

Analysis of the instrumental problem of doctor-patient relationship in doctor-patient communication

Qiang He*, and Yuzhu Zhang

Tianjin University of Traditional Chinese Medicine, China

Abstract. Doctor-patient communication requires mutual trust, mutual respect and mutual participation of both doctors and patients. However, the current consumer society makes the doctor-patient relationship a humanized service based on exchange, and the doctor-patient relationship becomes the medium of the consumption process. Technical medicine makes the doctor-patient relationship ignore the narrative of emotion and human nature, leading to the instrumentalization of the doctor-patient relationship. To realize the doctor-patient relationship by the tool-oriented tendency, we need to transform the medical staff service concept, strengthen medical humanities education, enhance the medical students' belief of heal the wounded and rescue the dying, guard the sacred feeling of life and the sense of mission of protecting human health.

1 Introduction

From the perspective of medical humanities, doctor-patient communication is not a social distance between doctors and patients based on professional knowledge and authority, but a disease and diagnosis and treatment behavior of mutual trust, mutual respect and mutual participation between them. When the technology of knowledge eliminates the ideology of knowledge^[1], Doctor-patient communication will appear doctor-patient relationship tool and other phenomena. Instrumentation is a term used by the Frankfurt School to criticize the instrumental rationality in the capitalist society. Reason originally meant the pursuit of eternal ideas and truths, but modern society objectifies factor, and thus becomes a tool. Taking this instrumentalization of rationality and technical rationality as the thinking standard, although it shows the rationality of modern social ideology, it leads to the loss of value rationality in traditional thought and the loss of human subjectivity. The instrumentalized doctor-patient relationship may lead to doctors' inability to truly understand the feelings and needs of patients, and doctors' neglect of patients' subjective initiative, social and emotional will will distort the doctor-patient relationship^[2]. Therefore, when patients complain about doctors' impatience and unsincerity, they are actually expressing their protest against the medical technology theory and the poor communication between doctors and patients, which is not conducive to the healthy development of the medical field.

* Corresponding author: heqiang@tjutcm.edu.cn

2 Practical practice of doctor-patient relationship

The instrumentalization of doctor-patient relationship is mainly manifested in the gradual utilitarianism of medical services, the unfamiliar doctor-patient relationship, the higher emphasis on the development of medical technology than the development of medical human science, and the emphasis of technology on the overflow of emotional thoughts.

2.1 Utilitarianism of medical services

The public welfare nature of medical services is not obvious. The government has insufficient investment in medical institutions, weak supply capacity, and pushes the medical institutions into the market to adapt to the market and be responsible for their own profits and losses. This practice leads to the vast majority of hospitals have to choose the strategy of "supporting doctors with drugs" to maintain the normal income and operation of hospitals. As time passes, medical institutions are chasing interests in the market economy, patients become consumers, and medical services become a commodity. Doctors treat patients out of economic interests and personal fame and wealth, rather than all from the perspective of patients. As a result, the doctor-patient relationship become a "consumption" tools and medium, "trade" process lost the emotional connection between people carrier, cause the doctor in the process of treatment, unwilling communication or communication, patients with the doctors, lack of trust and reluctant to cooperate, is not conducive to the smooth progress of medical service.

2.2 Strange relationship between doctors and patients

In the process of medical service, there are more and more doctors. Doctors treat patients as passers-by, cold and light, not Yin but not Yang, little words, and patients feel disappointed and cold heart.

In the past, due to the limitation of time and space, most people could only seek medical treatment nearby, and the doctor-patient relationship was mostly close neighbors. Therefore, doctors and patients were more familiar with each other. Doctors not only communicate with the patients themselves, but also communicate with the patients' families, creating a certain sense of belonging for the patients. Patients have more trust and recognition to doctors, and doctors give care and confidence to patients. Due to the same goal, doctors and patients not only form a beneficial health community and a moral community of spiritual civilization, but also become the "present people" who witness the internal feelings, spiritual memory and life through the common complex, that is, the doctor-patient community^[3].

