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DIALOGUE AND DIAGNOSIS

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Abstract

Looking at things objectively, we must admit that medicine has made amazing progress in recent decades. In his rush for performance, the doctor as a scientist, seduced by technology, tempted to explore the new possibilities offered by it, however, began to distance himself from both the bio-psycho-social component of man and his existential problems. For some, this manner represents justified reasons for concern, arouses discussions and controversies, it determines taking positions and concerns in order to remedy some attitudes and gestures that can be interpreted as dehumanizing for the medical act. Are all these concerns and nostalgia justified, in a world full of progress where the pace of modern life and the dizzying pretense around us limit the time we have to rest under the platanus trees of the island of Kos?

Keywords: pain; diagnosis; dialogue; medicine

Disclosure of pain

All around us there is suffering, assimilated on an individual level as soul and/or body pain. The overall age- and gender-standardized prevalence of pain globally has been estimated at 27.5%, with significant variations between countries from 9.9% to 50.3% (Zimmer et al., 2022). Statistics and abstract social realities, however, pale in front of the particularities of a life in suffering, an aspect masterfully captured by the English poet Wystan Hugh Auden, in the *poem "Surgical Ward": "They are and suffer; that is all they do;/ A bandage hides the place where each is living,/ His knowledge of the world restricted to/ The treatment that the instruments are giving./ And lie apart apart like epochs from each other"* (Auden, 2012).

I remember children with congenital dislocations of the hip, immobilized for a long time in plaster casts, sitting in various positions. They endured the long torture with stoicism. We notice in their looks and demeanor a deep resignation to suffering and an accepted, uncomplaining cooperation with our methods of treatment. I always had candies or various "trinkets" in my robe pocket to gain the trust and friendship of the little patients.

There is a volume of memoirs by the American writer Christina Crosby entitled "*A Body, Undone. Living On After Great Pain"*, in which she recounts her life after suffering, at the age of 50, a cycling accident, resulting in full-body paralysis.

In the chapter "*Falling into hell*", the author reveals her experiences in the first days after the accident: "*It is not immediately known what impairments will result from a spinal cord injury, but as the days passed, it became clear that I had not only lost the use of my leg muscles, but also the muscles of my trunk, arms, and hands, and that the loss of muscle had compromised the body's circulatory system. I also lost control of my bladder and bowels*" (Crosby, 2016, pp. 22-34). In this state, after five months of suffering, Crosby was discharged and placed in the care of her life partner.

Realizing before long that "*the subconscious and turbulent side of family life is beyond reason,"* she describes her own failure in words*: "I feel an inanimate loneliness, for I shall never be able to adequately describe the pain that I suffer, and no one can accompany me in the realm of pain. I learned that resorting to analogy is not just the mind, because pain*

is so singular that it eludes direct description, so isolating because your body is alone. Crying, screaming and rage against pain is the sign of canceled language. ‹‹As if›› is the rhetorical signature of pain, which requires the displacement of metaphor to signify its properties. My electrified neoprene skin holds me in its tight, overwhelming embrace. Currents approach the surface, but somehow also penetrate deep into the tissue. My fingers fumble. My toes curl up" (Crosby, 2016, p. 31).

In contemporary medicine, storytelling has its importance, allowing the sufferer to experience their own poor health in a phenomenal way. This encourages empathy and mutual understanding between patient and doctor, allowing the construction of meaning in a situation that may seem illegible. However, the patient does not always understand what the doctor wants to convey, because the language of the clinic is different from that of ordinary mortals, even if it refers to life and death. He wants to share his own history of the disease, which naturally has a beginning, course and end, often problematic. This is the turmoil that Alphonse Daudet puts into "*La Doulou*", the diary in which he describes his own suffering from the third stage of syphilis (Daudet, 1930). In a fascinating psychological inversion, the sick writer steps into the role of the doctor, carefully dispensing doses of words to humanity who will probably be grateful, because people will perhaps better understand the relationship with doctors, who, caught up in the fascination of technology, care well the body, but risks harming the spirit and soul. Aware that he is alone in his suffering, Daudet chooses to dialogue with the only interlocutor that matters to him: the uncertain end that he seeks to know and understand. Grief puts an intense strain on both language and the possibilities of sharing a common world with the others, for grief is personal, inevitably manifesting itself in the first person, which creates "*an inanimate loneliness*." This is why doctors should not forget that a sick body houses a sick soul. This cannot be found with the help of a microscope or investigative instrument. A soul can only be detected with the help of another soul.

