

THE PATIENT – AN ACTOR WITHOUT WHOM MEDICINE WOULD NOT EXIST

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Rezumat: O problemă deosebită în teoria și practica medicinei este pacientul.

Pacientul are din nou un mare stress – pacientul cu marea problemă a menținerii sănătății care se realizează prin promovarea sănătății și dintr-o dată, dacă este bolnav...Facultatea de Medicină trebuie să dezvolte pacientul și bolnavul ca o realitate teoretică și practică a medicinei.

Cuvinte cheie: pacient, drepturi, educație pentru sănătate, relație medic-pacient

Abstract: A special problem in the theory and practice of medicine is the patient.

The patient has another human major stress – the patient with his great problem of health maintenance accomplished by health promotion or all at once if he is ill..... Faculty of Medicine should develop the patient and the sick man as a theoretical and practical reality of medicine.

Keywords: patient, rights, education for health, patient-physician relation.

Health and disease. In health, there is a natural common state regarding the disease when “something” changes; the disease is an alternation, a replacement, a deviant regarding the normality health state, but also within the cases through self assumed diseases where the disease is stigmatized (which devalues a social act).

The patients’ rights are part of a complex of human rights and the disease will favour a waste of the own individuality from the spiritual, biological and economic point of view.

F.A. Hayek – Nobel Prize Laureate talks about a dangerous aspect of the so-called “the economist” – an economist who is only an economist has all the chances to become “harmful”, if not “dangerous”, he has a total inadvertence for the daily life of people in order to face and perceive the reason of the social complex (after Ion Ionescu and Dumitru Stan).

When a person is sick, a certain phenomenon occurs, he has no independence, he becomes dependent, somehow subordinated to someone else (physician etc.)

A sick person: “a person who suffers from a pathological state and who benefits or not from medical services”.

A patient: “a person sick or not sick, who sees a doctor (the patient may be a healthy person who sees a doctor preventively”).

The patient.

The patient will use the medical service because of the disease and of other reasons:

- The patient is a contributor of taxes.
- For the doctor, there is an ethical obligation, especially a political and economic right.
- After Cochrane – regarding the definition of a consumer who addresses the medical services:
 - „someone who uses..”
 - „someone who is suffered from...”
 - „someone who is entitled to...”
 - „someone who is compelled to use the sanitary services-related systems”

Regarding life, there is a Right of all citizens:

The right:

- To life!
- To an undegraded human condition.
- To freedom
- To personal life
- To opinion
- To an equal and participative existence within the group.

From the Universal Declaration of the Human Rights of the 10th of December 1948, the Charter of Patients’ Rights has been issued by the IPPF, published in Romanian by SECS with the support of UNFPA).

Charter of Patients’ Rights

Each patient has the right to:

Information

- To be informed about the existence and benefices of the family planning;

Access

- To have access to services irrespective of gender, religion, ethny, marital status, residence;
- *Option*
- To freely decide whether to resort or not to the family planning services, or which method he should use;

Safety

- To be able to resort to an efficient and risk-free family planning method;

Intimacy

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- To be provided with advice and services in a pleasant ambience;

Confidentiality

- To be guaranteed with confidentiality maintenance;

Dignity

- To be treated politely, respectfully and with attention;

Comfort

- To feel comfortable during consultation;

Continuity

- To be able to continue the use of methods as long as he wishes;

Opinion

- To be able to express his opinions about the supplied services.

Regarding the Charter of Patients' Rights, the following issues have to be taken into consideration:

- The concern for improving the health state based on the human rights.
- The accomplishment of the ethics of the health services based on:
 - Morbidity transformation;
 - Being available for researchers;
- after 1970, it put forward a point of view regarding the patients' rights:
- According to the Charter of Patients' Rights, each patient has the right to:
 - information
 - access
 - option
 - safety
 - intimacy
 - confidentiality
 - dignity
 - comfort
 - continuity
 - opinion

After Dan Enăchescu (an important Romanian pedagogue) – the rights and responsibilities of the patients are the best structured as follows:

RIGHTS:

- the access to medical assistance;
- person's respect and dignity;
- maintaining the confidentiality;
- own safety (regarding the new relation with the health professional);
- identity of those involved in caring the patient;
- communication with other persons.
- consent for the proposed medical act;
- second option (the right to the second option);
- treatment refusal;
- hospital regulations (informing).