The development of modern society has broken the former geographical restrictions. People can go to seek medical treatment all over the country, medical services are gradually integrated, and doctors may also come from all over the country. Therefore, the modern doctor-patient relationship often occurs between the "stranger" and the "stranger", which is reflected in the communication activities for the purpose of solving the demands of consultation, diagnosis and treatment, and rehabilitation. There are some differences between doctors and patients. Although the common purpose is the rehabilitation of patients, conflicts of interest increase between doctors and patients increase. Doctors hope to increase their income by providing medical services, while patients want to spend as much as possible. In addition, due to the unfamiliar relationship, lack of effective communication between doctors and patients, lack of trust, which affect the treatment effect, leading to the tension between doctor and patient, which is not conducive to the improvement of medical service quality.

2.3 Technology is heavier than emotion

As a means of diagnosis and treatment technology and medical engineering, in the doctor-patient relationship, doctors only need to pay attention to the instrumental demands of patients, and patients only need to seek technical support from doctors. The objectivity and neutrality between doctors and patients makes them immune to the "expression of human emotion and human nature" [4], resulting in the separation and alienation of communication between doctors and patients. Technologist thinking is a common mental model of medical institutions and doctors. It is deep and stable and difficult to improve. They tend to assist clinical decision-making with the help of high-end devices and ensure the therapeutic effect with valuable drugs.

Doctors in the process of disease diagnosis, the weight of the disease is concerned about, but the weight of the disease is not to determine how condition, but to get a recognition — "sick", but the doctor will not consider the positioning psychology, just through the data indicators give a conclusion, and in accordance with the prescription. Medical technology gives cold numbers, but doctors fail to add human temperature to the numbers. The doctor-patient relationship exists only to cure the disease, and fails to provide emotional support to patients. When the patient gets sick, the patient also bears the pain accompanied by the disease, and the process of the physical disease cure has not been cured emotionally, which leads to the lack of emotion between doctors and patients caused by the loose doctor-patient relationship caused by the development of medical technology. That is to say, in the medical ecology of "emphasizing technology and light care", doctor-patient communication is trapped in the imbalance of distrust, inequality and not "taking heart", which is not conducive to the long-term development of medical services.

3 Instrumental causes of the doctor-patient relationship

The main reasons are the change of the consumption concept and the emphasis of higher education, the lack of attention to the training of medical education, and the excessive focus of the instrumentalization of doctor-patient relationship.

3.1 Integrate consumption concept into medical services

The era of consumerism gives birth to the doctor-patient relationship mode of service provider-consumer, that is, "dehumanized service based on exchange". In the minds of patients, doctors' technology is a commodity, and patients exchange money to achieve the purpose of treating diseases. At the same time, it is difficult to contain the impulse of medical institutions' one-sided pursuit of economic benefits. Therefore, the doctor-patient relationship has become a tool for doctors to gain benefits and patients to recovery.

Consumption nature of the doctor-patient relationship is the essence of the value of the negative, doctor-patient relationship tool doctor-patient communication is stripped off vividness and interactivity, and become indifferent and numb, the pursuit of the interests makes doctors give up the high-level of medical humanities accomplishment, just stay in accordance with the law practice the first level, the first consideration is to maintain their own interests in accordance with the law, rather than pursue the interests from the perspective of patients. For the second level of medical humanities, the pursuit of the ethical level of ethics is gradually weakened, which leads to the trend of objectification of patients. For the third level of medical humanity, the level of medical humanity reflecting benevolence is rarely achieved. At present, when patients talk about doctors, doctors "take red envelopes", "take kickbacks", "poor attitude" and so on. The integration of consumption concepts leads

to conflict of the interests between doctors' and patients', the breaking of the interest community, and the difficult implementation of the spiritual community.

3.2 One-sided emphasis on higher education

Under the influence of utilitarianism, higher education in China has an instrumentalized phenomenon that fully complies with the market orientation and pays attention to vocational skills training but ignores humanistic education. The same is true for the education of medical students, which is contrary to the purpose of higher education talent training.

