

# Patient and health professional

A question of power  
and/or of cultures?

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**CONFLICT OF INTEREST: NOTHING TO DISCLOSE**

# Treatment

- Mediation between :
  - Evidence based medicine and clinical trials
  - AND
  - Complex representations of
    - Health
    - Body
    - Illness, sickness, disease
    - Care, cure
  - Human competencies
    - Knowledge
    - Psychosocial competencies
    - Life attitudes (locus of control)



Chants Royaux du Puy de Rouen" (1519-1528) (BNF, Paris)

# Whose culture?

- Different ways to see the world and to relate with it
- Explicative models (*Kleinman*):
  - Why me?
  - Why today?
  - Why this way?

## Modern

- ⇒ Our structures
  - Health professionals
  - Officially recognised
  - Scientifically structured
  - Care individualised

**Disease shared only by doctor and patient**



Esthetical surgery years 2000

## Traditional

### ⇒ Health system

- With “professionals”
- Not officially recognised
- Coherent etiological model based on magic conception (hidden forces)
- Collectivised care

**Disease shared by patient and his/her social and familial surroundings**



## Religious

- ⇒ Places of worship
  - Professionals of divine intercessory
  - Not officially recognised
  - No coherent etiologic
  - Collectivised care

**Disease belongs to the divine**



Fête de Ganesh, Paris, 2014

## Popular

- ➔ Individual and familial health actions
  - No external competency
  - Mobilize each of the three precedents systems
  - Familial empiricism
  - E.g.: hiccup

**Disease belongs to the nearby surroundings**



Cathédrale de Cordoue

**WHEN FACING HUGE COMPLEXITY :**

**THE ONLY TOOLS:  
FORCING PEOPLE ☹**

**OR**

**THE MUTUAL CON-FIDENCE ☺**

E.g. "mutual faith"

## In between : Ethic rules

- What legitimizes me to involve myself in the patient's life?
- How far am I allowed to go in that intrusion?
- Health promotion principles
  - Global health
  - Respect of individual and social balances
  - Reduction of health inequities
  - Prohibition of communication constraints: stigmatisation, guiltiness, terror

## Why is it counterproductive?

Terror, guiltiness, stigmatisation

- Denial
- Discredit official speech
- Challenge
- Create discomfort
- Destroy self esteem
- Demotivate

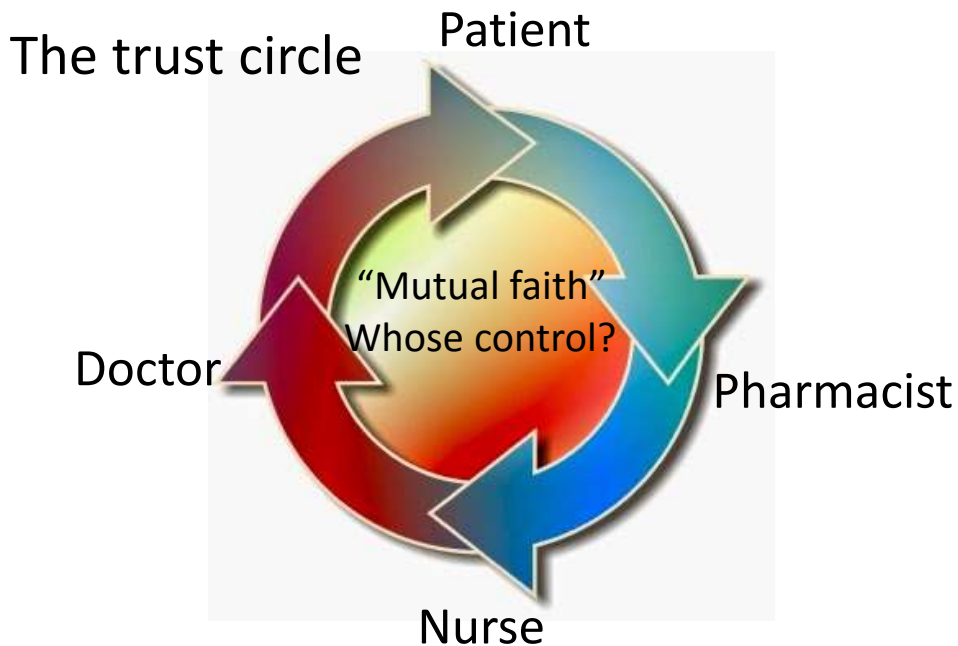


## First : LISTEN so as to analyse obstacles

Patient can be

- Not aware of the necessity
- Not willing to take
- Fear of secondary effects
- Denial of the pathology (eternal youth)
- Feeling not to be worth it, not to deserve to be treated

For each, specific attitude



## Who takes the pill?

- The patient has always the last word
  - Which makes him having the sole “truth”
- Professional has to:
  - Convince? Not adapted
  - Force? Not recommended
  - Accompany (“share the bread”)  
eg sharing power

## Empowerment

- Rebuilding ability to control his/her life
  - Feeling of deserving it
  - Developing abilities to do it:  
technical explanations but recognizing competencies
- Attitude opposite to constraint : sharing the power
- Each action or discourse which will contribute to this ability will be positive
  - Self esteem
  - Belief in the future (projects)
  - Feeling of deserving life

## Sometimes adapting treatment

- Formulation
  - Size
  - Hour
  - Colour
- Be aware of the changes felt by patient
  - Perceived efficacy
  - Existence of secondary effects

## Educational diagnosis

- Who is he/she?
- What project does he/she have?
- What obstacles can I identify?
  - Do they justify to exclude the patient of the process?
  - Which individual balances do they reflect?
  - Are you in capacity to overwhelm they?

## Entering in dialogue

- Be in a learning position:  
patient can teach you how they behave and why they do so.
- Let him/her understand that you acknowledge his/her competencies.
  - Even if you have to correct part of them
  - Listen to the distrust
    - France: 95% trust doctors, 70% vaccinations

## Conclusion

- Beware of the circle of trust
- Opening the senses
  - Listen
  - Look
- Ethics
  - The more difficult education appears, the more it is needed
  - Refusal or denial is not a failure : wait and listen