It comes to mind the story of the old doctor from Solzhenitsyn's "*Pavilion of Cancers*": An old, retired doctor worked part-time. He still visited the sick, and his diagnosis was always extremely accurate. The young doctor, who worked under his guidance, asks him one day what is the secret of his so accurate diagnoses. The old man tells her that he needs a few good moments of silence, during which his soul calms down and becomes "*like a still lake in whose waters the moon and stars are reflected*." This helps him, when a sick person asks to see him, to see him first as a whole, as a person, seeking to glimpse the "*piece of eternity*" that the patient carries within.

Moreover, the role of medicine is not necessarily that of healing, because the inevitable cannot be avoided, but, taking into account the possibilities of medical science and the conscience of each one, it is to make the unbearable become bearable, in order to avoid the sinking of the human being into the "*unleashed beast*" area. This is the whole philosophy of medicine…

What should we ask of medicine?

I remember from my student days the case of patient L. M. admitted to the Neurology Clinic in Iași due to seizures of loss of consciousness. According to custom, at the visit of the professor, in addition to the senior doctors, the group of students who were in the internship also participated. It was not a very pleasant place. The patients lying in their beds were either convulsing or, on the contrary, lying paralyzed. At one point we stopped in front of a man around 40 years old who gave from the beginning the impression that he did not belong in this hospital. The professor invites the ward doctor to present the case. After clearing his voice, he began with the medical history from which I had learned that the patient, in a moment of carelessness, had spilled a pot of hot water on his upper limbs in which he was trying to prepare spaghetti for dinner. Upon hearing this story, the man in question loudly

intervened "*Doctor, it's not about spaghetti, it was vermicelli*!". The professor made a gesture of silence, putting his finger to his lips, after which in a quiet voice he asked him to intervene only at the end of the exposition. Taking a deep breath, the doctor continues by stating that at the time of admission the patient was in a state of confusion without remembering that he had spilled hot water on himself. From a clinical point of view, uppon admission there were no signs of neurological suffering, only fever attributed to the evolution of the burns. Due to the fact that the loss of consciousness was accompanied by a tonic-clonic seizure, a differential diagnosis was needed which required a lumbar puncture. Upon hearing this investigation, the patient protesting loudly evoked the terrible suffering that a friend of his went through after such a procedure. Eliminating the possible causes of the convulsive crisis one by one, the attending physician labels an idiopathic cause. The term comes from the Greek words "*idios*" - particularly, "*pathos*" - disease, used in connection with diseases whose etiopathogenesis is unknown. In fact, any doctor who fails to specify a patient's illness can always use this valuable adjective that does not allow the patient to understand that it is actually the ignorance of medicine.

While the professor, satisfied with the ward doctor's presentation, nodded approvingly, the patient's depressed and indignant voice was heard "*What about me?...I gave all the information to the doctor. He only wrote them down...*". To ease the situation, the professor examined his face for a fraction of a second and drew our attention to the fact that there is an eye asymmetry. Impressed by the master's observational spirit, we did not know what would follow. Feeling flattered by the attention, the man answered the professor's question about the circumstances of his birth. He recalled that his mother told him how the obstetrician had used forceps to ease her birth because he was heavy. The professor smiled and explained that the facial asymmetry was due to the forceps, and the seizure could be a manifestation of the sequelae of childbirth. At the end of the visit everyone seemed satisfied.

I related this story to bring up the solidarity that should exist between the patient and his attending physician. It is a firm and lasting commitment to the good of another person, for without solidarity there is no trust, and without trust, the small community of doctor and patient cannot follow the progress of the disease together.

From a moral point of view, the clinical encounter is based on the patient's autonomous and authentic choice, enabling him to avoid an inappropriate or even wrong medical procedure. On the other hand, the authority of the physician is the concept that allows practitioners to avoid the pitfalls of extreme autonomy and set the limits of what is possible in the clinical encounter. The physician has the authority of expertise, which enables him to discern what may be wrong with the patient's body and what can be done to restore his health.

