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Image/photograph.

Medicine, patients are often treated as slightly less than human—sometimes unintentionally, and sometimes to help doctors do their jobs. Making patients into people again while still giving them the best treatment is not a simple task.

As though being in the hospital were not bad enough—there is the hospital gown, gaping open in all the wrong places; the efficient but unpleasant tests; the doctor too absorbed in your chart to make eye contact—the impersonal routines and small humiliations of medicine can leave patients feeling demoralized. But more than that, these practices unintentionally dehumanize patients, treating them as not fully capable of thinking, making decisions, or—as many a patient will wincingly agree after a particularly brusque exam—feeling.

Deindividuation, impaired agency, and dissimilarity do not serve a particular purpose; they are side effects of the way the medical system is set up. Other causes of dehumanization, however, can actually help healthcare workers handle a tough job.

“Despite dehumanization having negative effects on patients’ reports of the quality of care that they receive, it has some benefits for nurses and doctors,” Waytz says. Earlier studies found that dehumanizing patients can reduce healthcare workers’ feelings of burnout, and let them cope better with the constant pain and illness they see.

When diagnosing a patient, physicians often think of the patient not as a person, but as something made up of interacting systems, a practice called mechanization. Thinking of a patient as the sum of their parts—cardiovascular system, biomarker levels, tumor cells—can help doctors pinpoint what is wrong and determine how to fix it. But it also means

thinking of patients as mechanical objects, made up of interacting systems, rather than as people.

Doctors also show less empathy to patients' pain than non-doctors do, suggesting they are not thinking of patients as having fully human feelings. A recent neuroimaging study found that, when watching a patient get pricked with a needle, physicians showed far less activation in brain areas linked to empathy. This lessening of empathy, Waytz and Haque say, likely comes from medical training. Since feeling the pain of each patient would be overwhelming, future physicians are encouraged to control and mitigate their responses to other people's pain, freeing up valuable mental resources for diagnosing and treating patients but again treating them as somewhat less than human.

They treat patient as a research object on which a doctor can try different medicines and different treatments as the patient do not have sound knowledge of medicine. Nowadays, doctors have a high rate of negligence towards the patient. They see patient as a source of money and an object but not as a human. The poor diagnosis of patients done by the doctor can create many further acute or chronic problems to the patient.

A large number of medical malpractice lawsuits stem from the misdiagnosis or delayed diagnosis of a medical condition, illness, or injury. When a doctor's diagnosis error leads to incorrect treatment, delayed treatment, or no treatment at all, a patient's condition can be made much worse, and they may even die. That being said, a mistake in diagnosis by itself is not enough to sustain a medical malpractice lawsuit.

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