



SSH module course

1st year dental surgery

The caregiver-patient relationship

Dr Bouabdallah w psychiatrist

Université Tlemcen

Objective educational

- Define the caregiver-patient encounter
- Describe the general characteristics of the caregiver-patient relationship
- Describe the main principles of the caregiver-patient relationship
- Define the different models of the caregiver-patient relationship

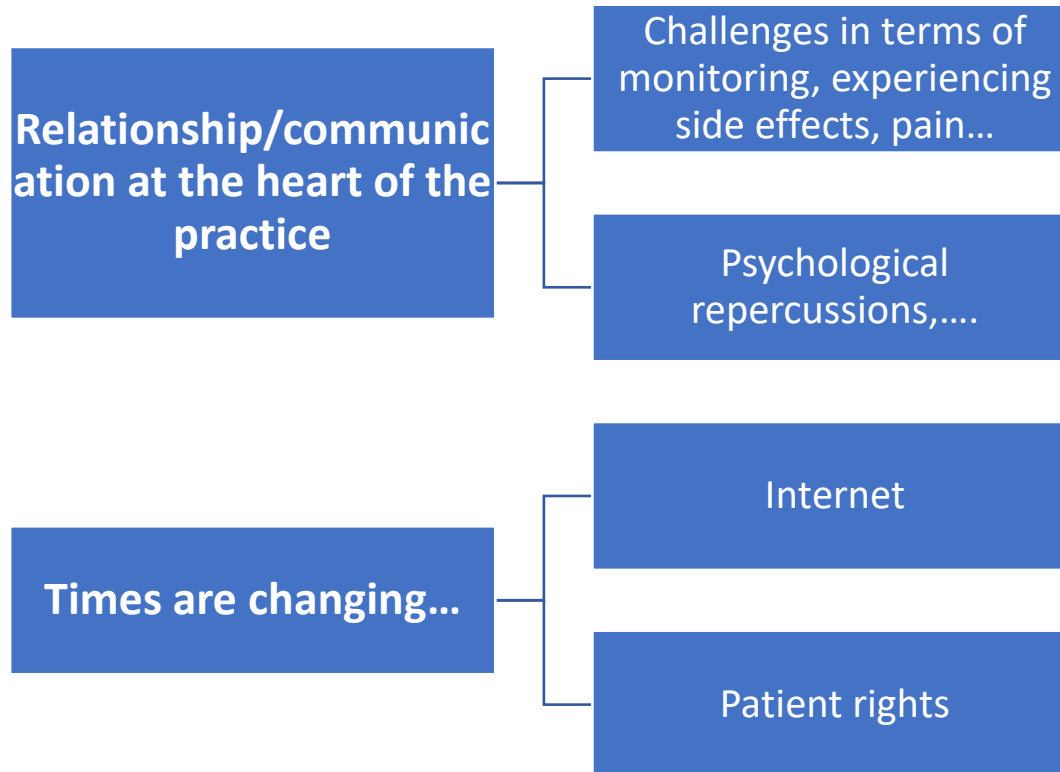


Introduction

The role of medical psychology

A core discipline that focuses on the patient as a whole – physically, psychologically and socially – and their relationship with healthcare providers, particularly doctors

Introduction



Circumstances of a meeting

- The consultation:
 - The doctor as an actor in a scenario
 - The patient as the object of care
- Objectives of the request:
 - Repair
 - Disappearance of the symptom
 - Reduction of the threat of illness