The patient, on the other hand, has the authority to decide and choose what he thinks is best for his health, still relying on the physician's vocation as the standard of benefit or harm.

An example of common interaction between the two forms of authority is the case of a patient with Diabetic Arteriopathy in whom necrosis of the hallux appeared and the question of an amputation arises. The doctor will explain what can be done in the situation created to fix the problem. Options that may include surgery, drug treatment, or providing symptom management, however, have trade-offs between benefits and possible harms. After the doctor offers a recommendation adapted to the clinical situation, the person in question has the opportunity to choose the therapeutic conduct (Briscoe, 2023).

In 1962, advances in medicine and automobile mechanics seemed to go hand in hand. A new electric shock device could revive a seemingly lifeless patient in the same way that a rectifier can revitalize a dead battery. In cases where the patient's heart itself was diseased, doctors could replace the worn valves with artificial ones made of different materials.

Modern medicine is dominated by the metaphor "*the human body works like a machine*". In other words, it means reducing the human body and life to just numbers and mathematical operations. You go to the doctor, get a prescription, a referral to a specialist or undergo an intervention. Doctors are used to acting according to the pattern in which they were trained, that is, to break down the whole into its component parts and do something technical to fix what is broken. The only difference is that car spare parts have a warranty, medical ones do not (Wirzba, 2002).

Partisans of secularization wonder what harm it might do to medicine to conceptualize the functioning of the human body in mechanical terms. When a metaphor begins to control intelligence, such as the likeness of the human body to a machine, we must look for the distortions and absurdities that lead to a fundamental change in the perception of the doctor's role in society.

In one of Chekhov's stories, also a doctor, there is a savory character, the feldsher Kuriatin . Preparing his tongs for a patient with toothache, he plucked up courage: "*Surgery is a trifle*!". The extraction succeeded with difficulty, thus provoking a dispute: "*Surgery is not a trifle, my brother*!", he concludes... What would he have said about the great medicine?

Conclusions

1. The purpose of this essay is undoubtedly the hope of knowing better what it means to be in turn a patient, a doctor or a reader of some diseases described in literature.
2. The Renaissance, with its scientific concerns, especially anatomical and physiological, gave the human body a new status. The body began to be considered a machine, a tool to live and act, which at the moment of death the soul must mourn, regretting for losing such a miracle.
3. Literature can help medicine either by sensing the symptoms through language, deciphering their message, or by allowing itself to say what society rejects.
4. If in contemporary medicine it is considered that there is a disease on the one hand and an "*ad hoc*" drug on the other, we must remember that the essence of the doctor's effort once again consisted in the diagnosis that emerged primarily from the dialogue with the patient . If we intercalate God in the relationship between the doctor and the patient, it means that we will respect the unknown and irrational part of healing, a part minimized perhaps too much today.

References

Auden, W. H. (2012). Surgical ward. In M. T. Lysaught, J. J. Kotva, Jr., S. E. Lammers, & A. Verhey (Eds.), *On Moral Medicine: Theological Perspectives in Medical Ethics*", 3rd ed, (pp. 447). William B. Eerdmans Publishing Company.

Briscoe, J. (2023). Finding the Way Towards a Better Medicine: A Review of: Curlin and Tollefsen. 2021. *The Way of Medicine: Ethics and the Healing Profession*. Notre Dame: University of Notre Dame Press. ISBN-10: 0268200866.. *Christian Bioethics*, *29*(1), 95–104. https://doi.org/10.1093/cb/cbad005`

Crosby, C. (2016). *A body, undone: living on after great pain.* New York University Press.

Daudet, A. (1930). *La Doulou (La Douleur), 1887–1895* et Le Trésor d'Arlatan, 1897, (Euvres complètes illustrées, t. 17 de l'édition Ne Varietur), Paris, Librairie de France.

Wirzba, N. (2002). *The Art of the Commonplace: Wendell Berry's Agrarian Essays*. (N. Wirzba, Ed.). Washington, D.C: Counterpoint Press. pp. 144-158.

Zimmer, Z., Fraser, K., Grol-Prokopczyk, H., & Zajacova, A. (2022). A global study of pain prevalence across 52 countries. *Pain*, 163(9), 1740–50.