DIFFERENT MODELS OF INTERACTION BETWEEN THE DOCTOR AND THE PATIENT

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ABSTRACT

The article examines the ethical characteristics of the relationship between the doctor and the patient based on the model of the relationship. It includes taking into account a number of objective factors of clinical activity, in particular, the dynamic and technological nature of modern medicine and subjective relationships, the internal inclination of the doctor and the patient to form a certain type of communication. Emphasis is placed on the professionalism of the doctor in establishing the optimal relationship with the patient based on the complex of clinical, psychological and ethical factors of medical practice.

Key words: doctor, patient, models, object, subject**.**

The doctor-patient relationship is one of the main branches of the sociology of the medical profession. This is a problem at the intersection of various disciplines: medical psychology, anthropology, philosophy, sociology, etc. These relations are a type of social-communicative sphere of human activity and have their own characteristics, internal types and manifestations. The specificity of the communication between the doctor and the patient is as follows:

✓ First, it is defined and limited not only by a certain field of medical knowledge and a set of clinical activities, but also by medicine as a specific social and moral institution, where there is a certain system and algorithm of actions in relation to the patient as a person. In this system, the doctor, as a rule, occupies a dominant position in relation to the patient.

✓ Secondly, from the perspective of centuries-old historical, ethical and religious trends, it is assumed that the doctor acts not only as a carrier of theoretical knowledge and empirical experience, but also as a symbol of humanitarian values.

✓ Thirdly, in order to maximally adapt to the specific characteristics of the clinical and communicative space and thereby protect his "I", the patient is forced to develop an individual attitude to what is happening, depending on certain medical interventions, or the. tries to establish a relationship with the doctor based on the level of playing a certain role and claiming autonomy on this basis. Thus, "the doctor and

the patient should be considered as a unit of social interaction in the social sphere, in which the individual aspect of the disease is formed simultaneously with the social aspect of the role of the patient" [1].

Since the doctor's attitude to the patient is determined by his theoretical knowledge, medical practice and system of moral values, the formation of specific inclinations is inevitably carried out within his understanding of the postulate "I need you". And here it is important not only the doctor's disease - the mechanism of development, diagnosis and treatment of this or that pathology, but also the doctor's view of the disease and the patient, his ideas about the ultimate goal of his clinical activity.

M. Morgan emphasized that in an ideal situation, the roles of the doctor and the patient should complement each other and be based on mutual understanding. According to T. Szasz and M. Hollander, the possibility of conflicts increases in cases where the patient is the main priority, and the doctor tries to take into account the interests of each patient. Sources of conflict from the patients' point of view can be:

♦ the depersonalization of the patient due to the use of many medical technologies by doctors significantly limits interpersonal communication;

♦ interruption of interpersonal communication with the participation of a large number of doctors of different specialties;

♦ "asymmetry" in the medical knowledge of the doctor and the patient, which gives the doctor a significant advantage, which can cause various abuses;

♦ use of examination and treatment methods by doctors that are unacceptable from the point of view of cultural and religious traditions;

♦ insufficient counseling of patients on the further course of the disease and the prognosis of its consequences, etc.

The paternalistic model, based on the complete subordination of the patient to the doctor, treats the doctor as a subject (active, commanding principle) and the patient as an object (passive, submissive principle). The doctor's postulate "I am for you" not only means that the patient needs to provide him with a complex of medical services, but to a certain extent (according to the doctor) assumes his vulnerability, helplessness, weakness. self-esteem, inability to make decisions and take an active position. In the eyes of the doctor, such a patient is seen and accepted as a "child", and the doctor himself feels like a "parent" entrusted with the functions of raising this "child". The patient's full confidence in the doctor and his willingness to follow his recommendations are ensured not only in the field of medicine, but also in other areas of the patient's activity (work, family, consumer, lifestyle in general). Patient informed consent is raised to the level of an axiom here. From the patient's position, the "I am for you" position means that the patient entrusts his health, well-being, dignity, dignity

and autonomy completely to the hands of the doctor. So, a doctor is a teacher, a coach; patient student, beginner. This model is ideal from the point of view of most doctors, because full compliance is achieved here (the patient's agreement to fully comply with the various recommendations of the doctor). On the other hand, the paternalistic model corresponds to the centuries-old ideas about the doctor, who is able to eliminate various physical ailments and at the same time supports the spiritual strength of the patient and forms stable faith in him.

The patient's ability to perceive himself as a subject, while at the same time seeing the doctor as the object of his actions, can be most clearly manifested in the contract model. The position of the patient here "I am for you" is mainly determined by his financial preferences and, in his opinion, makes the doctor dependent on his medical wishes and preferences. Despite the possible criticism of this model from the point of view of medical ethics and humanitarian principles, it is the main one in the field of commercial medicine. If we consider the specific areas of clinical activity, the subject (patient) - object (doctor) situation can be manifested in a number of medical practices, especially in the field of psychiatry, in the relationship between them (in a number of psychiatric diseases).

In conclusion, it should be noted that subject-object relations may not fit into any fixed model framework in terms of constantly changing positions and roles between doctor and patient in moral and psychological understanding. Building a mutually acceptable relationship necessarily involves taking into account various factors of social, cultural and medical activities. In the mosaic of the relationship between the doctor and the patient, both (even in the format of a single model) have the right to show the versatility of their personality, which can give rise to the identity of the subject and the object in a number of situations. Nevertheless, from the point of view of medical ethics and the principles of medical professionalism, leaving to the patient the decisive right to choose and form his own position, the wisdom and humanity of the doctor is manifested in the ability to reconcile these three. exclusive dimensions: subject - object; subject to subject and object to subject. In any case, this significantly reduces the possibility of mutual misunderstanding and various conflicts in the communication between the doctor and the patient.

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