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Goya and Dr García Arrieta or the deep sense of the doctor-patient relationship

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Corresponding Author:	Roger Ruiz Moral Universidad Francisco de Vitoria Pozuelo de Alarcon, Madrid SPAIN
Corresponding Author Secondary Information:	
Corresponding Author's Institution:	Universidad Francisco de Vitoria
Corresponding Author's Secondary Institution:	
First Author:	Roger Ruiz Moral
First Author Secondary Information:	
Order of Authors:	Roger Ruiz Moral
Order of Authors Secondary Information:	
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Goya and Dr García Arrieta or the deep sense of the doctor-patient relationship

Roger Ruiz-Moral, MD PhD

Professor of medicine, Department of Medicine & Medical Education Unit. Escuela de Medicina, Universidad Francisco de Vitoria, Madrid, Spain; ORCID: <https://orcid.org/0000-0002-6881-9878>

Contact information:

Correspondence should be addressed to Roger Ruiz-Moral, MD; Escuela de Medicina, Universidad Francisco de Vitoria Edificio E; Ctra. Pozuelo-Majadahonda Km 1,800; 28223 Pozuelo de Alarcon (Madrid), Spain. Telephone: 34 695649759; e-mail: r.ruiz.prof@ufv.es.

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Summary

Goya's famous picture "*self-portrait with Dr. Arrieta*" is taken as the basis for a reflection on the deep nature of the doctor-patient relationship. Goya, until then a sceptic about medicine and doctors, in his illness comes to consider his doctor as a "friend". Later, Pedro Laín would catalogue this relationship as a "*friendship relationship*". This brief essay analyses this perspective from the consideration of the relational characteristics of the human being and the structure of human action as a story of their permanent tension between freedom and truth, where the ontological foundation of the hermeneutic of the "Gift" and the analogy of "Love" as the central dynamic of this action, helps explain the nature of the doctor-patient relationship as a "*friendship relationship*", as opposed to the utilitarian considerations of the current "patient-centered" perspective and to redirect the teaching of medicine to more humanistic approaches.

Key words

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Introduction

At the end of 1819, Goya, was over seventy years old and suffered a serious illness which he claims he managed to overcome with the help of Dr García Arrieta, a doctor from Segovia. As a testament of his gratitude, Goya did a painting where the artist portrays himself, with his head tilting, pale skin, open mouth and half-open eyes and lost gaze, whilst leaning into Dr García Arrieta. The doctor gently keeps Goya upright, almost embracing him, whilst firmly offering him a glass containing medicine. Behind them, in the dark background, there are three ominous female faces (possibly the three Grim Readers). Many consider this painting as an expression of gratitude, even as a lay ex-voto which contrasts with the Pietá by Michelangelo, where Goya, already recovered, offers to this physician when he learns of his death on the coast of North Africa (where García Arrieta was commissioned by the Spanish government to study "the plague of Levante").

Of special interest for me in this work is how Goya, who, like many other writers and painters of his time, had always satirised doctors in his previous work (see, for example, the representation of a physician in "*de que mal morirá*" (of what evil will he die), engraving 40 from *Los Caprichos*), when illness, a near-fatal illness, comes, he finds a physician who is "giving" and who he soon considers to be a "friend". Therefore, at the foot of the painting Goya wrote the following inscription, "*Goya, thankful to his friend Arrieta: for the skill and care with which he saved his life during his short and dangerous illness, endured at the end of 1819, at 73 years of age.*"