With the continuous development of higher education in China, the consciousness of higher education to serve the society and face the market has been continuously strengthened, which is the inevitable requirement of social development and the result of the development of higher education itself. However, under the influence of utilitarianism, the higher education in China generally appears a phenomenon of humanistic education in order to pay attention to vocational skills training in order to completely conform to the market orientation. As Professor Jianjun Feng said: "The high degree of social division of labor in modern society and the utilitarian logic of market economy make people no longer pay attention to themselves, but to the needs of society. Therefore, education is not the education of 'people', but the education of 'material' and 'instrument'^[5]. And medical professional with "long schooling, course difficult, examination, experiment" characteristics, learning task, virtually lack of medical ethics culture education seriously more obvious, so that medical students emotional negative resistance of medical ethics, the belief to heal the wounded and rescue the dying, the sacred sense of guard life, lack of sense of human health numbness, medical, weak is not strong. It can be seen that medical students lack faith and do not pay enough attention to patients' psychological awareness and patients' subjectivity. This kind of education unilaterally pursues technical training and ignores the significance of humanistic spirit to the growth of students. A large part of "hollow people" who only understand technology but lack humanistic spirit appear, which goes against the higher education goal of comprehensive and harmonious development of people, and is not conducive to the cultivation of innovative talents.

3.3 Over-technology of medical services

There is a lack of humanistic care in the process of medical care, and treating diseases and saving people is originally integrated, but doctors only pay attention to "disease", but ignore "people".

Modern medicine attaches too much importance to the technical development, but weakens the original starting point and foothold of medicine, which not only intensifies the degree of instrumentalization of doctor-patient relationship, but also weakens the subjectivity of doctors and patients. The instrumentalized development of medical rationality leads to the rupture of the two attributes of instrumental rationality and value rationality, which should be closely related internally. As a result, the instrumental rationality in the development of modern medicine has lost the due guidance of value rationality, and the development of medical technology has gradually evolved from means to purpose. Once the purpose changes, so does the path of development. From a technical point of view, technical rational worship in addition to cause doctors rely heavily on modern medical technology, also indirectly led to the medical technology, equipment diagnosis and treatment function is exaggerated myth, exacerbated the spread of the technology medicine, at the same time, blind technical intervention caused huge risk to people's health is easy to be ignored.

It can be seen that the excessive technology of medical services will not only lead to the materialization of patients in the process of diagnosis and treatment, but also make doctors

rely too much on medical technology, thus reducing the subjectivity of doctors. In the doctor-patient relationship, these two subjects have become the objects connected by machines as media. If it is completely dependent on medical technology, the development of medical services will stagnate due to the loss of doctors' subjective initiative and the lack of human education. The conflict of interests will gradually replace the common goal of doctors and patients —— Cure patients —— and become the main contradiction, and the doctor-patient relationship will become the medium of the consumption process, thus leading to the intensification of the instrumentalization of the doctor-patient relationship.

4 Strategy of instrumentalization degree of doctor-patient relationship

In order to eliminate the instrumentalization tendency of doctor-patient relationship and make it gradually return to human culture, it is necessary to change the concept of medical service, strengthen the humanistic education for medical students, enhance the belief of medical students, improve the medical service policy, so that their public welfare and welfare are fully reflected.

4.1 Change the service concept and enhance the service awareness

To some extent, the instrumentalization reflects the lack of subjectivity and initiative of both doctors and patients. The complexity reality of the medical service industry and the independence dilemma of medical technology cause the instrumentalization of the doctor-patient relationship. Due to the transformation of medical mode, the working scope of clinicians has been expanded, and higher requirements have been put forward for medical personnel, so it is necessary to change the concept of service and update medical knowledge. In addition to mastering medical professional knowledge, medical personnel should also master the knowledge of marginal disciplines related to medicine. Therefore, medical personnel need to overcome the inertia brought about by information asymmetry, enhance service awareness, consider problems from the perspective of patients as much as possible, and give patients functional support and detached printing. Taking the doctor-patient relationship itself as a purpose, it may bring patients real functional support and detached printing embedded in the mind. Functional support refers to the emotional care provided by medical staff to patients for specific situations can improve patients' happiness in seeking medical treatment. Ultra-detached printing refers to the "we" sense brought to patients, which is conducive to its reconstruction of ontological safety.

A medical staff, should not be limited to the doctor's advice and prescription. They should activate business from the pure medical scope to social scope as soon as possible, according to the development of medicine. They should change a shift in thought from only pay attention to physiological changes to physiological and psychological changes. knowing what patients disease only is not enough. They should know what is sick and what circumstances easy to disease, use the concept of the system to analyze the medical problems to adapt to the needs of various patients with medical treatment, prevention and health care. At the same time, the scope of service functions should be expanded, with commitment services, convenience services, medical guidance services, consulting services, so as to meet the needs of patients, close the doctor-patient relationship, and avoid doctors taking the doctor-patient relationship as a tool to gain fame and wealth.

