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5 Clinical Dances: The Doctor-Patient Relationship in Different Infectious Diseases. Chapter 1. HIV/AIDS (Contact dance/Contact Improvisation)

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Abstract
The importance of the doctor-patient relationship is evident in its proven influence on healthcare outcomes. A good doctor-patient relationship is a process of alliance building: a process in which the doctor adapts to the patient's pace and can gradually help them achieve better results; that is, detecting 'what style of care the patient is following.' But there is no single 'good' or 'appropriate' type of doctor-patient relationship; there is no single style of care for all patients. Using this metaphor, the main concepts of 'clinical care' are explained with patients presenting with infectious diseases: 1. HIV/AIDS (Contact/Improvisation), 2. Urinary Tract Infection (Fast Rock & Roll), 3. Respiratory Infections (Twist), 4. Gastrointestinal Infections (The Charleston), and 5. Sexually Transmitted Infections - STIs (Ravel's Bolero/Crescendo Dance). Assigning a style of care to the doctor-patient relationship in different clinical scenarios illustrates the flexibility, pace, and attitude that the practitioner must adopt. To apply patient-centered communication techniques to each of the five clinical "dances," the physician must adapt their verbal and nonverbal skills to the rhythm of each infectious disease. To put this metaphor into practice or use it in teaching, a specific dialogue script or role-playing exercise is presented for each of the five dances, illustrating the critical moment in the consultation when the physician applies the patient-centered communication technique to adapt to the patient's pace. Here, a case study of a doctor-patient interview with HIV/AIDS is presented using the "Contact dance/Contact Improvisation" metaphor: the technique is validation and normalization against stigma.

Keywords: Doctor-Patient Communication and Relationship, Patient-Centred, Infectious Diseases, HIV/AIDS; Metaphor, Medical Education, General Practice

Introduction

The importance of the doctor-patient relationship is evident in its proven influence on the outcomes of medical care. Within the doctor-patient relationship, there exists a form of psychotherapy where the doctor and patient work together to improve psychopathological conditions (1). The doctor-patient relationship can vary depending on the pathology (2-4). In chronic illness, there is a prolonged course with the appearance of less obvious, more subtle symptoms, with less clinical resonance than in acute illness. The person with a chronic illness has a different experience of illness and a different pathological-biographical content than the experience of illness in an acute patient (5). Likewise, it depends on multiple conditions, some related to the doctor, others to the patient as an individual or as a person, and others to the situation (6). Given that these concepts of doctor-patient relationship and patient-centered consultation have multiple facets, they are complex to understand and teach. The use of a metaphor is a tool that can be helpful. A "good" doctor-patient relationship is a process of -

creating an "alliance": a process in which the doctor adapts to the patient's pace and can gradually help them move toward healthier scenarios. This means detecting "what dance the patient is dancing" and, like a good dancer, taking a step back, then a step forward, dancing and keeping time with the patient (7).
But there isn't just one type of "appropriate" doctor-patient relationship; there isn't "just one dance the patient dances." To apply patient-centered communication techniques to each of the 5 clinical "dances" the doctor must fine-tune their verbal and nonverbal skills to the rhythm of each of these different infectious diseases.
Here, a case study of a doctor-patient interview with HIV/AIDS is presented using the "Contact dance/Contact Improvisation" metaphor.

SPECIFIC DIALOGUE SCRIPT (ROLE-PLAYING) IN HIV/AIDS
Graham, 29, an architect. Diagnosed a year ago, he keeps it a secret from his colleagues for fear of stigma and discrimination. He constantly seeks validation of his health.

Patient: "Doctor, I'm terrified that my coworkers will find out I come to this clinic. I feel like if someone sees my pills, my social life will be over."
Doctor: "Graham, the fear of rejection and social stigma is one of the heaviest burdens of this disease, and it's completely valid that you feel that fear. I want to remind you that your diagnosis is confidential and that, thanks to your strict adherence to your daily medication, your virus is undetectable. This means you are healthy, you are not transmitting the virus, and you have complete control over your body. Your responsibility is admirable; lean on me to help you through this process."

Patient: “It’s just so difficult, doctor. The other day at the office, a colleague made a really bad joke about HIV, and everyone laughed. I froze, feeling like if they found my pill organizer, they’d look at me like I was some kind of freak or find any excuse to fire me. Hearing you say that I’m undetectable and that my responsibility is admirable is a huge relief. Sometimes I forget that the virus is dormant, and I only see the social danger. Can you assure me that if I maintain this perfect test result, I can continue to hide it without it affecting my performance or my long-term health in any way?”

DISCUSSION
The doctor and patient dance a “Contact Improvisation”: a dance based strictly on keeping their bodies close, rolling, and touching each other continuously. Historically, HIV/AIDS was marked by an irrational fear of physical contact, isolation, and rejection (the false belief that it was transmitted through a hug or a handshake). The doctor breaks the stigma by physically touching, holding, and validating the patient from the very first moment. A positive HIV antibody test or a diagnosis of AIDS changes many aspects of a person's life, including the type of relationship they have with their doctor (8). In the dance of Contact Improvisation, there is no fixed leader rigidly guiding the process; both dancers constantly share and transfer their body weight to maintain balance. Clinically, HIV is no longer an acute death sentence, but a manageable chronic illness. This chronicity requires a long-term partnership. The patient sometimes "loses their balance" due to psychological strain, social anxiety, or the fatigue of taking pills every day. The doctor "supports" this emotional and scientific weight, positively reinforcing adherence to treatment. Unlike a fixed choreography like ballet, Contact Improvisation is created in the moment, responding to the other's movements. HIV demands this flexibility: each patient experiences their diagnosis uniquely, depending on their family and work environment, and their mental health (like Graham, the script's architect, whose greatest burden is not the virus, but the social danger).

The doctor must improvise and adapt their verbal and nonverbal communication skills according to the specific barriers the patient presents in each consultation. Just as this dance requires continuous awareness of the body's nuances, so does HIV. To avoid collapse, the doctor-patient relationship in HIV care is an ongoing commitment. Therapeutic success (maintaining undetectable viral load and good health) depends directly on mutual trust and constant synchronization between the medical team and the patient (9-13). The doctor-patient relationship in HIV/AIDS care is a critical determinant of treatment success, medication adherence, and long-term viral suppression. The action involves shifting the burden and breaking the stigma. The technique is validation and normalization. Creating a judgment-free space through genuine active listening, positively reinforcing adherence as the pillar that keeps both parties stable during the consultation.

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