The patient-physician relationship has always been subject to disquisitions and proposals. In the presence of the traditional paternalistic attitude, where the physician takes decisions "for the sake of the patient", in recent years the proposals for a "patient-

centered relationship" has focussed on more participatory and collaborative styles, which emphasize the patient's autonomy and participation in the decision-making process as well as a doctor's interest in considering and acting upon their perspectives and concerns. This perspective today represents one of the fundamental axes of the clinical practice and the physician professionalism and thus has been incorporated into academic medicine. However, what a patient-centered relationship means is subject to different interpretations that in turn have different consequences in clinical practice and in the teaching of medicine. For example, those proposals are still mainly considered relational styles that the clinician can use as if they were specific tools, to better achieve the ultimate goal of restoring the patient's health. However, this perspective does not permit clarification of the nature of the term "relationship", since this is something that belongs to the lived realm of "*being in relationship*". Hence the changing character and the failure of successive definitions. This essay aims to broaden the understanding of the nature of the doctor-patient relationship from the consideration of the relational characteristics of the human being and the structure of human action as a story of their permanent tension between freedom and truth, where the ontological foundation of the hermeneutic of the "Gift" and the analogy of "Love" is the central dynamic of this action. Goya's painting is taken as an outstanding artistic representation of this expanded dimension of the medical act

The ontological structure of the doctor-patient relationship and its narrative nature

The Spanish medical philosopher, Pedro Laín Entralgo, in his seminal study on the doctor-patient relationship, defines the patient-physician relationship as a "*friendship relationship*" (1969). The author says: "*The patient's health is a "Good", a thing of*

ownership, for the doctor ... But this Good is for him in four different ways,". One of them, *"in a strictly interpersonal order - therefore friendly in the strongest sense of this word - it is, in short, the Good of the very unique sick person"*. He later affirms that, *"science, technique and love - love to the man, love to the body and love to the soul of this man - are articulated, not always systematically, in the activity of the honest physician. Always problematic, conjunction of technique and love could be said to be - what should be - the practice of medicine"* (1969). Through the term "friendship," Lain points out that the doctor-patient relationship must be a relationship ruled by a kind of "love" between the doctor and the patient. Here, "love" is not a maudlin sentimentality but rather "a compassionate way of being" that enters into a patient's world of suffering. More recently, others authors have tried to clarify what is this way of being with the patient. Thus, in Lawrence Blum (1980, p. 509) words, *"is not a simple feeling-state but a complex emotional attitude toward another, characteristically involving imaginative dwelling on the condition of the other person, an active regard for his good, a view of him as a fellow human being, and emotional responses of a certain degree of intensity"*. Lyn Underwood (2002), includes in this attitude a free choice for the other, an understanding of the other's situation, a valuing of the other, an openness to the other, and a earnest response to the other. For James Marcum (2008), this is *"an authentic and a genuine way of "being-in- the-world"— affords physicians access to the necessary and sufficient power or force to transform either the biomedical or humane clinical gaze into a compassionate or loving one"*. However, all these proposals are difficult to understand from the pragmatic and utilitarian perspective that prevails in current clinical and academic medicine. Thus, today it is difficult to demand that the doctor, in addition to everything they should be and do, be also a "friend" of all their patients and "love" to all them. I think

that Lain and others' perspectives can be better understood in the context of the relational characteristics of the human being and within the basic structure of human action. From this structure, the clinical encounter represents a concretion of this relationship and the actions displayed here would be the external expression of the *intentionality* of both actors whose pattern would need to be revealed. The core of this arises with the question: *how does the doctor consider the person (patient) with whom they have a relationship with?* The answer is quite simple; the clinician welcomes this person as such or simply considers their disease, disregarding everything else. Here is the ontological structure of the relationship. In this way, what the doctor does in each action is to explain themselves and their own freedom of action with that particular subject (the patient), thus giving meaning and coherence to their actions. It is seen, therefore, that the relationship has to be explained by its protagonists not in mechanistic terms but rather in "narrative" terms. This welcoming that the doctor offers to the patient is the starting point before facing the specific aspects related to medical science and art and consequently the type of relationship they decide to apply (paternalistic, mutualist, ...)! In Lévinas terms it means considering the action as a response to the *other* which is challenging us, and the reality of the subject as the one which is morally perfected in his action with the *other* (1990), through that primary attitude of "compassionate love". It is from here that we may better understand the analogy of Love, expressed formerly by Lain as "*medical friendship*", as the central dynamic of the action. In this dynamic, the doctor puts his/her "being" into play, and when the being is in the relationship and put into play properly, not only does it not get lost or deteriorates, but develops and perfects.