The conditions

☐ Positions

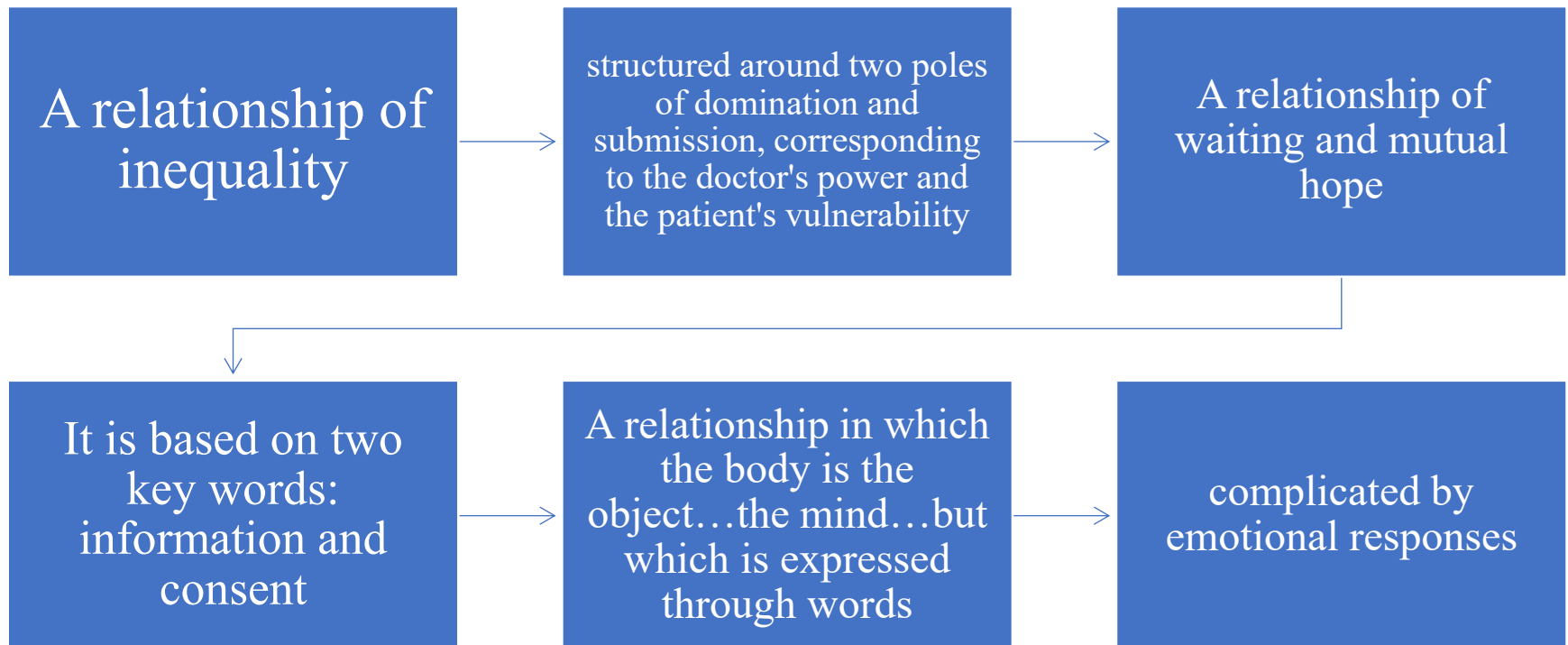
☐ Passive patient

☐ Active physician



General characteristics of the caregiver-patient relationship

General characteristics



A relationship of inequality

The patient

- Request
- Passive
- Subject suffering
- Questioning
- Worry, threat
- Seeking relief, help, protection

The doctor

- Technician
- Active
- Technical knowledge
- Power
- Identification/Evaluation
- Listening skills
- Identification/Evaluation
- Capacité d'écoute

Fears

The patient

- ❑ From being ill
- ❑ From illness
- ❑ From losing health
- ❑ From losing a carefree life
- ❑ From losing life
- ❑ From death

The doctor

- Missing the diagnosis
- Missing the diagnosis
- Discovering a serious illness
- Announcing the illness
- Providing support

Free and informed consent



- **Free:** without constraint
- **Informed:** preceded by information.
- "No medical procedure or treatment may be performed without the free and informed consent of the person, and this consent may be withdrawn at any time."
- Some patients thus assert their autonomy.

Transfer/Conter-transfer



Transfer

- Positive
- Negative
- patient facing their caregiver



Conter-transfer

Positive

Negative

caregiver facing
their patient

Transfer:

- **Conscious and unconscious** emotional movements of the patient towards the doctor
- **Transfer positive:**
 - The patient experiences feelings of sympathy and trust.
 - Love at first sight, the perfect doctor.
 - Power and authority attributed to the doctor.
- **Transfer negative:**
 - Negative image, anti-therapeutic relationship

Conter-transfer:

- Conscious and unconscious emotional responses of the doctor towards his patient
- Conter-transfer positive
 - Overinvestment by the patient:
"good patient", risks of dependency
- Conter-transfer negative
 - Unconscious rejection of the patient:
"bad patient"
 - Unconscious aggression

The timing of the doctor-patient relationship

- Listen and then build a relationship of trust.
- This listening must be patient, attentive, and compassionate.
- Guide the interview.
- Examine.
- Report and inform.
- Decide together and persuade: a care alliance.

