

5 Clinical Dances: The Doctor-Patient Relationship in Different Infectious Diseases. Chapter 3. Respiratory Infections (Twist)

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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 respiratory Infections is presented using the "Twist" metaphor: The technique is education about the natural course of the disease.

Keywords: Doctor-Patient Communication and Relationship, Patient-Centred, Infectious Diseases, Respiratory Infections, 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 Respiratory Infections is presented using the "Twist" metaphor.

SPECIFIC DIALOGUE SCRIPT (ROLE-PLAYING) IN RESPIRATORY INFECTIONS

George, 44, international consultant. Hyperactive, impatient, and accustomed to self-medicating with antibiotics to "Cut the disease off quickly" and avoid slowing down his work pace.

Patient: "Doctor, I've had a terrible cold for three days now, with green mucus and a cough. I need you to prescribe me a strong antibiotic because I have a very important business trip next Monday and I can't go like this."

Doctor: "I understand the urgency of your trip, but prescribing a strong antibiotic today would be like taking a step in the wrong direction. Your test shows it's a viral infection. Antibiotics only kill bacteria; if you use them, they won't help with the virus and could cause diarrhea or weaken your immune system for the trip. This virus typically runs its course in 5 to 7 days; we're at the peak today. We're going to use an aggressive approach with decongestants, pain relievers, and plenty of fluids. By the weekend, your body will have cleared the virus on its own, and you'll be able to travel safely. Finally, we can discuss a reassessment plan if your condition worsens."

Patient: "I understand the virus theory, doctor, but the last time I had a runny nose like this, I took some amoxicillin I had at home, and I was as good as new in two days. I find it hard to believe that just anti-inflammatories and water will clear this congestion before Monday. The trip to Paris involves ten-hour meetings with public speaking; if I go with this cough and this raspy voice, I'm going to make a terrible impression. If you insist that the antibiotic will harm me, I'll put up with it, but give me some cough syrup or something really strong so the cough doesn't interrupt my presentations. I'm happy to follow the re-evaluation plan if necessary."

DISCUSSION

The doctor and patient dance to "Twist": A casual dance, fast and uncomfortable for a moment (fever, cough), but that shakes the body temporarily. It resolves with a couple of twists (symptomatic or antibiotics) and the patient recovers his usual rhythm. The Twist is danced by turning the torso, hips and feet from side to side energetically, keeping the knees slightly bent. This oscillating movement, bending and jerking forward, visually mimics the physical effort and body language of a patient who suffers from coughing, sneezing or difficulty breathing (dyspnea). In both acute and chronic respiratory infections, a good doctor-patient relationship is one of the first steps to success in the management of these diseases. The doctor-patient relationship during respiratory infections heavily influences clinical decisions, particularly regarding antibiotic prescribing and patient satisfaction (8-11). The Twist is danced as a couple but without touching, facing each other in the air. This perfectly represents the transmission mechanism of respiratory infections (such as the flu, cold or bronchitis): the virus travels through the air through droplets (aerosols) that float between the doctor and the patient. Both are in the same room sharing the same airspace, forcing the doctor to maintain a safe distance or wear a mask (dancing together, but apart). The Twist was a global fever that everyone danced at the same time. Likewise, respiratory infections are massive, seasonal (winter) and saturate primary care consultations. The doctor sees patient after patient with the same symptoms; It's a "dance floor" full of people doing the exact same moves. When consulting for a respiratory infection, the meeting is usually quick, focused on relieving symptoms (fever, congestion) and ruling out complications (pneumonia).

The doctor must adapt to the rhythm of the Twist. The action is the management of the acute transient process by dynamically evaluating and maintaining the physical distance necessary for protection, but demonstrating verbal closeness. The technique is agile hygiene-health education: Explain clearly how many days the cough or fever will last and why antibiotics are not used for viruses, agreeing on a re-evaluation plan if the "turn" becomes complicated. The doctor takes advantage of the quick consultation to prescribe symptomatic treatment and teach "the steps" to avoid infecting others (hand washing, ventilation, use of tissues), synchronizing with the community nature of the disease.

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