Doctor-patient relationship and emotional intelligence, a challenge in medical education

Relación médico-paciente e inteligencia emocional, un reto en la educación médica

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https://doi.org/10.36105/mye.2021v32n3.01

Abstract

The inhuman over-technification has promoted a reductionist vision that affects the way in which Medicine is practiced, seriously damaging the Doctor-Patient relationship. The lack of training in humanistic competencies determines a utilitarian and sociobiological

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Reception: March 16, 2021. Acceptance: April 30, 2021.

vision. The deficiency in understanding regarding individual and other people's emotions is a determining factor in the social skills that as doctors we must promote in the next generations so that we can re-focus medical and scientific care on an anthropocentric vision. Emotional Intelligence (EI) is defined as the ability to perceive and identify the emotions of others and their own, to discriminate between them and use this information to guide though, acting accordingly. It is necessary to structure medical education of humanistic competences for the benefit of professional practice based on communication skills that reflect an integral vision of the human being. A review (83 articles) was carried out, in order to identify the relationship between Emotional Intelligence and the doctor-patient relationship, presenting a comprehensive overview of the relevance that teaching these competencies has in the medical education of the XXI century.

Keywords: emotional intelligence, doctor-patient relationship, medical education.

1. Introduction

Progress without anthropological foundation is one of the major determinants in the constant dehumanization of medical sciences. Miguel H. Vicco, in his article *Current medical paradigm and its implementation: doctor-patient relationship established in public health services* (1), concludes and realistically poses the bidirectional responsibility of the doctor-patient relationship. It is therefore important to comprehensively evaluate the physician's humanistic participation in this interaction.

To favor scientific and medical anthropocentrism is one of the great challenges for educational institutions, given that the apparent lack of humanistic-pragmatic training consequently generates a vision that reduces the teleological end of man, establishing him as a means for the satisfaction of progressive desires instead of

https://doi.org/10.36105/mye.2021v32n3.01

being an end in himself. Therefore, it is crucial to understand the role played by personal emotions in the development of a regulated human attention centered on the dignity of the person.

Emotional Intelligence (EI) is defined as the ability to perceive and identify one's own emotions and those of others, using this information to guide thought and act accordingly. There are, therefore, four mainly related competencies: 1) the ability to perceive emotions; 2) using emotions to facilitate thinking; 3) understanding emotions; and 4) managing emotions (2).

Based on the principle of beneficence, the physician should be conceived as a servant of humanity, who seeks at all times the maximum state of integral well-being –biological, psychological, social, spiritual– and not only as an agent who avoids discomfort. It is essential that these reflections proposed at the time by Beauchamp and Childress (3) be presented once again in order to contribute actively and concretely to the rehumanization of the medical act.

Unfortunately, the health professional is exposed to extremely stressful circumstances that, during the process (4), seem to counteract and favor constant dehumanization.

Stress is a state of physical and mental fatigue caused by the demand for higher-than-normal performance, which in turn often leads to various psychosomatic disorders. In this order, it is equally important to define emotions: an emotion is the affective state experienced; a subjective reaction to the environment, which is accompanied by organic changes of innate origin (physiological and endocrine), influenced by personal experience.

Developing emotional intelligence is vital for professionals who inevitably perform their daily work in stressful environments. The result is maximum benefit to the patient, consistent with the principle of beneficence (5, 6). There are multiple models of EI development:

1. Four phase model (7, 8).
2. Emotional competencies model (9, 10).
3. Emotional and Social Intelligence Model (11).

https://doi.org/10.36105/mye.2021v32n3.01

These models propose concrete means for the integral development of emotional intelligence as a personal competence, which allows the identification of individual emotions from their core to the affectivity, both negative and positive, demonstrated by exercising consequent actions.

Personal and intrapersonal intelligence, proposed by Daniel Goleman in 1997 (*Inteligencia emocional*. Barcelona; Spain. Kairós), is the basis of the doctor-patient relationship, so it is vital that medical students learn to connect with their emotional core –thus developing their personal intelligence– in order to be able to develop social skills –intrapersonal intelligence– and communicate properly, based on an integral vision of the human being, where diseases are not treated, but patients; where each person has a deep value, based on the ontology of their human dignity (Elio Sgreccia).

In the 1950s, Abraham Maslow wrote about how people could enhance their strengths, both emotional and physical as well as spiritual and mental, thus initiating a movement called «human potential». Later, in the 1970s and 1980s, the researcher Peter Salovey made the correlation between intelligence and emotions, determining that emotions should be recognized as a substantial value in the lives of men (9).

