

DOCTOR-PATIENT RELATIONSHIP IN CONTEMPORARY TIMES

The identification of the medical profession cannot be done outside the doctor-patient relationship and the profession-society relationship.

Every day we see an aggression or hostility against all classical regulations and rules, intelligence, elites, and tradition.

It has become almost unacceptable even within our profession that someone be convinced and declare that he loves his profession, his family, his homeland or nation.

Nowhere in our specific legislation we speak of the physician's definition and attributions except that it prevents disease, and does the diagnosis, treatment and healing.

It follows that if this algorithm does not take place completely, then the medicine and the doctor did not fulfill what they had to accomplish.

Much of our work does not end with the achievement of the legal goals of medicine, as they are stated.

People still remain sick, still suffer and inexorably die further.

Death and illness do not mean that medicine stops or has no resources, it does not necessarily mean somebody's guilt. Death is not the enemy of medicine. It comes at the wrong time and in improper conditions.

We live a time when life is understood on segments and very technical. If someone is ill or dies, it does not happen by understanding man with his illness and death, but separate.

According to this approach, any suffering or death would happen because someone did not do what he could and should do!

We live in a society of long life. The average life span has doubled since the beginning of the 20th century to the present day. The main reasons why this happened were: generally stable peace, ensuring people's food and eradicating lethal plagues.

It is clear that medicine played an important role in terms of the eradication of major infectious scourges.

From this increase in life expectancy, hope for further growth is born, as the causes that have generated mortality at young age have disappeared.

It's not easy to live knowing you are going to die.

But it is much harder to believe in immortality and be deceived.

If there are no more wars, there is no national hunger or scandal, when life is much longer than before, and it is expected to last even longer, what could humanity want? **JUST HAPPINESS!**

With biotechnology, youth without age and life without death are given to us, provided we live in a virtually cybernetic cloud and give up what is specific to the human being.

Happiness does not necessarily relate to per capita income, it is an individual and social concern .

Human values and experiences have remained the same, so we find ourselves in biblical texts, ancient tragedies, all Renaissance, Enlightenment, Romantic, modern and post-modern works. As proof that happiness has nothing to do with wealth, it is the fact that the richest countries have the highest rate of suicide, and this is hardly known in poor countries.

Finding happiness is harder than defeating old age and death.

But it's certainly health-related!

Final suffering and death must, in the broader sense, be obliterated, institutionalized, or they belong deeply to the individual and family, of course in optimal conditions and with great social and health support.

The illness, suffering and death of patients is mainly the object of their personal decisions that must be fulfilled, then the object of family wishes (who often have other wishes than the patient).

They are also the object of the professional activity of physicians and staff, which, on the one hand is bound to respect the patient's autonomy, then the wishes of the caretaker, and ultimately the professional norms.

Here is where our colleagues are in this equation.

Our colleagues do not have the legal instruments, they only have those of the medical ethics, the common sense, the relationship with the patient.

What are the priorities, whose interest must first be respected?

Medicine and doctors submit all their knowledge, all diligence in the full respect of life from birth to the last breath.

But today, the last breath can be pushed indefinitely in time thanks to modern technologies. When those commitments were made "until the last breath", we did not have either today's precision diagnostics, today's prognosis, or today's intensive care.

The interruption or non-engagement of heroic measures with intention of radicality, in incurable, terminal patients, far from simplifying things, on the contrary, complicated them infinitely.

We need regulations that can not be given without our contribution. Nothing can replace the ethical site that needs to be developed on a case-by-case basis when moving from curative to palliative medicine. The patient, the family, doctors in the therapeutic team, the psychologist, the priest, must attend this ethical site.

Issues of high ethical impact on the child appear today:

- the child born through technical procedures, to know at the right time who are his natural genitors.

- how far does the parent's right goes, their decision on medical practices, not necessary for the prevention and treatment of a disease.

- Genetic sequencing, genomics, even before childbirth
- Sampling of newborn and placental stem cells
- Aesthetic surgery decided by parents and obtained as a service rendering
- Therapies of growth in excess or in minus

- Complex surgical and hormonal therapies for setting, normalizing sex according to what is considered to be real sex-. Sex would be just another social convention.
- The child's right to be informed, to know or not know what is happening to him, even to give his specific consent.
- Tricked clinical research that is practiced on the child.

Discussing health and medicine can no longer be the only attribute of physicians today.

The regulation of our profession must come from within the profession and meet naturally the desiderata of society.

By the nature of our profession, we know about our patients more than they themselves know.

We understand not only the disease but also the sick person in all aspects or we should do so.

We see how socio-economic conditions make the life expectancy of children born in poverty almost seven years lower than that of children born in favorable environments.

We see how much the world lives at the edge of poverty and see what the impact on those people's health is.

We will not put the issue of political correctness of social support in any way.

Social solidarity is not a gift, it is a constitutional right of those people.

We see how poverty limits the right to health more than the lack of a doctor or other determinants.

We find that we are often in the position of those who apply rationalization of costs, we are basically in the extreme situation of deciding who heals and lives and who does not!

We find the aging of the population and the fact that this is causing increasing costs in healthcare.

Let us be understood, ageing is not a crisis, it is a blessing!

We have to address seriously the existential problems, there is a time when we need to ask ourselves how we want to live, how we want to express our identity, the human personality in all fields.

In Romania, 3 out of 4 people who die would need palliative care and only a few of them have a chance to receive it. All the families of those who died would need a support for mourning and do not have it.

I hear very often about total autonomy on oneself, about the right to death, about the fact that doctors do not respect the desire of the sick man, in an incurable state of not suffering, that he does not respect the fear of the incurable person of death and suffering.