4.2 Strengthen the medical ethics education of medical students

Medical ethics and humanistic education contents are added to the professional courses. Fully explore the connotation of medical humanistic moral education, stimulate the emotional resonance through the explanation of professional knowledge points, and enhance the identification of professional culture and professional values. Not empty, not boring, compared with the traditional professional ideological and political teaching, students are easier to accept. The education content is rich, and the education process is equal, which effectively eliminates the students' rebellious psychology, stimulates the depth of thinking, and better promotes the medical humanities moral education of various majors, disciplines and the curriculum system. We should attach importance to students' psychological characteristics, cultivate the pathfinder of medical ethics practice, strengthen students' participation in design, promote students' self-internalization education, and change the value orientation of technology first. Integrate humanistic practice into daily life and professional teaching practice, explore the teaching methods in practice, enhance the cultivation of students' medical ethics, and optimize the content and methods of humanistic medical ethics education^[6].

In view of the problem that the humanistic moral education teaching in China mainly focuses on foreign medical standards and is disconnected from China's humanistic history and local environment, excellent Chinese traditional Chinese medical culture materials are selected and designed as interesting, meaningful, targeted and down-to-earth medical stories. For example, Zhang Zhongjing of the Eastern Han Dynasty was determined to study "typhoid fever". Li Shizhen of the Ming Dynasty wrote the Compendium of Materia Medica after 27 years. In the Qing Dynasty, Wang Ang devoted himself to medical popularization, wrote books, and became the representative figure of "medical Enlightenment". In modern times, many medical soldiers are practicing the spirit of "healing the wounded and saving the dying and being willing to contribute". Their people-oriented literacy have valuable functions of medical ethics and humanistic education, which is the cornerstone of the healthy development of medical staff and medical students.

Innovate in practice, integrate into the construction of campus culture and student associations, attach importance to the dissemination of medical ethics culture, organize students to participate in medical melodrama, experiences different needs and demands of doctors and patients, and obtain communication experience. Organizing students to participate in community poverty alleviation volunteer service or medical charity activities, experience the medical responsibility of fearing life and saving lives in practice is also needed, which is beneficial to guide the students to understand the medical culture, cultivate the medical ethics and humanistic feelings, and practice the spirit of medical ethics.

4.3 Promote the development of human-oriented medical service policies

From the perspective of medical service supply, "supply-induced demand" is considered to be the key problem of health policy. The effective supply of public welfare medical services depends on the market mechanism and the government responsibility. The two conditions for the market mechanism to play a role are: the cultivation of market subjects and the standardization of the market operation system, and the inherent defects of the market itself make the government supervision indispensable.

The main form of medical institutions in China is public hospital, which is an organization that takes government investment as the main body and provides basic medical services as the content. Its investment subject does not claim the surplus and sustainably provide high-quality, efficient and cheap basic medical services^[7]. At the same time, public hospitals are also the support of the public welfare of medical services. Humanized policy is the

transcendence of the one-sided pursuit of technical and efficient policy. Its positioning point lies in publicity, which contains more ethical and moral relations, and policy-oriented policy should seek solutions in terms of moralization^[8]. On the premise of meeting the requirements of public nature, policy ethics make efficient arrangements for the systems, procedures and norms of conduct in the process of policy formulation, implementation and evaluation, so as to demonstrate the moral initiative of medical workers and realize the purpose of serving the public efficiently. Adjust the policy implementation system, fundamentally change the tool rationality tendency of medical personnel, so that they become the subject of value rationality everywhere. We will improve the relationship between the government, hospitals and the general public, provide more equitable, accessible and appropriate medical services for urban and rural residents, and meet the growing demand of urban and rural residents for diversified health services.

5 Conclusion

The process of curing patients is related to "art" and "Tao", which is embedded in a doctor-patient community that respects human values, shares collective consciousness and advocates communication and participation. Medical service personnel should strive to transcend the narrow positivism framework of "disease" without "pain", change the medical service concept of consumption concept, reflect on the "industry practice" of doctor-patient relationship, bear the responsibility ethics, and build a harmonious, healthy, progressive and win-win medical system between doctors and patients.

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