

The universal synonyms of Habermas' speech in the doctor-patient relationship

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In the field of Social Sciences, the contribution of the German Sociologist Jürgen Habermas in the field of communicative action is known, where communication is basically conceived as that component that creates meanings and realities. In this process, intersubjectivity is fundamental as a condition for understanding (1). Said action is framed, then, in the theory of communicative action, whose postulate is that the social interaction of the human being goes from being based on rites and the sacred to the power of the linguistic sign. The interaction must involve at least two subjects who establish a conversation in which they can understand each other (2). For this reason, it is relevant that within the training of a physician/surgeon the communicative aspects are emphasized, understanding the link that will be established with the patients, with which we refer to Habermas's Universal Synonyms of Speech, which are understood as the minimum requirements for a communication to be effective, based on 4 components: **intelligibility**, which implies understanding what the interlocutor communicates; **truth**, which refers to an objective reality, which involves the handling of data and possession of certain knowledge; **rectitude**, that is, acting according to a normative context; and **veracity**, which consists of being sincere in communication (in other words, telling the truth). Their universal character is attributed to the extent that they are adequate in any language (3).

All the components must be fulfilled simultaneously and not in isolation - although it is likely that when analyzing a dialogue between a doctor and a patient we realize that one or several components are specified - giving rise to what Habermas conceives as a communicative action. . In this last modality of action, where an interpersonal relationship exists per se, it is possible to establish an understanding (4). If this were not the case, we would be facing a non-social instrumental type of action, where basically the fulfillment of an objective is of interest, such as providing medical care to a patient regardless of the elements of understanding.

If a patient manages to understand what a doctor transmits to him in the medical care setting, through understandable words, intelligibility would be fulfilled; if the professional has up-to-date management of knowledge in his discipline, he will provide accurate diagnoses and treatments; rectitude would be fulfilled if the doctor is authorized to say what he says. In the latter case, a general practitioner should not pronounce on domains specific to medical specialties. Finally, the doctor must be honest about the diagnosis and treatment indicated, observing the principle of beneficence of bioethics.

The above elements contribute to an adequate relationship and effective communication between the doctor and the patient, complying with the bioethical requirements and the expectations of both actors. In addition, compliance with universal speech synonyms must entail an ideal speech situation, defined by Habermas as the condition that excludes systematic distortions of communication (5).

This is important to the extent that communicative action and, therefore, understanding, is established in those social contexts whose objective is mutual

understanding between the members of a community (6), in this case, the doctor and the patient. and indirectly, the family of the latter that contributes to the compliance of the person's treatment and to promote healthy habits in daily life. The minimum understanding between the aforementioned actors would result, for example, in the reduction of morbidity and mortality indicators and the awareness of health promotion, that is, the ability of the individual or, in this case, the patient, to acquire a high degree of responsibility for their own health in view of the medical diagnosis delivered or even without it being present; thus contributing to the transformation of the social order - in this case, in the field of epidemiological indicators - through human praxis, enunciated by Habermas (7).

Finally, in the field of undergraduate training of Medical Careers, doctor-patient communication should be incorporated as a subject or content of those areas related to the medical humanities, since it should be considered that diagnostic errors depend fundamentally on the attitude of the health professional – which refers to the people-centered approach – or to the characteristics of the care system that regulates the characteristics of patient care, which refers to the systems-centered approach or systemic model (8). Therefore, even if future surgeons receive adequate training in the field of communication, it is necessary to explore which are the conditions that contribute to diagnostic errors and, therefore, ineffective communication with the patient, which may not necessarily be attributable to individual factors, but also contextual, where the State and higher education institutions assume an important role in the generation of research in this regard.

Keywords: undergraduate education in medicine, medical sociology, doctor-patient relations, medical communication.

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