The main principles of the relationship

The main principles of the relationship

The medical-social relationship is determined by numerous individual and sociocultural factors.

A caregiver's empathy can be considered their ability to understand and share what the patient is experiencing, their emotions, and their suffering.

Respecting the patient's beliefs

Empathy



It is the ability to imagine the suffering of another as an observer.



The patient thus knows that their problem is understood, acknowledged, and accepted.



It differs from sympathy because empathy is a process in which the practitioner tries to put aside their own world to focus on how the person perceives reality.

The different models of the doctor-patient relationship

Paternalistic relationship
= doctor as decision-maker. Expert doctor, holder of knowledge.
Patient in ignorance, decides nothing, insufficiently respecting the individual who is poorly informed about treatments.

Autonomy relationship
= patient as decision-maker
The doctor informs, but does not decide
The patient is autonomous, facing difficult choices alone

Deliberative model = shared medical
decision-making
Consent after medical information
Communication at the heart of the relationship
Dialogue, negotiation leading to a compromise



Shared medical decision- making

- This approach considers two key stages in the relationship between a healthcare professional and a patient.
- The first stage is dedicated to the exchange of information, sharing, and deliberation: it requires communication skills.
- The second stage is the decision-making process: it concludes with a choice made between several options, through mutual agreement.
- Based on the principle of respect for the individual, this approach takes into account the patient's perspective, informed and supported by the doctor's technical explanations, experience, and compassion. It contrasts with paternalistic models (the doctor decides alone), informational models (the patient decides alone), or collectivist models (the collective interest is prioritized).



Patients' rights
are evolving

- Right to **information** about one's health status,
- Right to **consent** to proposed care,
- Right to **confidentiality** of medical information,
- Option to designate a **trusted person**,
- Right to **respect** for the individual,
- Right to **pain** relief,
- Right to **privacy**

In practice

- Preparing for the situation (place, setting, time, etc.)
- Being empathetic, actively listening to the patient, and interpreting verbal and non-verbal communication.
- Finding the right balance.
- Understanding the complaint. Looking beyond the obvious physical symptom.
- Consider the patient's preferences when developing the care plan.
- Adapting one's behavior, approach, and the form and content of one's communication to the patient's situation, personality, perceptions, emotions, requests, and needs.

In practice



Respecting your patient: listening, showing patience, tact, calmness, and maintaining confidentiality



Communicating: Providing clear, concise explanations adapted to the patient's level of understanding



Rephrase if necessary



Accepting a patient who expresses their reservations, concerns, and disagreement



Obtaining the **patient's informed consent** in order to establish a clear care contract and active involvement in the illness

Conclusion

- The caregiver-patient relationship:
- At the heart of medical practice
- Essential for quality of care
- Which must adapt to societal changes
- Active patient participation
- allows the caregiver to establish an
- emotional exchange with their patient that has curative benefits

References:

Clément Lozachmeur

Lozachmeur, C. (2015). *Cours de psychologie médicale*. CHU Rennes.

K. Boussayoud

Boussayoud, K. (s.d.). *Cours de médecine légale*. Centre hospitalo-universitaire Bab El Oued.

Jean Louis Senon

Senon, J. L. (s.d.). *La relation médecin-malade : Premières approches en psychologie médicale*. Faculté de Médecine de Poitiers.

Examen mental. (s.d.). Centre intégré universitaire de santé et de services sociaux de la Capitale-Nationale.

Rahoui

Rahoui. (s.d.). *Cours de psychologie médicale*.

Catherine Bouleuc, & Dominique Poisson

Bouleuc, C., & Poisson, D. (2014). La décision médicale partagée. *Laennec*, 62(4), 4–7.

Université de Tlemcen

Université de Tlemcen. (s.d.). *Scolimed 132*. https://entfmed.univ-tlemcen.dz/ressources/documents_actualites/scolimed_132.pdf

*Thank you
for your
attention.*