaccurate. The new communication tools may represent a huge opportunity to widely diffuse biomedical sciences and their clinical applications and may favour the empowerment of informed and proactive patients. Yet, the personal feelings of patients must always be recognized and respected, protecting them from any false expectations. The post-genomic physicians should never forget their roles, potentialities and limits, and they should always keep in mind that a therapeutic relationship has “three actors” and “Life is short and Art is long” as Hippocrates taught.

Conflict of interest statement

The authors declare no conflict of interest.

Acknowledgments

We would like to thank Maurice Di Santolo for the English revision of the final draft.

Accepted on 2 February 2017.

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