In recent years, several studies have been conducted exploring the mental health status of medical students throughout the professional training process. Emotional intelligence has been found to be directly related to multiple aspects of well-being (12, 13, 14), leading, therefore, to greater success both academically and professionally and, above all, personally, allowing physicians to communicate assertively and effectively with their patients (15, 16, 17).

Life itself is surrounded by stressful experiences that, if not adequately dealt with, will result in the detriment of the individual, in the dehumanization of the individual and, unfortunately, also of the profession (18). *Do you want to be a doctor, my son? This is the aspiration of a generous soul and a spirit eager for science* (Letter of Aesculapius to his son).

https://doi.org/10.36105/mye.2021v32n3.01

What is medicine if not man's attempt to accompany his fellow man in his maximum state of vulnerability? Undoubtedly, doctor-patient communication is the foundation and backbone of the profession (19). The over-technification that has allowed the accelerated progress of science has, to a certain extent, diverted our gaze from the essence of the medical vocation. Thus, we must re-educate in communication skills, where the dignity of the human person is the foundation and guiding principle in the professional and humanistic actions of the physician (20, 21).

Not understanding each other individually is a huge impediment to the satisfaction of communication skills in the doctor-patient relationship (22, 23, 24); so it is necessary to deepen the acquisition of these skills in order to maintain humanistic, ethical and bioethical criteria in the daily practice of the medical profession (25, 26). It is essential to educate competencies that will help to maintain the humanistic, ethical and bioethical criteria in the daily practice of medicine (25, 26).

It is essential to educate competencies that are consistent with bioethical personalism (27) in order to re-humanize medical science from its foundations. Thus, favoring the development of competencies that are characteristic of emotional intelligence contributes concretely to the practice of medicine in accordance with the dignity of the human person. Similarly, we can correlate it with the principle of beneficence (seeking the maximum state of well-being of our patient); with non-maleficence (preventing emotions and stressful circumstances from affecting professional practice); with justice (giving everyone what they deserve, based on the dignity of the person), and with the principle of self-determination (understanding that we are individual beings and that emotions are an elemental part of our affective make-up).

Despite the general consensus regarding the importance of EI in the health professional, there are multiple challenges to overcome, since it seems that the educational process itself limits the development of this essential competence for the formation of health

https://doi.org/10.36105/mye.2021v32n3.01

leadership (28, 29), given that there is a deterioration in the emotional intelligence of physicians, attributable to the «desensitization» of the depersonalized training to which students are subjected, mainly from the third year of medicine, which coincides with the admission into clinical cycles.

The present review aimed to present a comprehensive overview regarding the relevance of EI and the intrinsic challenge presented by the dehumanization of the profession, and how it should be faced –actively– by the formative processes from medical education.

2. Materials and methods

A review was carried out using the PubMed™ platform as search engine, using the following as keywords: «emotional intelligence, doctor-patient communication and medical education». The inclusion criteria were «relevance and consonance» of emotional intelligence applied to education and training in the medical sciences, in accordance with the development of the doctor-patient relationship (medical philosophy, education and practical clinical application). All articles that did not present an integrative view between emotional intelligence and medical education in relation to doctor-patient communication were excluded (Figure 1). The risk of bias can be identified in the deficiency of quantitative studies that significantly demonstrate the benefits obtained through education focused on the teaching of humanistic competencies, such as emotional intelligence.

