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Editorial

Good medicine

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Those of us who wish to truly understand the origins of human history cannot avoid recognizing that man has always tried to better his original condition of 'deposed king', as the philosopher and mathematician Blaise Pascal (1623-62) said. Since the darkest past, for this reason, the deep-rooted persuasion of holding such dignity gave rise to the predominance over the other species, and to the human ambition of using all means and all faculties to dominate and exploit the world to his own advantage, as much as possible.

Hippocrates (460-377 BC), considered the father and the founder of medicine in the western world, believed the legends current in his time, that Asclepius, god of Medicine, was in charge of Man's well-being and health, thanks to the intervention of his two daughters, Hygieia and Panacea.

Hygieia, who later became Salus in Roman mythology and is usually pictured standing with a cup in which a snake is drinking, was the symbol of moderation and of Man's correct behavior. According to modern criteria, she was therefore the symbol of prevention. Panacea, whose main characteristic was the use of magical and healing herbs, represented, according to the modern thought, the eternal eagerness for 'research and cure' of all morbid conditions.

Since the darkest ancient times, these two characters have thus represented two fundamental and indispensable symbols, complementary and important in the same way. Especially in modern times, though, the constant fight for defeating diseases, and the success achieved, has allowed Panacea to prevail over Hygieia, who was bridled and relegated to a lower rank.

The great progress made, especially in the last decades, is giving rise to a complex evolution of medicine in general, and of the ideal model of 'good medicine'. Compared to medicine, life began with the emergence of humanity, or, if we like, with the expulsion from the Earthly Paradise. This evolution is taking place in a very short time, thanks to the significant and recent advances in the spheres of technology, biochemistry, physiology, genetics, and the clinical, pharmatherapeutics, and public service-related fields and, in particular, the bioethical sphere.

As a matter of fact, those of us who have had the luck, pleasure and honor to live during the unfolding of medicine during the last 50 years, and who have built its history, may have noticed that, in a few decades, we have attended to important and tumultuous events, in particular in the more

evolved western world and also thanks to better social, economic, technological and cultural conditions.

On the one hand, we have witnessed a reduction in infant mortality, a good control of infectious pathologies (which are not the main cause of death anymore), a prolongation of lifespan, and, as a 'bad side of a good coin', the merging of different pathologies, and above all the degenerative and psychobehavioral ones. On the other hand, however, there has been an evolution of the concept of Ethics in medicine, more or less evident but perceivable in many ways, and, consequently, a complete transformation of what good medicine, the good patient, the good nurse, the ideal physician, and the good relation with the patient must be today. For centuries, in the age which started with Hippocrates, which we could define 'pre-modern', these ideas, strictly linked to medical ethics, were kept unswerving, and were shared by all subjects, physicians and patients. Good medicine was supposed to provide therapies which could give the greatest benefits to the patient, keeping in mind the basic imperative '*primum non nocere*'; the good patient was supposed to obey trustfully and docilely, i.e. to comply with the advice and therapies, since, as Marañón said, 'the sick must know how to be patient . . . obey the doctor means the beginning of recovery'; the nurse was supposed to be the executor of the doctor's decisions and to support emotionally the patient's sufferings; the ideal physician was supposed to cure according to 'science and conscience', showing a benevolent paternalistic attitude, thus establishing a relation of alliance with the patient.

Some decades have shown that, in various situations, although this model frequently continues to condition our actions and our behaviors, we can affirm that the addition of bioethics has led to the beginning of the modern era, in which good medicine has a new image. In that respect, good medicine is not only supposed to offer a high quality of treatment, but also convey respect for the values of the sick person and his autonomy, involving him in responsible choices. The good patient takes part in the doctor's decisions, and assumes the responsibility of decisions, by giving his informed consent to diagnostic and therapeutic choices. This way, he gains the right to autodetermination, an element that is a criterion of quality for health care. The good nurse is involved by having an excellent presence and in the communication between the medical staff and the patient. The ideal physician, overcoming the benevolent

and paternalistic role, which allowed him an absolute right on decisions, democratically shares his cultural authority with the patient, promoting his decisional autonomy.

The good relationship with the patient is no longer represented by the fact of having a docile patient who does not offer resistance and blindly relies on the doctor's decisions, but, on the contrary, in the accomplishment of a collaborative relationship and, if necessary, of negotiation between the professional and the user, in order to gain the best possible result.