OMS strategic objective regarding the patient (Amsterdam 1994):

- the patients' rights – integral part of the health policies;
- combining the legislative framework with the professional codes;
- the judicial „perimeter” and the patients' rights;
- equilibrium / ethic in establishing the patients' rights;

- unique aspect regarding other interpersonal relations;
- solidarity – physician/patient;
- depends on the tradition / social customs of the group;
- medical technology and depersonalization of the medical act;
- the results of the medical act depend mainly on the interpersonal relation between the physician and the patient.

Like a service whose dimensions of quality make the prophecy and the reality of the patient's satisfaction.

Dimensions of quality (Maxwell):

1. **Efficacy:** gaining the best results by awarding the best care services.
2. **Efficiency:** gaining the best results by limiting the costs.
3. **Accessibility:** the objective possibility of the individual to resort to the medical services – cost, distance, transportation, doctor's schedule etc.
4. **Acceptability:** conformation to the medical services upon the patients' requests, needs and expectations.
5. **Optimization:** weighting the costs and effects of the care services in order to obtain the most advantageous report.
6. **Legitimacy:** awarding health care services according to the norms, laws in force.
7. **Equitability:** the equal distribution of the health care services among the population.

From these seven quality dimensions to the intervention of the sanitary services where we will reveal the feasibility dimension, R. Pineault, C. Daveluy (Université de Montreal) mention the following dimensions of feasibility:

- Judicial dimension (if what is intended to be done is legal);
- Political dimension (attitudes of the political, governmental, ministerial organizations);
- Economic dimension (stimulation estimations regarding cost/advantage, cost/efficiency etc. regarding the chosen variant);
- Organizational dimension – whether the suggested variant is or not suitable for the organization's objective (services);
- socio-cultural dimension – of the variant, whether it fits the socio-cultural values of the community it addresses to;
- Ethic dimension - of the intervention.

Social Status of the physician

The doctor is the preponderant factor of the sanitary system at professional level. (E. Freidsom 1970); he is the best form of medicine faculties. The relation of the physician with the patient faces an entire action within universalism (Iustin Lupu, Ioan Zanc), where he trained himself through an exceptional technical instruction.

Regarding the period of relation with the physician, the patient recognizes himself; it is about a confession including of the reason of his visit.

The physician-patient relation viewed as a role relations

The physician may play many parts, such as:

- tutor
- mentor
- spokesman who will give information for his organization.
- leader for reaching success.

Problems of the social insertion of the individual.

- Individual's socialization – he becomes a member of such a society;
- The social status represents the individual's place in the society (after Ralph Linton).

Regarding the Index of the Human Development (IDU), issued by UN in 1990 (having in view the life length, knowledge levels of population, life standard), our country registers a low index of 0,729), including for Europe.

Medical secret.

- It is a patient right and represents an obligation of the health experts; there are situations in which the medical secret is a public danger. The defined medical secret has a “limited”/”realistic”/”relative” character.
- specifications within the French Deontological Code (art. 35) „For legitimate reasons where the physician makes appreciations in consequence, a sick person may be left in ignorance regarding a serious diagnosis”. A fatal prognostic should be showed under great reserve, it may be dangerous but the family should be prevented unless the patient did not previously forbid this....”

The relation of the physician with the patient in general: health globalization – the world population will know what health means – with all its rules which represent one of the rights of the citizens from all countries – and out of these, the health education which plays an active part, because all groups – especially from the country will understand that this right will become a duty of the governments.

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