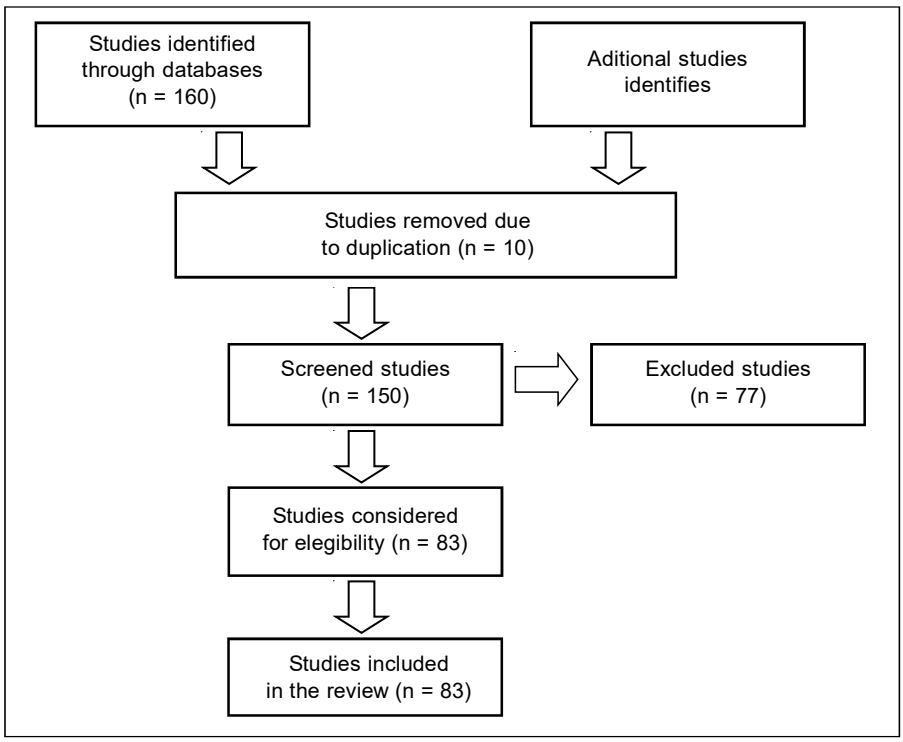
3. Results

a) Context

There is a generalized view regarding the deficiency in medical-humanistic education (30), which has given rise to multiple international efforts (31, 32, 33) to evaluate the emotional state of both

https://doi.org/10.36105/mye.2021v32n3.01

Figure 1. PRISM methodology.



Source: Own elaboration.

undergraduate and graduate medical students (34, 35), seeking to make a situational diagnosis for the benefit of the mental and physical health of the student and health professional (36, 37).

The very demands of the medical profession require comprehensive training in humanistic competencies, and the need to educate –actively– in emotional intelligence is increasingly being identified (38, 39, 40).

Resilience –which can be defined as «the ability to overcome traumatic or stressful circumstances» (41, 42)– is a determining factor in a vocation called to service and which is centered on the greatest state of vulnerability of the human being, such as «illness»

https://doi.org/10.36105/mye.2021v32n3.01

(Aesculapius). Thus, the physician, through a theoretical-practical understanding of emotions (EI), can maintain a professional attitude based on a profound humanism (43).

There is widespread international consensus regarding the concrete benefit offered by EI to health students and professionals (44), given that it enables them to face the challenges of the profession in a humane and self-regulated manner, thus favoring integral wellbeing in all human areas (biological-psychological-social and spiritual) (45).

The professional practice of medicine is extremely complex in itself, since it exposes both patients and physicians to extreme circumstances, where life and death are a natural part of everyday life (46).

It is, therefore, elementary to educate integrally in competencies such as EI, which involves the acquisition of social skills (47) that will favor, in due course, adequate doctor-patient communication, in which empathy will allow healthy bidirectional participation (Manuel H. Vicco).

The process of EI development (48) allows the individual to identify his or her own emotions, to know them, to accept them and finally to self-regulate them (49, 50), so that, despite complex circumstances, he or she can maintain emotional equanimity and favor professional action (50). This process –naturally– leads to the «empathic» capacity to understand others and, thus, to be able to communicate adequately through relevant social skills (51) (Table 1).

Table 1. Development of emotional intelligence (51).

Development of Emotional Intelligence		
	Affective burden	**Act accordingly**
Emotional Intelligence (individual/ personal development)	Self-awareness	Self-regulation
Social Intelligence (individual development/social response)	Empathy	Social intelligence (communication skills)

Source: Own elaboration.

https://doi.org/10.36105/mye.2021v32n3.01

b) Medical education

Medical education faces great challenges in the 21st century (52), and these must be understood from a holistic and integrative perspective based on the human being and his or her dignity (53).

Modernity demands an updated vision, in which leadership-oriented education (54, 55, 56) takes on a predominant role. There is increasing reflection and international consensus that emotional intelligence provides the student and the health professional with key tools for their exercise, promoting a person-centered vision (57, 58, 59).

It is essential to avoid anthropological reductionism at all costs (60, 61), so that the dignity of the person is promoted and seen as a central aspect in the development of science.

EI has –and will have– a crucial role in medical education, since it contributes directly to human awareness through the development –indirectly and indirectly– of competencies such as sympathy and empathy (62, 63).

There is a sense of urgency regarding assessment and evaluation –formal– in undergraduate and graduate students (64, 65), so that comprehensive education can be satisfied.

