

TRUST-BASED MEDICINE

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There is much evidence in history to suggest that the most sensitive issues in human life are those connected with suffering, death and dying. Health is a core value and the maturity and humane nature of a society is evaluated according to the level of healthcare it provides.

In both its pre-scientific and scientific forms medicine has for centuries impacted on the most intimate spheres of human life. The privilege and ability to provide support contemporaneously brings with it different risks, including the possibility of serious misuse of knowledge and power of medical personnel in relation to the patient. Since the second half of the 20th century in particular, evidence for this has been found not only in the strengthening ethical debates, but also in the formulation of rights protecting the individual and the patient, and corresponding legislative changes in healthcare. Ethical and psychological problems in medicine do not, however, exist in isolation and cannot be attributed solely to the individual doctor's lack of bedside manner. Understanding these problems means to analyze them in the broader context of Euro-American culture and considering whether the sources of scientific knowledge and the definition of medical science as a subject correspond to the versatility of human life including the complex etiology of disease, which often results from a number of factors.

In Western culture, medicine is deemed to be a natural science (biomedicine) and the evidence for this is that scientific knowledge requires that the human being be methodically reduced to a biological reparative system. It is on this basis that crucial methodological approaches are derived, determining methods used to perceive and interpret scientific data. An integral part of scientific knowledge is the scientific language that is used to accurately (denote) express the findings obtained. While western medicine continues to make significant achievements in scientific research—the source of persistent scientific optimism (science solves all problems)—the practical, clinical application of this constantly growing body of scientific knowledge creates problems. The statistical significance of a discovery and related issues of probability are not enough. Health and disease are influenced by mental, social and spiritual factors. In terms of successful diagnosis and treatment, there is a need to consider both the individuality and personality of the patient as well as the values and influences found in the culture. For the doctor this creates at least two fundamental

methodological difficulties. The first problem relates to the process and how doctors can deal with the amount of new knowledge. Assistance is provided in the form of detailed standards of diagnosis and treatment (guidelines) that constitute so-called evidence-based medicine. However, coping with the relationship aspect of a doctor's job is much more serious and methodologically more difficult. We have to consider what the optimal trusted doctor/patient relationship might be. Is it enough if the doctor has profound knowledge of the natural sciences? This perhaps expresses the central idea of an interesting and thought-provoking book by Konečná, Slouková and Mardešić.¹ Already the book title itself that reads "Trust-Based Medicine", throws down the gage to the traditional Euro-American medicine traditionally considered as "Evidence-Based Medicine". This is the expression of a sharp contrast between the subject of the knowledge (the human being as a biological system, analyzed down to the level of body cell structure) and the treatment and care provided (for the human being as an individual biological, psychological and social being with a spiritual nature influenced by culture and its values). Not even the medicine of the 21st century was able to cope with this contradiction. This is shown in a very funny and accurate way in an accompanying illustration to the book, which shows a philosophizing human being posing amidst the usual timeless questions such as "Where do I come from, where am I going...?" the most "fundamental" of questions: "Am I statistically significant?" The book has 12 chapters. In five of the chapters, the authors deal with the historical connections and development of medicine, especially in the European cultural context. In this section it seems that there is a lack of appreciation for the importance of Hippocratic traditions, which are associated only with the formulation of moral principles (First do no harm! and others). Hippocratic medicine was primarily an ontological change—a change in the way that disease was conceived of, a methodological change—through the enforcement of causal criteria and it sought the natural causes of illnesses in disorders in terms of somatic, mental attributes, as well as in relation to the external environment. Medicine was then developed as something that was natural, and later it went on to become natural science medicine. Similarly the authors place little emphasis on, or rather they trivialize the Descartes revolution in understanding the human being; the epistemic consequences of which are still in evidence in medicine today (the mind-body dichotomy). The human being was reduced to a *res cogitans* and the body became the subject of natural science. However, the authors are aware of this schism and highlight the undesirable consequences of biologizing the human being in medicine, manifest negatively mainly in different aspects of the doctor/patient relationship. In the third chapter and other parts they emphasize communication problems. These occur partly because of differences in the language of science, where the terms must be accurate and precise, and in colloquial language or in the non-specialist language of patients, where meaning is dependent on different experiences and expectations, and where the context is more complicated and the meaning is not always clear.

The second part of the book (chapter 8 and onwards) is devoted to methodological issues. The authors believe that if medicine is to solve issues concerning health and disease, then it must see people not only in terms of disease (pp. 132-133). This means enriching natural science education and knowledge with philosophy and the human sciences. The authors

¹ Konečná, H.- Slouková, D.- Mardešić, T. *Medicína založená na důvěře*. Praha: Galén, 2012, 155 pp.

also emphasize that treatment based only on knowledge of the natural sciences does not correspond to legislation that holds that medicine should be conducted in relation to the latest scientific knowledge and in relation to the science of the human being. They suggest that a hermeneutical method be used in order to better understand human beings (the patient and the doctor). The book is enriched with many of their own stories and they recommend story-telling as a method that improves understanding.

They consider using “motivated interpretations” of empiricism as the methodological basis of their work. Their goal was not to formulate theories. They understand interpretation as an ongoing consequence of research with the goal of developing certain concepts or models. “These models differ from the theories and laws by representing structures which are not necessary, ... but possible” (p. 138).

The authors consider a hermeneutical method of interpreting the narrative and effective communication as the basis for understanding and formulating relationships of trust between the doctor and the patient. This book is primarily concerned not only with the use of qualitative methodology, relating to the number of individual cases, comprehensibility and consistent reasoning, but also the interdisciplinarity of the approach (psychologist, philosopher, doctor).

The book may significantly help humanize medical training for doctors so that trust-based medicine becomes a routine element of clinical practice in the 21st century.

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