NEGOTIATION IN THE MEDICAL FIELD

A MEANS OF STRENGTHENING THE RELATIONSHIP BETWEEN A PRACTITIONER AND A PATIENT

Relationships rules in the medical field are no different to the rules that govern any relationship between individuals. More so when one's interest does not coincide with that of others. Or to be even more precise when each party's perception of interests differs. This is the case between a patient and healer (this could be a nursing assistant, nurse, or doctor) or the connection between a health care professional and a competing organization, a medical establishment or administration in health care.

Negotiation is a big part of a healthcare workers' life. It is mostly used to help a patient improve their state of health. For example, this tool can allow them to encourage a sick person to accept a vital treatment. At first treatment refusal can be very complex and hard to understand. The patient must not experience the negotiation as a way of forcing them to accept, but rather to reveal the care worker's position. By helping them understand the motifs behind their position, the stages of the negotiation often allow them to establish a middle ground that works best for everyone. In the medical field, what works best for everyone is acceptance of the treatment best adapted to the patient's state of health and wishes. This is a valid position for both the healthcare worker and the patient.

Negotiation can also involve the patient's family when the patient themselves are unable to decide. This situation can be extremely complex. The family's opinions are not necessarily the patient's choice and can often be very personal. Negotiation can help find a balanced position that suits both the healthcare worker and the family. For instance, I can remember a patient who was the victim of a traffic accident which quickly caused brain death. This is a particular situation, because the brain no longer functions, as can be seen through different clinical and radiological exams, but the heart keeps beating. Except for a small number of conditions, brain death is an occasion to consider organ donation which would allow other patients to live. In this case the family pulled out the patients last will where he clearly stated he did not want to donate his organs. Because his death had been declared, I was about to ask the hospital to turn off the life support (I could do this legally: the patient was dead) when a member of his family asked me not to. We then got involved in a negotiation process which allowed me to understand his motivation: due to his religious convictions, the longer the patient's death throes lasted, the more time he had to atone for his sins and therefore go to heaven. We came to an agreement on middle ground where the deceased had time to leave earth and gain heaven. The family felt heard, and I learnt something about a religion I knew nothing about, and this helped me grow as a person.

Negotiation can also be applied to the relations between two healthcare workers. In this field, and contrary to the previous situations, it can help them decide not to use a treatment that could be deemed unreasonable. There was a patient with cancer, whose oncologists had no more treatments to suggest. This patient and her mother had already understood and accepted this situation, as much as you can accept something like that. However, she still received palliative treatment so she could be comfortable up until her last breath. Suddenly a complication arose that accelerated her oncoming death, and in a healthy patient would call for a surgical operation. In this case it would have been unreasonable to operate as the patient had no hope of recovering. Once she was informed of her state, the patient and her mother decided she did not want the operation but instead chose to be anaesthetized to not suffer. The young surgeon was unable to understand this decision and attempted to convince her to accept the operation. I used →

→ negotiation tools to try understand the surgeon's position. The surgeon felt powerless and sincerely wanted to help the patient. She also did not want to be responsible for the patient's death by not carrying out the operation (the only treatment was surgery). Understanding the motivations behind her position helped us both come to an agreement. The patient did not have the operation, and died peacefully, in the arms of her mother. My relationship with this surgeon has since been excellent.

Negotiation has become one of my main medical tools. It can help us treat – or not treat - a patient. It should never be used to impose something on someone else; this would be unacceptable morally on top of being illegal and against the legislation that protects patients. Instead, it should be used as a means of strengthening the relations between healthcare workers and patients, by supplying everyone with the keys to understanding each other in the attempt to achieve the common objective of finding the treatment best adapted to the patient's state of health and will. Negotiation should absolutely be taught to medical students. Next comes the question of when it is best for them to learn this skill. If they learn it too early on, they will be unable to perceive its usefulness. And even though it's never too late, if they start learning when they are no longer accountable, they tend to be less enthusiastic. For the past three years, ADN Group has been teaching interns in the department of post-operatory medicine and anaesthesia and resuscitation in Ile de France. I'm sure we will soon see the benefits and I have been even more convinced since I saw how full the lecture halls have been for this class. Our interns are passionate about this subject.

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