The rise of such concepts is not new; it has been known and promoted for several decades. However, the present day is increasingly making people aware of the need to re-humanize the medical sciences (66, 67, 68) to the extent that it is considered an elementary step to evaluate the educational profiles of each faculty in order to reorient them in this sense (69, 70).

c) Teaching Emotional Intelligence (IE)

Given the sensitive essence of the emotional core, EI education should be oriented through the establishment of environments that favor teaching in this sense (support, understanding and respect) (71). It should have an adequate academic program, adjusted

https://doi.org/10.36105/mye.2021v32n3.01

to the real needs (sociocultural context) of the medical school, focused primarily on the development of self-perception and self-knowledge skills, appreciating diversity and with responsibility (72).

The individualized and contextualized creation of such programs represents a challenge for integrative clinical education (73). There is, therefore, a need for further research, in order to satisfy, thus, the gaps felt and evaluated in medical education.

4. Discussion

Overcoming the legacy of a reductionist vision, acquired by the over-technification of the human sciences, is one of the great challenges to overcome in medical-humanistic education.

Learning to clinically value the person as an integral and substantial entity is the first step towards the humanistic construction of the medical sciences. This will allow a holistic understanding of the true purpose and centrality of medicine as a science at the service of humanity.

In order to promote true emotional education in the healthcare professional, it is first necessary to understand the emotional core that shapes the human being.

Paul Ekman describes 6 basic emotions (74, 75, 76), which serve as the basis or core of the emotional structure (anger, joy, sadness, disgust, fear, surprise). Emotions can be defined as the «inner force that guides the human being towards a specific end». From this core composition derives the feeling, which is the means by which the emotional force is expressed, resulting in the natural combination of different basic emotions.

Subsequently, as a consequence of this expression, affectivity is reached, which in itself represents both the positive and negative remainder derived from the management and sentimental experience (74, 75, 76).

https://doi.org/10.36105/mye.2021v32n3.01

Finally, at the most external and accessible point, is the intellectual sphere, through which action is rationalized, which, it cannot be forgotten, has its origin in nuclear emotionality (74, 75, 76).

Human action originates from within and is directed outward from these spheres, although recognition comes in the opposite direction, so that emotional intelligence, and later social intelligence, are a consequence of the capacity for individual and collective introspection.

Emotional intelligence as a general consensus is an indispensable requirement for the health professional. Due to the nature of medical work, there is a risk of falling into alexithymia (emotional communicative deficit) and, consequently, into inhuman treatment to the detriment of the doctor-patient relationship (77, 78, 79).

The deontology in medical education (80) is oriented towards an integral formation in terms of the conception of the human being, and it would seem that over-technification in itself represents a reductionist risk (81, 82) for the health professional. We must work tirelessly to promote and return the heart and soul to medicine. This requires the elementary fundamentals that characterize us, which are oriented and consistent with bioethical personalism. Undoubtedly, humanistic competencies such as EI are those that provide the tools of introspection and empathy necessary to refocus the sciences on the integral vision of the human person.

There is a great –vital– importance to meet the needs felt and palpated by medical students, who detect in the lack of humanistic training a great window of opportunity to educate entire generations of young physicians and future physicians in an integral way, for the benefit of leadership in health.

Medical schools must go deeper into these aspects, since they cannot afford to promote an over-technified vision of medicine that is detrimental to the anthropocentric integral vision. Indeed, emotional intelligence, in addition to personally benefiting the mental health and individual development of our students, provi-

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des elementary and fundamental tools to generate positive change in the construction of society.

It is urgent, therefore, that universities and faculties of health sciences respond to this felt, palpable and evaluated need to educate directly in such elementary skills as emotional intelligence, in order to provide future health professionals with the necessary tools and means to exercise their vocation of service to humanity in a humane manner. *Education is the future of Mexico, but health is the present* (Dr. Julio Frenk).

However, one cannot fall into the danger of separating humanistic education from clinical education; rather, they should be integrated, so that the student recognizes the human reality of the disease from the study of pathologies. This is the real challenge to be overcome (83).

5. Conclusions

The development of emotional intelligence is directly related to the mental well-being of medical students, which will thus lead to their professional and academic success.

EI is in itself an elementary competence in every health professional. This is so because it promotes a human-centered vision, thus providing key tools to combat the marked gap in doctor-patient communication. If self-knowledge is favored and achieved, empathic bonds will undoubtedly be created that will promote professional action centered on the dignity of the person.

The daily clinical practice, as well as education in it, are surrounded by stress triggers such as: humiliating experiences due to the academic environment, unpleasant emotions, interpersonal relationships, as well as experiences largely with death, pain and suffering of patients.