In the fast evolution of scientific progresses and of the aforementioned bioethical concepts, which have allowed or, rather, are allowing the passage of medicine from a pre-modern concept to a modern one, amid some difficulties and wide debates, the concept of 'health-care provision' began to be discussed. This new concept involves a new model of quality and relations with the consumer, and seems to be introducing us to a post-modern age: the age of company ethics, of welfare behavior and performance organization, and of a new relationship with the patient, within the scope of medicine.

From this point of view, good medicine is supposed to find the treatment that optimizes the use of resources and satisfies the patient's requirements. The patient, who is now considered to be a client, is dispensable for the surviving of the company itself. Good medicine is, therefore, what comes from medical ethics (the best benefit for the patient), from bioethics (the best benefit regarding the sick, his desires and his informed consent), and leading to organizational ethics, i.e. the social suitability of medical interventions. The perspective is the optimum use of limited resources, taking into account the ever-increasing demands, keeping in mind equity and solidarity with the weak (the largest suitability of intervention in every single case, in order to have the best available assets in the most serious cases). The good patient is supposed to be not only well-informed and participating in the doctor's decisions, shouldering the responsibility of it and giving informed consent, but, being now a client, he must be satisfied.

The good nurse, always involved in the optimal presence and communication between the patient, his family and the sanitary staff, will become progressively the welfare quality manager. The ideal physician will assume the scientific, moral and organizational leadership of the whole staff, and the staff will give the optimal assistance not only because of philanthropy, or Christian charity, or the inalienable right of the sick, but also in order to achieve the goals of the staff and the company.

In the end, the good relationship with the patient will require collaboration and, if necessary, negotiation between the doctors and the user, particularly regarding the therapeutic and behavioral tactics which are supposed to give positive results and satisfy the clients.

These results and the client's satisfaction become, in this way, a strategy for the survival of the company, since the company that loses its patients/clients is expelled from the market.

With this new vision of good medicine, in which everyone is a pawn with an already specified role, ruled by guidelines, schedules, timetables, protocols and wages, gratitude (which used to pay back the Art of medicine for its sacrifices and hardships) has little room.

Yes, Gratitude. An ancient legend tells that one day, now lost in time, she went to Delpho to meet Apollo, since she felt more and more neglected. The god immediately dismissed her, since he was very busy with the Graces and the Muses. Wandering around, she reached a beach, where she met Bacchus, just unshipped with the Bacchantes, and Orpheus. She begged them to make her part of their group, but left with no answer. She started to follow them, running and dancing, until she stumbled exhausted and, in the deep of the night, fell into a chasm. As soon as she recovered, she started crying out for help, left aching, for hours and hours in the darkness. Only Pluto could hear her and, leaving Hell, he rescued her and brought her to his Kingdom, where she was tenderly cured. Once recovered, she asked the god who cured her to be allowed to go back to the place from whence she came, but Jupiter's brother, with a mocking sneer, reminded her that nobody had ever left his Kingdom. The discussions went on for many years, because Pluto stated that, amongst the Living, gratitude is always kept on a superficial level, in order to gain or return favors and not for the appreciation of worth and value.

Only after death, does one receive his share of gratitude, and this allows the writer Giuseppe Prezzolini (1882–1982) to state that men are as good to the Dead as they are bad to the Living. It seems that some time ago, Gratitude escaped from the darkness and went to the huge metropolises. Her eyes opened wide with amazement, wonder and admiration for shops and outfits, monuments and skyscrapers, cars and planes, trains and ships, but, wherever she turned her head, her glance met grieved crying virgins. They were Innocence, Clemency, Pity, Justice, Wisdom, Generosity, Goodness and many others. Her pain was so deep that she decided to go back and disappeared to the Underworld, despite the regret she could feel for all that majesty.

Medicine in its complex scientific, technical and cultural evolution has always represented the first and most powerful of Man's interventions towards his vulnerable but ameliorable conditions. Since the dawn of time, the essential importance of medicine in all its forms, in parallel with the constant evolution of knowledge, the constant rise of Humanity and the acquired awareness of new curative and welfare possibilities, caused a continuous adaptation of conceptions and social targets in order to achieve the

best results. Primitive medicine, pervaded with the sense of the magical, gave place, after many centuries and much progress, to a new and complex science, which is also 'a variety of humanities', as Thomas Mann (1875–1955) said. The rise of organization ethics, with all its advantages, should not erase the consolidated social achievements and the principle of solidarity, which is not only granted

by important international institutions, but is also an essential part of humanity's way of being.

In case what I have expounded above has not been appreciated by all, I would repeat, if I am allowed, what W. Yeats (1869–1935), the famous exponent of the Celtic Renaissance, stated: 'I have spread my dreams under your feet, tread softly because you tread on my dreams'.