

Object: Medical communication and behavior

Lecture V. Positive and negative phenomenon occurred in a doctor-patient communication

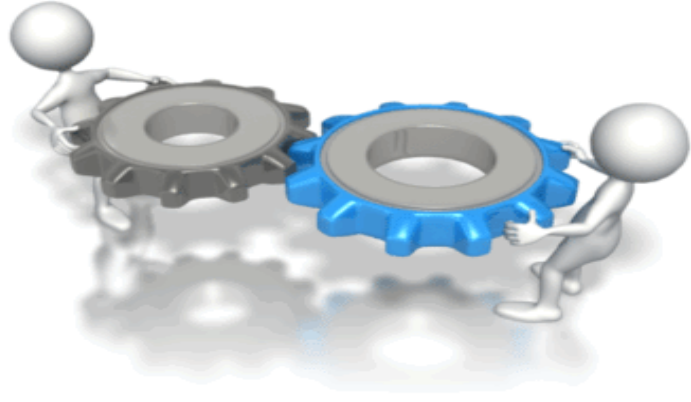


***Presented by: PhD –
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Structure:

- Therapeutic compliance/noncompliance
- Non efficient types of doctor-patient relationship
- Placebo/nocebo effect
- Transference/countertransference
- Iatrogenesis





Therapeutic compliance

- **compliance** is the practice of obeying rules or requests made by people in authority.
- **Therapeutic compliance** - "*patient's behaviors* (in terms of taking medication, following diets, or executing life style changes) coincide with healthcare providers' recommendations for health and medical advice.
- It refers to the match between medical prescription and their applications by the patient in order to obtain the cure of an illness.

Methods to increase the therapeutic compliance:

- medical education for doctors to observe the best moments for explanations;
- explaining to the patient the rationale for choosing a certain therapeutic plan;
- explaining to the patient the possibility of adverse effects of the medicines;
- shaping an adequate doctor/patient relationship, based on trust;
- using a simple therapeutic schema, explained to the patient and repeated by this one.

Benefiting or pleasing

A dilemma may arise in situations where determining the most efficient treatment, or encountering avoidance of treatment, creates a disagreement between the physician and the patient, for any number of reasons.

In such cases, the physician needs strategies for presenting unfavorable treatment options or unwelcome information in a way that minimizes strain on the doctor–patient relationship while benefiting the patient's overall physical health and best interests.

When the patient either can not or will not do what the physician knows is the correct course of treatment, the patient becomes **non-adherent**.

Therapeutic non-compliance

- occurs when an individual's health-seeking (patient) lacks congruence with the recommendations as prescribed by a healthcare provider.
- **Examples of non-compliance:**
 - treatment modifications without consulting the doctor;
 - demand of hospital discharge without medical advice;
 - stop of treatment without medical advice.

Non efficient types of doctor-patient relationship

Types of doctor patient relationship

Consumerist

- Doctor: passive
- Patient : active role
- Second opinion, referral to hospital, sick note



I'M GLAD YOU TOOK THE TROUBLE TO DIAGNOSE YOUR OWN SYMPTOMS USING THE INTERNET...AND YOU'D BE 100% ACCURATE...IF YOU WERE A GOAT!



The placebo phenomenon

A placebo is a substance or treatment of no intended therapeutic value. Common placebos include inert tablets (like sugar pills), inert injections (like saline), sham surgery, and other procedures.

In drug testing and medical research, a placebo can be made to resemble an active medication or therapy so that it functions as a control; this is to prevent the recipient(s) or others from knowing (with their consent) whether a treatment is active or inactive, as expectations about efficacy can influence results. In a clinical trial any change in the placebo arm is known as the placebo response, and the difference between this and the result of no treatment is the placebo effect.

A placebo may be given to a person in a clinical context in order to deceive the recipient into thinking that it is an active treatment.

The use of placebos as treatment in clinical medicine is ethically problematic as it introduces deception and dishonesty into the doctor–patient relationship.

Placebos have no impact on disease itself; they can only affect the person's perception of their own condition.

How do Placebo Work?



Fig : Insides of Medicinal Treatment and procedures

Placebo Effects:

Placebos have no meaningful therapeutic worth. They have no effect on disease and can only affect some people's subjective judgement of their symptoms.