Emotional intelligence is a competence that can help prevent the complications of stress and, ultimately, *burnout*.

https://doi.org/10.36105/mye.2021v32n3.01

There is a general consensus on the lack of competencies such as emotional intelligence in training plans, which is why a revision is proposed to favor the teaching and acquisition not only of theoretical-practical knowledge, but also of humanistic knowledge.

For this reason, it is of vital importance to re-evaluate the training plans of health professionals, giving greater relevance to the development of competencies not only theoretical-practical, but also referring to the management of emotions, mainly emotional intelligence.

Conflict of Interest

It is declared that there is no conflict of interest of any kind (neither economic nor academic).

Acknowledgement

Support in the design of the systematic review: Dr. Jorge Moreno Palacios, Clinical Professor, Universidad Anáhuac México.
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Bibliographic references

1. Sementilli N, Vicco M. Paradigma médico actual y su implementación: relación médico-paciente establecida en servicios de salud pública. *IntraMed Journal*. 2018; 6(3): 1-8. Available at: https://www.researchgate.net/publication/324278654_Paradigma_medico_actual_y_su_implementacion_relacion_medico_paciente_establecida_en_servicios_de_Salud_Publica
2. Papanagnou D, Linder K, Shah A, London K, Chandra S, Naples R. An assessment of emotional intelligence in emergency medicine resident physicians. *International Journal of Medical Education*. 2017; 8: 439-445.
https://doi.org/10.5116/ijme.5a2e.a8b4
3. Beauchamp TL, Chidlress JF, *Principles of Biomedical Ethics*, Oxford University Press Incorporated. May 03, 1979; 165-168.

4. Vandervoort DJ. The importance of emotional intelligence in higher education. *Curr. Psychol.* 2006; 25(1): 4-7. https://doi.org/10.1007/s12144-006-1011-7
5. Gorgas D, Greenberger S, Bahner D, Way D. Teaching emotional intelligence: A control group study of a brief educational intervention for emergency medicine residents. *Western Journal of Emergency Medicine.* 2015; 16(6): 899-906. https://doi.org/10.5811/westjem.2015.8.27304
6. Chew B, Zain A, Hassan F. Emotional intelligence and academic performance in first and final year medical students: A cross-sectional study. *BMC Medical Education*. 2013; 13(1). https://doi.org/10.1186/1472-6920-13-44
7. Cherry M, Fletcher I, O'Sullivan H, Dornan T. Emotional intelligence in medical education: A critical review. *Medical Education.* 2014; 48(5): 468-478. https://doi.org/10.1111/medu.12406
8. Abe K, Niwa M, Fujisaki K, Suzuki Y. Associations between emotional intelligence, empathy and personality in Japanese medical students. *BMC Medical Education.* 2018; 18(1). https://doi.org/10.1186/s12909-018-1165-7
9. Carr S. Emotional intelligence in medical students: Does it correlate with selection measures? *Medical Education.* 2009; 43(11): 1069-1077. https://doi.org/10.1111/j.1365-2923.2009.03496.x
10. Brannick M, Wahi M, Arce M, Johnson H, Nazian S, Goldin S. Comparison of trait and ability measures of emotional intelligence in medical students. *Medical Education.* 2009; 43(11): 1062-1068. https://doi.org/10.1111/j.1365-2923.2009.03430.x
11. Tett R, Fox K, Wang A. Development and validation of a self-report measure of emotional intelligence as a multidimensional trait domain. *Personality and Social Psychology Bulletin*. 2005; 31(7): 859-888. https://doi.org/10.1177/0146167204272860
12. Ranasinghe P, Wathurapatha WS, Mathangasinghe Y, Ponnamperuma G. Emotional intelligence, perceived stress and academic performance of Sri Lankan medical undergraduates. *BMC Med Educ.* Feb 20, 2017; 17(1): 41. https://doi.org/10.1186/s12909-017-0884-5
13. Lin DT, Liebert CA, Tran J, Lau JN, Salles A. Emotional intelligence as a predictor of resident well-being. *J Am Coll Surg.* Aug 2016; 223(2): 352-8. https://doi.org/10.1016/j.jamcollsurg.2016.04.044
14. Ghahramani S, Jahromi AT, Khoshsoroor D, Seifooripour R, Sepehrpoor M. The relationship between emotional intelligence and happiness in medical students. *Korean J Med Educ.* Mar 2019; 31(1): 29-38. https://doi.org/10.3946/kjme.2019.116