

The Doctor Patient Relationship in the Era of Covid

Aitini E*, Broccoli A and Zinzani PL

**Institute of Hematology "L. & A. Seràgnoli" University of Bologna, Italy.*

Received July 27, 2021; Revised August 30, 2021; Accepted September 02, 2021

The COVID 19 pandemic has had an overwhelming impact on the individual and on the entire human community. From the first month of 2020 numerous changes have generated, in most of the population, a profound mutation in their daily existence, in their life style. Given all the social, sanitary and work-related problems it is difficult not to reflect on how the COVID pandemic has influenced and modified the doctor patient relationship, a relationship which in and of itself is not simple particularly when the patient is suffering from a serious life-threatening illness. Firstly, we'll analyze how this relationship should be in non-pandemic times before evaluating the problems caused by the virus. Karl Jaspers, psychiatrist and existential philosopher, defines the doctor patient relationship as "one being responding the another being". This concept, expressed in very few words, presents a vision of what the interpersonal aspects between the two participants should be. Jaspers maintains that a patient is not just a person asking for help just as the doctor is not simply a technician or a life saver; both are one being meeting another being. This is true in all branches of medicine but particularly so in oncology and hematology where, notwithstanding the enormous scientific progress of the last ten years, the fear of an inevitable path towards the end of life is all pervasive [1-3]. From the beginning the patient perceives or wishes to perceive the relationship with the doctor as empathetic, one which responds to the patient's questions regarding the future, or a cure or survival through a rapport where the patient implicitly asks the doctor to accompany him or her along this path based on reciprocal trust. Beyond the hope in a cure for the illness, the patient attempts to maintain a good level of quality in his or her life and once again he or she turns to the doctor for support who in turn assumes responsibility for the patient's needs. While the physical effects of an oncological illness have been known for some time the same cannot be said for emotive effects for example the profound psychological, sentimental, domestic, professional, sexual and social repercussions [4-7]. Communicating bad news is particularly problematic and becomes even more difficult when communication is not direct and is hindered by obstacles; even the use of a mask is sometimes perceived by the patient not as a necessary reciprocal defense against the virus but as creating distance between the doctor and the illness which the patient is suffering from amplifying a sense of

impotence. Communication during the pandemic is deprived of more than one of its normal elements such as analogue language and its normal context. The introduction of social distancing in order to contain the spread of the virus, the use of masks and other measures to protect people immediately and drastically modified communication or even the possibility of communication and of a normal relationship between doctor and patient. It is precisely in this difficult situation that patients have an even greater need of human contact, of a rapport and of dialogue. The pandemic has also caused a significant distortion in the way the doctor manages the illness by imposing a virtual diagnosis and therapeutic choices. In this context doctor patient communication is often moved from a face-to-face meeting to virtual communication through the use of technology. Smart phones, mobile devices and personal computers, through social applications have become indispensable instruments for the diagnosis and treatment of patients. The doctor must make optimal use of these instruments and be willing to learn new techniques because through their use it is possible to reduce the negative aspects of distancing imposed by the virus. However, even when used competently these instruments are not a substitute for a direct face to face meeting between doctor and patient.

Looking to a future which we all hope is not too far in the distance, referring specifically to the field of doctor patient communication, we can only strive to make the best possible use of information and communication technology in order to integrate traditional methods with the possibilities that these new technologies have offered us during the pandemic by balancing them with the patient's illness, his or her history and biography in order to provide the best doctor patient relationship possible [8,9].

Corresponding author: Aitini E, Institute of Hematology "L. & A. Seràgnoli" University of Bologna, Italy, Tel: +393485150048; E-mail: enrico.aitini@hotmail.com

Citation: Aitini E, Broccoli A & Zinzani PL. (2022) The Doctor Patient Relationship in the Era of Covid. *J Nurs Occup Health*, 3(3): 341-342.

Copyright: ©2022 Aitini E, Broccoli A & Zinzani PL. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

REFERENCES

1. Buckman R (1984) Breaking bad news: Why is it still so difficult? *Br Med J* 288(6430): 1597-1599.
2. Fallowfield L, Jenkins V (2004) Communicating sad, bad and difficult news in medicine. *Lancet* 363(9405): 312-319.
3. Aitini E, Aleotti P (2006) Breaking bad news in oncology: like a walk in the twilight? *Ann Oncol* 17(3): 359-360.
4. Aitini E, Martignoni G, Labianca R (2014) Communication models for doctor-patient relationships *J Cancer Educ* 29: 211-212.
5. Aitini E (2012) Breaking bad news onco-hematology: new hope, new words? *Leuk Lymphoma* 53(2): 328-329.
6. Kiss A, Sollner W (2006) Communication and communication skills training in oncology: open questions and further tasks. *Recent Results Cancer Res* 168: 121-125.
7. Aitini E (2012) Training young oncologists in doctor-patient relationships. *J Cancer Educ* 27(1): 186.
8. Grattagliano I, Rossi A, Cricelli I, Claudio C (2020) The changing face of family medicine in the COVID and post COVID era. *Our J Clin Invest* 50(7): e13303.
9. Back A, Tulsy JA, Arnold RM (2020) Communication skills in the age of COVID 19. *Ann Inter Med* 172(11): 759-760.