Sometimes they can make people feel better, and sometimes worse – in which case they are termed a nocebo.


Because the placebo response is simply the patient response that cannot be attributed to an investigational intervention, there are multiple possible components of a measured placebo effect.

Children seem to have greater response than adults to placebos.

Symptoms and conditions

Pain reducing

Placebos are believed to be capable of altering a person's perception of pain. "A person might reinterpret a sharp pain as uncomfortable tingling."



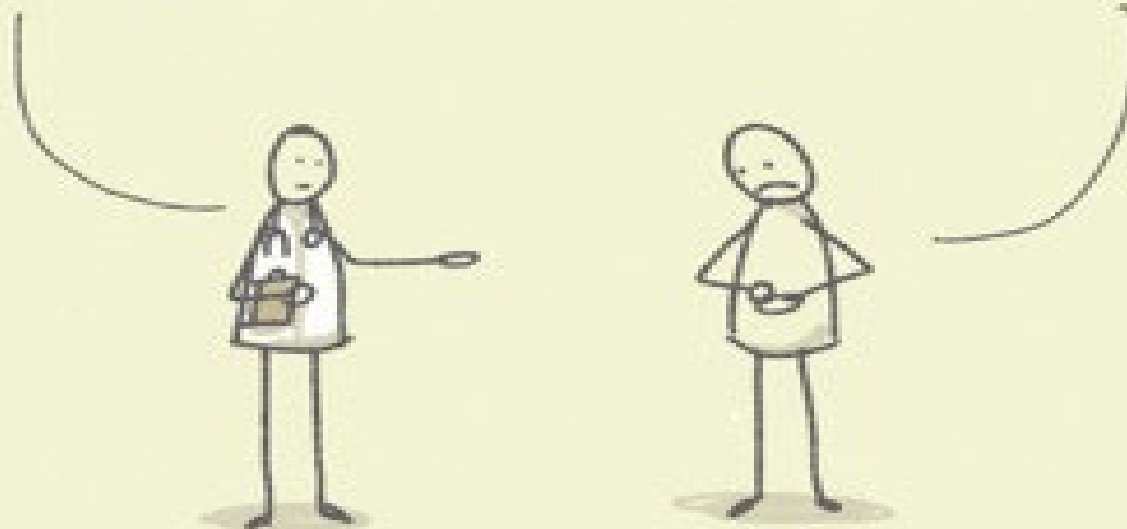
One way in which the magnitude of placebo analgesia can be measured is by conducting "open/hidden" studies, in which some patients receive an analgesic and are informed that they will be receiving it (open), while others are administered the same drug without their knowledge (hidden). Such studies have found that analgesics are considerably more effective when the patient knows they are receiving them.

THE NOCEBO EFFECT

EXPECTATION OF PAIN OR NEGATIVE EFFECTS
OF A TREATMENT—EVEN WHEN INERT—INCREASES THE
CHANCES PEOPLE WILL FEEL THEM

THIS MIGHT HURT OR
HAVE SIDE-EFFECTS...

I FEEL RUBBISH
ALREADY...

