

5 Clinical Dances: The Doctor-Patient Relationship in Different Infectious Diseases. Chapter 2. Urinary Tract Infection (Fast Rock & Roll)

Jose Luis Turabian

Department of Medicine and Surgery, Spain

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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 Urinary Tract Infection is presented using the "(Fast Rock & Roll)" metaphor: the technique is immediate empathetic focusing for an acute problem; getting straight to the point by relieving distress ("I know this is very annoying, let's solve it today"), explaining the short treatment and warning guidelines quickly.

Keywords: Doctor-Patient Communication and Relationship, Patient-Centred, Infectious Diseases, Urinary Tract Infection, 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 one of these different infectious diseases.

Here, a case study of a doctor-patient interview with Urinary Tract Infection is presented using the "Fast Rock & Roll" metaphor.

SPECIFIC DIALOGUE SCRIPT (ROLE-PLAYING) IN URINARY TRACT INFECTION

Valerie, 34, an account executive, arrives at the emergency room visibly uncomfortable, shifting her position in the chair, eager to resolve her acute problem.

Patient: "Doctor, please help me. I've been going to the bathroom every five minutes since early this morning. It burns like fire, and I feel like I'm not emptying my bladder. I can't even sit down."

Doctor: "I completely understand; it's a desperate and painful discomfort. I won't waste your time with a long questioning right now. We'll do a quick urine test right here, I'll give you a direct pain reliever for the bladder pain immediately, and we'll prescribe the antibiotic so you can start it today. In a few hours, that burning will start to subside. We'll resolve this now."

Patient: "Please, doctor, yes! Give me the test now. I brought a sample in this container that I collected at home because I knew you would ask for it." If you give me that bladder pain reliever right now, I'll build you a monument. I can't concentrate in any meetings, and I have a crucial Teams presentation in two hours. As soon as I take the prescribed antibiotic, can I go back to the office, or is this pain going to keep me down all day? I need you to act fast; I really can't stand the feeling of needing to urinate every two minutes.

DISCUSSION: The doctor and patient dance a "fast rock and roll" a quick, energetic, and short dance. The patient arrives with an acute and exasperating discomfort. Uncomplicated urinary tract infections (UTIs/acute cystitis) carry a considerable physical and psychological burden that negatively impacts the patient's quality of life. While healthcare professionals recognize the physical and mental impact of recurrent UTIs, most focus on alleviating the patient's physical symptoms, often overlooking the psychological impact. Inadequate testing, prolonged diagnostic procedures, and treatment failure due to antimicrobial resistance further exacerbate the problems associated with UTIs (8, 9). The doctor intervenes with effective antibiotic treatment, resolves the problem, and the music soon ends. Fast rock and roll is characterized by a rapid, energetic, and unpreambled tempo; it starts at full speed. Similarly, a UTI doesn't give any warning: the patient goes to bed perfectly fine and wakes up suddenly with acute, intense, and desperate symptoms (dysuria/burning sensation when urinating, tenesmus/constant urge to urinate). There's no time for a slow introduction. In fast rock and roll, the dancers move constantly from side to side with rapid turns. This mimics the physical behavior of a patient with a UTI, who experiences an urgent and intermittent need to get up and rush to the bathroom every few minutes, interrupting any activity in their daily life. A rock and roll song lasts barely two or three minutes. Clinically, a UTI is an acute and rapidly resolving process: it's diagnosed immediately (with a urine dipstick test), a short course of antibiotics is prescribed, and within 24 to 48 hours the symptoms usually disappear completely. On a fast-paced rock and roll dance floor, you can't hesitate or miss a beat because you'll fall. In the consultation room, the doctor must adapt to that pace by adjusting their skills accordingly. The key is to be decisive and effective immediately (agile and effective intervention). The patient isn't looking for a philosophical analysis of their lifestyle; they're looking for urgent relief. Improving patient and healthcare professional education about antimicrobial resistance and the reasons why treatment can fail could improve the dialogue between healthcare professionals and patients, leading to improvements in the overall patient experience. Training in interprofessional communication strategies can improve antibiotic use. The technique involves asking direct questions (Is there blood? ", "Do you have a fever?"), taking the sample, handing over the prescription, and explaining the warning signs in a very structured and rapid manner, matching the speed of their care with the patient's biological urgency. Communication and relational dynamics influence the diagnosis of UTIs and the optimal use of antibiotics (10). Likewise, involving patients in the decision-making process will foster a greater understanding of the treatment options provided by the primary care physician (11).

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