

TION OF HEALTH CARE; MEDICINE, SOCIOLOGY OF; and SOCIAL MEDICINE. Other relevant material may be found under MEDICAL MALPRACTICE; MEDICAL PROFESSION, article on MEDICAL PROFESSIONALISM; PATERNALISM; PATIENTS' RIGHTS MOVEMENT; and RIGHTS, article on RIGHTS IN BIOETHICS.]

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IV

CONTEMPORARY MEDICAL PERSPECTIVE

Concepts of the therapeutic relationship have undergone evolution, particularly during this century. The conventional, idealized view of the physician simply attending to the sick patient has been altered and transformed by the awareness that this interaction is a complex

personal relationship occurring within a social matrix. Conceptual understanding requires knowledge not only of what both doctor and patient bring to the relationship, but also of what social norms and forces are acting on the two.

However, it is the presence or possibility of serious illness that governs the genesis of a therapeutic relationship. Whether the doctor is caring for a person who has fallen ill or is looking after a well patient and fostering the bond of trust between them in anticipation of possible sickness, the phenomenon of illness remains the central point around which the relationship is built.

The phenomenon of illness

Whatever the cause, from fractures to cancer, the sick person undergoes a specific set of events that characterize the experience of illness. The sick person suffers a series of symptoms—alien body sensations and a loss of normal function occurring in a body he only poorly understands. He is disconnected from his normal world by his symptoms (from inability to walk to sensory deprivation), by external forces such as hospitalization or avoidance by others, and by his loss of interest in things and in persons.

The well individual functions with a sense of indestructibility that acts to deny the possibility of injury or death; the sick person is threatened with loss of his own sense of indestructibility. Further, in illness the ability to reason is weakened in the patient and cognitive function can be qualitatively impaired. Normal thought continually strives to comprehend the world, but the significance of events is often beyond the grasp and scope of the sick.

Perhaps the most powerful factor in the illness syndrome is the fact that the sick person must endure the loss of his sense of his own ability to control himself, his body, and his world. Maintaining control over oneself is so deep a human need that one might see all the other phenomena of illness as doing harm not only in their own right, but doubly so as they reinforce the sick person's perception that he is no longer in control (Cassell, 1976, pp. 25 ff.).

It should be understood that in any given instance of a doctor-patient interaction the extent to which these factors are operative may vary markedly. The degree to which the sick person loses his sense of his own indestructibility, becomes disconnected, finds his reasoning insufficient, and loses his control of self and of

