

5 Clinical Dances: The Doctor-Patient Relationship in Different Infectious Diseases. Chapter 5. Sexually Transmitted Infections (Ravel's Bolero / Crescendo Dance)

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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 Sexually Transmitted Infections is presented using the "Ravel's Bolero / Crescendo Dance" metaphor: The technique is Absolute Normalization and Confidentiality Framing.

Keywords: Doctor-Patient Communication and Relationship, Patient-Centred, Infectious Diseases, Sexually Transmitted 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 of these different infectious diseases.

Here, a case study of a doctor-patient interview with Sexually Transmitted Infections is presented using the "Ravel's Bolero / Crescendo Dance" metaphor.

SPECIFIC DIALOGUE SCRIPT (ROLE-PLAYING) IN SEXUALLY TRANSMITTED INFECTION

Martha, 24, a student, comes in after discovering lesions consistent with the Human Papillomavirus (HPV). She enters the office with her arms crossed, avoiding eye contact and speaking in a very low voice.

Patient: "It's just... I'm terribly embarrassed to be here, doctor. I'm sure you think I'm irresponsible. I just want you to take a quick look at this, give me some cream or something, and tell me it's nothing serious. Please, promise me this won't go on my family's medical history; I don't want anyone to ever find out."

Doctor (Uncrossing his arms on the table, lowering his voice to match the patient's whisper): "Martha, take a deep breath. You're in a completely private space, and everything we discuss here stays within these walls. My only role here is to care for you, not judge you. Sexually transmitted infections are a reality for any sexually active person, and having one doesn't define you or make you guilty of anything. We're going to ease this accumulated tension little by little: first, we'll examine the discomfort, find the appropriate treatment, and then plan together how to protect you in the future, always at your own pace."

DISCUSSION

The doctor and patient dance to "Ravel's Bolero" (not the traditional Caribbean musical genre, but Maurice Ravel's orchestral dance). It's a piece that begins in almost absolute silence, with a subtle and mysterious repetitive rhythm played by a single instrument in the dim light. Little by little, the tension builds invisibly until it explodes in a massive crescendo. It represents the secret kept, the suspicion that gnaws silently from within, and the release of enormous emotional tension when the patient finally dares to confess the reason for their visit. A consultation for a sexually transmitted infection (STI) almost always begins with secrecy, extreme shame, and timidity. The patient arrives speaking in a low voice, avoiding direct eye contact, and concealing the true reason for their visit under a layer of absolute discretion (8-11).

The doctor's attitude will be to maintain the rhythm with subtlety and firmness. STIs carry the invisible weight of guilt, the fear of moral reproach, and social stigma. Like the famous musical work, the consultation begins with a subtle and contained tension; The doctor must be able to navigate that initial silence, maintain a protective gaze, and allow the patient to release that accumulated burden without fear of judgment. The conductor in Ravel's Bolero cannot accelerate the tempo or go berserk at the beginning; they must maintain a firm, constant, and extremely subtle pulse so that the music evolves safely. In an STI consultation, the doctor must adopt this same attitude. The action is to absorb the accumulated tension and dismantle the stigma step by step. The technique is absolute normalization and a framework of confidentiality. The doctor adapts to the patient's low and respectful tone at the beginning, depathologizes sexual desire, and assures them that the consultation is a safe haven. This allows the conversation to be guided progressively (in crescendo) from the initial fear toward the clinical examination, treatment, and prevention, without breaking trust. Nonverbal communication techniques (open posture, soft and measured tone of voice) are used to transform the taboo into a manageable clinical matter, enabling the patient to lower their guard and accept treatment.

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