The need of physician to put themselves at stake as personal subject

In this context, the so-called "philosophy of the Gift" is a graphic way to better explain what I mean here (Mauss 1925). In a general sense this philosophy tells us that if relationships (between people, between people and reality, between sciences and ways of knowing ...) are an essential part of the way of being of the person and their development and growth, it is because the person's action contributes to their personal and professional development only when they express all the dimensions of their being. In the relationship with *others* we perfect ourselves when we put ourselves at stake as personal subjects, not when we consider obtaining benefits. The primary medical action, the most authentic and truthful, would be that action for which the clinician is open to the relationship with the *other*, welcoming them from the giving of their being and act by putting into practice those attitudes, skills and knowledge that constitute them as people and professionals. I have said before that the physician's actions in the clinical encounter, are an external expression of their intentions, and should reveal the first and radical disposition to open and recognize the *other*, through the authentic expression of what they are and, in that sense, the clinician is also a *gift* (being that which comes out of oneself and is given). We take love as the basic structure that, by analogy, can be transferred to all human actions (which in this way would ultimately become acts of love) thus allowing (or not) to achieve the desired perfection. If we follow Thomas Aquinas in the *Summa Contra Gentiles* (cf. III, 90: "*love consists mainly in "the lover wants the Good for the beloved"*") (2005), this structure would be articulated in three moments: presence-encounter-communion, demanding as correlative attitudes, the connecting link, the responsibility and the commitment. Thus, the medical action is always unitary, because in it a person, the doctor, wants and performs a "specific act of goodness" (in this case the healing) towards another person (the patient considering all

his/her dimensions). It is not therefore, and here is one of the main difficulties that clinicians may experience for understanding, a matter of technique, of doing, but a way of being, a “mentality” if you want. Therefore, in the field of the physician-patient relationship this primary level in its most genuine essence can be effectively expressed in concrete attitudes that the patient usually captures and relates as the “*the doctor’s way of being*”, rather than with specific facts that a clinician, more or less consciously, can perform.

Goya self-portrait with Dr Arrieta: the “presence” in doctor-patient relationship

The genius of Goya in this painting was to capture that "being" of his doctor, solicitous and robust at the same time, and that the patient Goya has perceived in his experience of illness when being treated by Arrieta. We usually talk now here about a doctor’s "presence", "giving" or "opening", as practical revelations of the gift. However, these are difficult to define, because, as I have said before, it is not a concrete act but a state. Kleinman (2017), who curiously uses this same painting to exemplify it, says that “*we know the “presence” by its absence*”, Epstein (2017), comments that patients perceive the presence as different sensations “*of coherence and unperturbed*”, Harper (1991), also speaks of a way of “being” whose characteristic marks are “attention to the here-now” (an integral, undivided attention), when the doctor with his/her patient dives into his/her vital story forgetting his/her agenda and hypotheses; the "giving" itself, when the doctor gives him/herself, when "the person is felt"; the feeling of “totality”, as a global experience of common shared humanity; and "intimacy" in the field of the personal relationship. Finally, Marcum (2008) identifies it with the necessary attitude (which he calls Pathos) which, “*...through compassion, empowers a physician to respond to a patient, authentically, which means, (...) an acknowledgment of one’s own presence (or*

commitment). This presence is a gift of self-giving on the part of a physician to meet not only a patient's physical but also existential needs. Based on this gift, a partnership is formed so that a treatment plan is devised in light of what is best for a patient with respect to the patient's values and needs". Despite this difficulty in defining that "being giving" or "being present", this, however, is something that is usually well recognized and that praises the figure and memory of the Healer. With this work Goya shows us the involvement, the genuine interest and the "Love" of his doctor towards him, and correspondingly, the painting wanted to express the most meaningful testimony of Goya's "friendship" towards his doctor. This painting represents, perhaps, one of the most impressive "expressions of the Gift", in medical practice, a sample of that "friendship relationship", which Pedro Laín would talk about years later as the *"foundation of the connecting link and trust between a doctor and a patient"*.

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