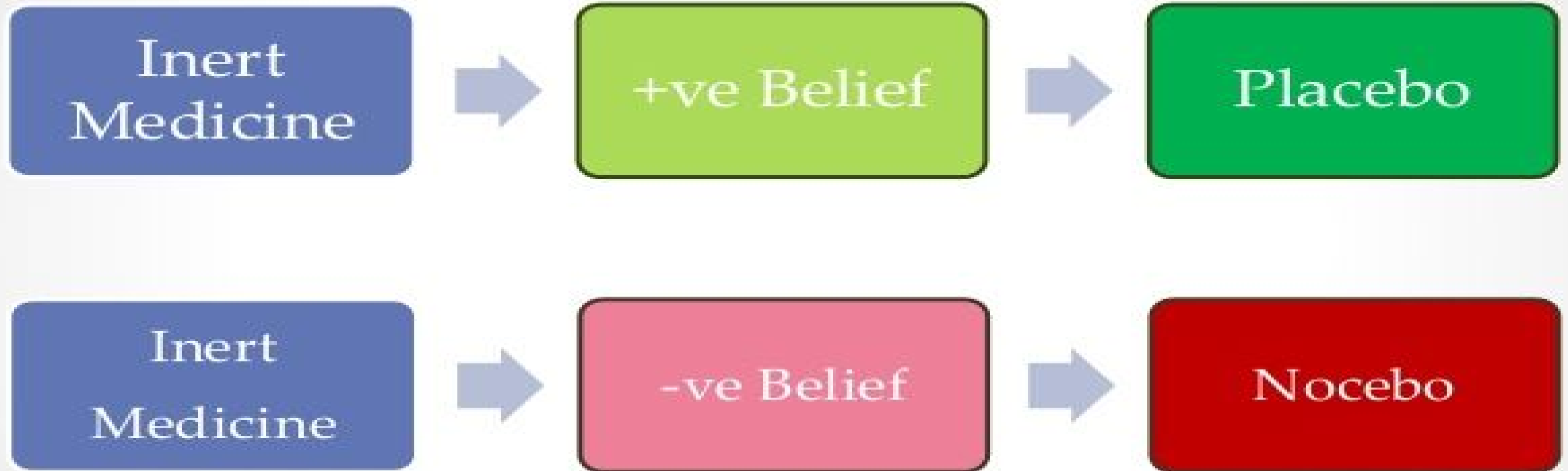


Nocebo effect

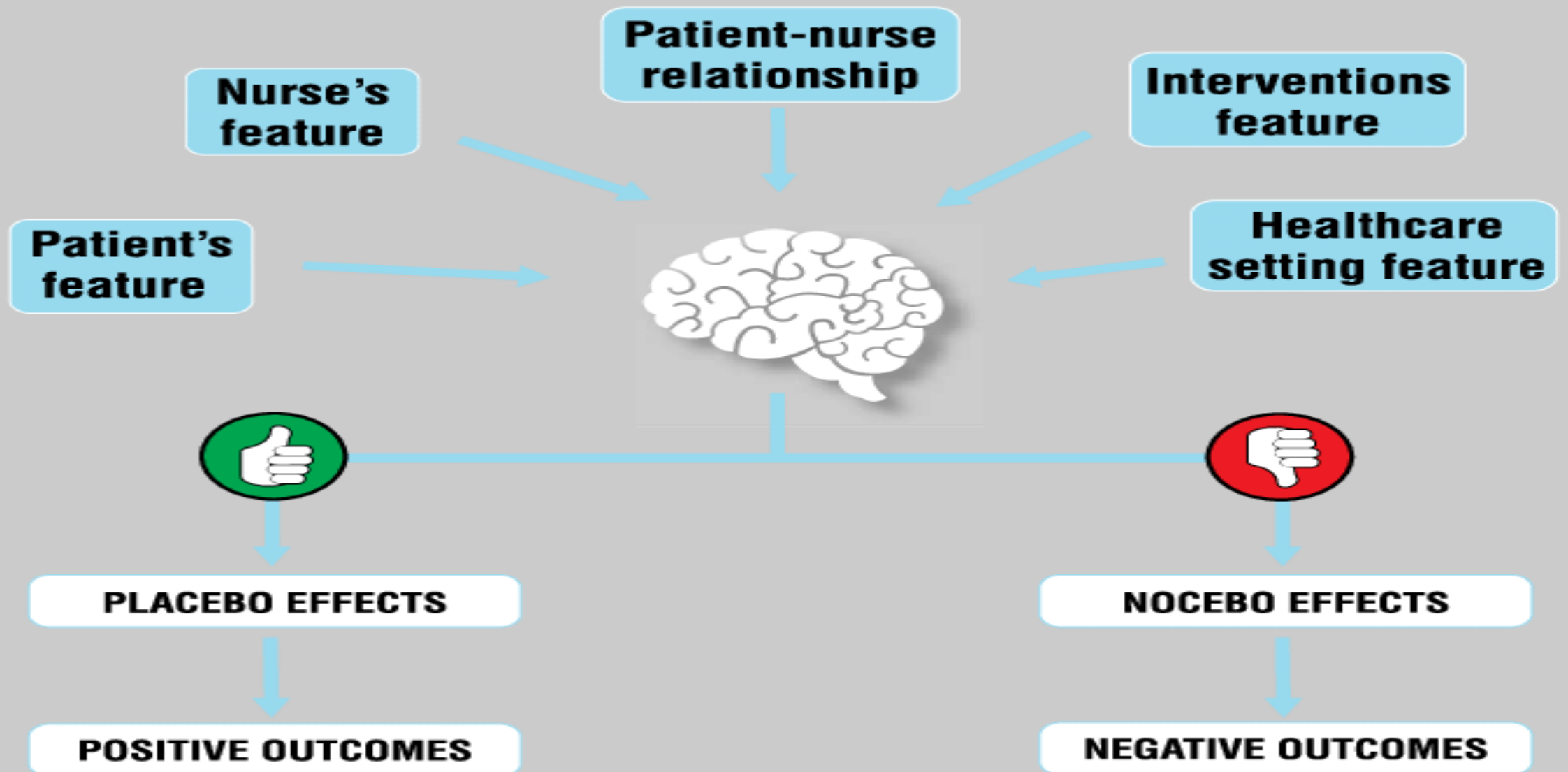
- Even when an inert substance is producing positive healing results in people, **the recipients can nullify the intended placebo effect simply by having a negative attitude toward its effectiveness**, resulting into a harmful **nocebo**. Sometimes the effect goes the other way, and the placebo seems to cause unpleasant symptoms. These may include headaches, nervousness, nausea, or constipation.
- **The unpleasant effects that happen after getting a placebo are sometimes called the nocebo effect.**