There is no right to death, this is an obligation!

Autonomy is not properly understood when someone is so sick, so scared, that he could ask for his death. Fear and pain are not rational phenomena, so they cannot be elements of autonomy. If so, we should accept the demand for euthanasia or assisted suicide not only for incurable and terminally ill patients but also for healthy, truly self-sufficient people.

Everyone suggests to those with great suffering and great disabilities to be like everyone else!

Imagine a paralytic trying to get on the tram - he commits two fundamental mistakes, draws attention to him and delays others. No matter how we tell him to be like others, he is not like others, he is dependent on what society puts at his disposal if it puts. He cannot be independent, therefore he could not ask for euthanasia or assisted suicide, as the law says.

To give a favorable answer means to liquidate the subject of autonomy itself, the sick man, for the sake of a false autonomy.

There are countries in the world where euthanasia and assisted suicide have been disinclined in the Criminal Codes but not in the Deontological Codes of Professional Bodies.

Many of us have 3-4 decades of medical activity. Metaphorically, behind us lies a queue of deaths like the comet Halley!

We all mention them in our prayers, though the trouble has happened against our will and our regret.

Under these circumstances, how can we leave on the soft shoulders of our children who become doctors, such a burden, to bear the regret of the dead they wished and executed?

Who guarantees that after we have bargained one of the Christian commandments we will not go to the next and the next? What will then be the moral fate of mankind?

About death with dignity, what is meant by this ? - sedation of pain, lack of perception of medical servants, physical and mental comfort, accompaniment. What can be more complete in meaning and expression than the passage of prayer: "the other time of my life in peace and in repentance, the end of the Christian of my life, unafraid, without pain and good response to the Last Judgment."

The millennial example of Christendom is Jesus Christ. Was his death "dignified" as we have judged today? His cross was not of cardboard, the thorns were not plastic, the beating, the reproach and the spitting were not simulations.

Life is not a quiet journey to the tomb where we all reach 120 years of age with an attractive body, in power. No, on the contrary, this finding must give us a thought.

We can talk about the quality of a society by calculating the living standards of the most vulnerable populations. To do this estimation for Romania? It would be daunting but motivating.

There is no health care system for the rich, one for the middle class and one for the poor, no medicine by category.

From now on, with all the development of medicine, we are no longer in ignorance, nor in perfect knowledge.

Paradoxically, we are in a world of uncertainties. Here the doctor and the patient have to sit in their relationship.

To what extent and how do I communicate with my patient when even things are uncertain to me?

We are talking here about what we call classical medicine, but also about genetic predictive tests, genetic sequencing, genomics, artificial insemination. What

we do with the patient's acquired data, what we do with incidental information, what therapeutic recommendations we make in an uncertain area, how we respond to the legitimate request of health and life insurers to know predictive genetic information in addition to clinical and paraclinical information have they been getting so far? How do we make all patients benefit from the latest advances in science? How far can we support performance and competitiveness for our patients who ask for it? How do we guarantee our patients the right not to be analyzed, measured, "incited" without their will?

How do we ensure our patients have the right to human contact to explain to them individually what is happening to them and their data in a modern information system?

How do we assure our patients the right not to be included without their own in a "collective personality," in a "collective intelligence"?

How do we ensure our patients have the right to privacy? How will we explain to our patients the concept of big health data? How will we explain them in the same way that their most intimate data may be available to interconnect network operators to be better analyzed and processed?

How to make them understand what we too hardly understand about data volume, complexity, speed, variety of sources, veracity, big data ideology, understanding the world, predicting thoughts and actions, profiling, grouping and influence man?

How can we make the world understands that this is a numerical epidemic ?

We are talking here about causality versus correlation.

The digitization of the world and people does not purify social reality from its inequalities or from the other problems.

In this we find the loss of intelligibility and the rule of binary equivocity.

The higher the volume of data, the more algorithmic correlation is possible.

Man will not dream and will no longer hope.

The "profiled" man in the group does not have the possibility of his individual and private development.

The man who has moved away from medical paternalism nowadays accepts the paternalism of social media and big data.

What is to be done?

To strengthen dignity, identity, non-discrimination and autonomy.

The means: transparency, information, consent to medical treatment, use of data, only those that are needed.

Data anonymization vs reidentification. Respect of the person's right to have a human interlocutor.

Everything in life is related to health!

The pillars of bioethics are beneficence, non maleficence, autonomy and justice. The doctor is benevolence itself, provided he understands medicine for each patient.

About categories, groups, population segments, speak health system, insurance, charity, statistics. Within them, man becomes an individual and not a person. To look at man as a person, body, soul, and spirit is the sine qua non condition of blessing.

A man with a heart attack needs much more than a stent, a man with a stomach cancer needs much more than a gastrectomy ...

The world of our youth dreams is incomparably more real and consistent than the virtual world of the Internet!

Let us give future generations the chance to dream and play as inalienable features of the human species!

We are not just someone's descendants, we are also someone's forerunners! Someone will wonder where I was when the big deeds were being done, but he will surely wonder where I was when the little deeds were being done? Lord Acton, quoted from memory: "society and the state can not make people better, but they can make them worse"!

Abraham, speaking to the Lord before punishing the cities of Sodom and Gomorrah, for the sins of those inhabitants, asked him how many righteous should be in the cities to spare them: forty, thirty, twenty or even ten? And the Lord said: Even for the ten righteous, I will save the cities.

(Genesis, chapter XVII)

Those ten were not found.

And we know from the Old Testament that the cities have been destroyed.

Here, today, ladies and gentlemen, we are more than 10, therefore we will be saved and prosperous.