Placebo vs. Nocebo



CONTEXTUAL FACTORS



Transference

- **In psychology**, transference is described as a situation that occurs when an individual's emotions and expectations toward one person are unconsciously redirected toward another person.

Patient-Therapist Transference



Patient-Therapist Transference

Transference also includes the patient's expectations about how he or she will behave and feel and what his or her expectations are from the therapist. The patient's expectations may include love, disapproval, and an entire range of emotions. The client may even expect to experience abuse or abandonment from the therapist. Clients might even subconsciously behave in a way that produces the reactions they are expecting from the therapist. In another words, it is **the client's interpretation of interactions with the therapist.**

Communicating Transference

- There are several ways clients communicate the transference that is happening toward their therapist. **The first method** is when the patient communicates their feelings directly with the therapist. In this case, the patient realizes what is occurring.
- **The second method** of transference is symbolic. The patient may communicate transference through his or her experiences or stories. The stories or experiences can resemble his or her perception of the relationship with the therapist. The patient may or may not realize transference is occurring.
- **The third method** of transference occurs through communication of dreams and fantasies experienced by the client. The patient may have dreams or fantasies about the therapist, where the therapist is present, or about the current relationship with the therapist. The patient may or may not realize transference is occurring.
- **The fourth method** is enactment, where the patient takes on a particular role with the therapist. For instance, a patient may take on the role of a child treating the therapist as though he or she is his or her mother. The patient may expect the therapist to fulfill all maternal needs that were not fulfilled as a child. In this case, the patient usually does not realize transference is occurring.

Issues Regarding Transference

- **Several serious issues** can occur during transference. The patient's mental health and relationships are affected and can be helped or harmed by transference. The major concern is that the patient is not seeking to build a relationship with an actual person. In reality, the patient is seeking a relationship with another individual who they have projected feelings and emotions toward.
- **Dealing with** transference in therapy involves more than just talking about events and feelings in the patient's past or current experiences. It is also a lived experience, where the therapist helps the patient reach the core transference issues within the therapy. Change can only come about through the patient's re-experiencing and understand these processes.
- **Major techniques in dealing with transference** involve intervention to work on interpreting occurrences and developing explanations for the transference. Interpretation helps the patient understand the meaning of the transference that is occurring. Interpretations occur about many of the life issues of a client, but primarily address unconscious and conflicted aspects.

Dealing with transference

- To deal with transference, the patient must be made aware of what is occurring. The therapist needs to work to help the patient identify occurrences causing the transference. The therapist may recommend techniques such as the patient keeping a journal. This will help the patient identify triggering occurrences causing the transference. Through identifying such occurrences, reoccurrences of transference can be minimized.
- A therapist might also educate a patient in treatment on the identification of various situations in which transference may be taking place. This process usually requires repetition of events and interpretations of those events over an extended period. This leads to an understanding followed by a transformation of the patient's issues are worked through. Working through the transference requires exploring and then resolving issues the patient has.

Countertransference



- **Countertransference** is defined as redirection of a therapist's feelings toward a patient, or more generally, as a therapist's emotional entanglement with a patient.
- **Signs of countertransference** in therapy can include a variety of behaviors, including excessive self-disclosure on the part of the therapist or an inappropriate interest in irrelevant details from the life of the person in treatment.

RECOGNIZING COUNTERTRANSFERENCE

- Signs of countertransference in therapy can include a variety of behaviors, including excessive self-disclosure on the part of the therapist or an inappropriate interest in irrelevant details from the life of the person in treatment. A therapist who acts on their feelings toward the person being treated or that person's situation or engages in behavior not appropriate to the treatment process may not be effectively managing countertransference.
- A person in therapy who suspects a therapist of harmful countertransference might consider bringing it up in a session, if it is safe to do so. Making the therapist aware of the issue may be enough to solve the problem, but obtaining a second opinion might also be of benefit in some cases. If the issue does not resolve, finding a new therapist may be a possible solution. Grossly unethical behaviors are often best reported to a licensing board or some higher authority.

Example of countertransference

- a problematic example of countertransference might occur when a person in treatment triggers a therapist's issues with the therapist's own **child**.
- The person being treated, for example, might be defiant with the therapist and may transfer defiance felt toward a parent onto the therapist. If the therapist reacts to the individual as one would react to one's own child, by becoming increasingly **controlling**, for example, without recognizing the countertransference, this could negatively impact the therapeutic relationship and perpetuate unhealthy patterns in the life of the person in treatment.

HOW TO DEAL WITH PROBLEMATIC COUNTERTRANSFERENCE

- A therapist who spends a significant amount of time engaged in self-disclosure or who seems overly interested in insignificant details of a person's life may not be attending to or even recognizing the presence of countertransference. Therapists can endeavor to be particularly mindful about recognizing their own feelings and fears when working with an individual who has experienced a personal **trauma** or stress the therapist has also experienced.
- In the course of therapy, a therapist may come to experience an attraction to a person in treatment. While an attraction in itself is not an unnatural occurrence, the therapist must be able to recognize these feelings and deal with them in a healthy manner to prevent the development of an inappropriate relationship with a person in therapy.
- **Countertransference** is sometimes seen in therapists who are treating a person who has been exploited sexually by a previous therapist. In these cases, it is possible a therapist may be under-involved with the situation and identify with the perpetrator, blame the victim, or refuse to believe the victim, and possibly discourage the individual from taking action against the perpetrator.
- Regardless of personal feelings, the therapist must be careful to maintain a middle ground when treating a person who has been **abused** by a past therapist.

IATROGENESIS

Induced/produced



Definition:

According to the World Health Organization (WHO), “iatrogenesis is any noxious, unintended, and undesired effect of a drug, which occurs at doses used in humans for prophylaxis, diagnosis, or therapy.”

- **iatrogenic disease** is the result of diagnostic and therapeutic procedures undertaken on a patient. With the multitude of drugs prescribed to a single patient adverse drug reactions are bound to occur. The Physician should take suitable steps to detect and manage them.
- **iatrogenic** (of a disease or symptoms) induced in a patient by the treatment or comments of a physician.

Examples of iatrogenesis:

- medical error, poor prescription handwriting
- misdiagnosis
- negligence or faulty procedures
- prescription drug interaction/iatrogenic effect is caused by drug interaction,
- adverse effects of prescription drugs
- over-use of drugs leading to antibiotic resistance in bacteria
- nosocomial infection
- blood transfusion
- harmful emotional distress from the ascription of mental pathology nomenclature for transient personal problems
- allergic reactions to drugs
- the evolution of *antibiotic resistance*

- **Clinical iatrogenesis** was the injury done to patients by ineffective, toxic, and unsafe treatments that he listed in extensive footnotes. He described the need for evidence-based medicine 20 years before the term was coined.
- **Social iatrogenesis** resulted from the medicalization of life.

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Thank

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