EUROPEAN INTERNATIONAL JOURNAL OF PEDAGOGICS

VOLUME04 ISSUE03
DOI: https://doi.org/10.55640/eijp-04-03-16 Pages:81-86

IMPORTANT ASPECTS OF PSYCHOLOGICAL COMMUNICATION BETWEEN DOCTOR AND PATIENT

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ABOUT ARTICLE

Key words: Treatment, patient, speech etiquette, psychosomatics, care, mental care.

Received: 15.03.2024
Accepted: 20.03.2024
Published: 25.03.2024

Abstract: This article talks about the culture of communication between a doctor and a patient. Also, the main content of the article is how to approach psychologically during communication between the doctor and the patient. In all treatment facilities, we will consider such issues as knowing the specific characteristics of the patient's interaction with the doctor.

INTRODUCTION

Psychology has been closely connected with medicine since ancient times. Among the diseases there is also a group of mental diseases. It is necessary to treat such diseases mainly with psychological means. In order to make a correct assessment of the patient's mental state, a medical worker, a doctor must first of all know the normal psychology of a person. All medical personnel, including secondary medical personnel, must be well versed in the means of psychological influence on the patient: ways of persuading, counseling and dealing with him.

Psychology is one of the youngest, developing disciplines in medicine. To date, medical psychology has collected a lot of valuable scientific information. These collected data greatly help to find solutions to problems such as prevention of somatogenic and psychogenic diseases, study of the mental state of medical workers to increase production efficiency, and improvement of medical services based on the organization of a healthy community. Medical psychology is a part of medicine. It is of practical importance for all fields and stages. Because effective treatment of the patient cannot be achieved without ensuring the mental health of the patient.

Medical psychology uses test systems in addition to the methods of observation, experiment, interview, and biography in order to study the patient's psyche in depth. Through these methods it is possible to

know the psychological state of the patient. Psychosomatics is one of the related aspects of psychology and medicine. Today, when we talk about psychosomatic disease, we understand organic diseases developed due to acute or constant stress, that is, heart disease, bronchial asthma, ulcer disease, diabetes, etc. Psychosomatic syndrome refers to functional disorders developed in various organs due to acute or constant stress. The synonyms of this term are many and varied: "psychovegetative syndrome", "somatogenic depression", "masked depression", "vegetoneurosis", "vegetative dystonia", "somatoneurosis" or "somatoform disorders", etc. If functional disorders develop due to a somatic disease, then it is recommended to use the term somatopsychic syndrome. But this term is rarely used in clinical medicine. In psychosomatics, it can be connected with many diseases. For example, we can cite a psychogenic headache.Psychogenic headache is a headache that develops as a result of acute or continuous psychoemotional stress. Depression and neurosis are one of the main etiological factors of psychogenic headaches (PBO). PBO does not have a specific feature. PBO is observed in different places of the head and manifests itself in different ways. Headache is observed in the same half of the head or on both sides, is intermittent or constant. The pains are strong or weak, attack-like or throbbing, and are triggered in the morning or at night. PBO almost always appears or worsens after psychoemotional stress. Physical exhaustion also aggravates headaches. Sometimes the patient gets a headache from being "bored" even if he is alone at home. If a guest comes to his house or goes to a guest himself, the patient forgets about the headache. At first, headaches appear after psycho-emotional stress, and gradually, coming to work by bus also provokes headaches. Headache can appear as a monosymptom in masked depression. At such a time, it is necessary to prescribe an antidepressant to eliminate the headache. If this drug is not prescribed for at least a month, the headache will become chronic and last for a long time. Our observations showed that more than half of the patients treated with the diagnosis of "intracranial hypertension" have headaches of psychogenic etiology. Therefore, it is necessary to collect a psychological anamnesis from every patient who complains of headache. In an asthenic patient, eating a full meal, nursing a child, going to the store, climbing the stairs of a high-rise building, even going to the movies and concerts aggravates psychogenic headache. As a result, the patient develops a hysterical and hypochondriac character, he only thinks about the headache. Headaches with affective disorders have a constant and worsening character, and in some cases it is necessary to determine whether there is a volumetric process in the brain.After all, in addition to headache, patients also often experience nausea, vomiting, dizziness, staggering when walking, visual disturbances, and numbness of hands and feet. Analgesics do not help. If the patient's complaints are analyzed, there are many aspects that differ from the headache observed in organic diseases of the brain. In PBO, the patient cannot give a precise description of the headache: "What can I say, sometimes the inside of my head is heavy, as if filled with water, sometimes it's empty. sometimes both my temples feel like they are tied tightly with a rubber band. Sometimes my body hurts so much that I can't move my head, because if I do, my brain will explode." When listening to the patient, it should be noted that most of them complain not of a headache, but of a pain in the inside of the brain. In organic diseases of the brain, headache often has a certain localization and is usually stable. In PBO, the headaches vary depending on the situation, the patient prefers winter to summer because he cannot bear the heat. That is why psychogenic headaches are common in summer. Persistent PBO also causes generalized hyperesthesia. Such patients do not like light and noise, and the presence of many people around them. Their skin is also very sensitive. Sometimes the skin gets rashes and itches. In adults, headaches are accompanied by impaired attention and memory, they become restless. Such a patient cannot concentrate. Headaches only at home or at work, at specific times of the day, are typical for most PBOs. In many cases, it is difficult to distinguish

PBO from headaches of other etiologies. Diseases and syndromes such as subarachnoid hemorrhage, serous meningitis, tumor diseases, vascular aneurysm, diseases associated with IKG, migraine, trigeminal neuralgia, craniocervicalgia appear similar to PBO. Sometimes mistakes are made without conducting thorough examinations of the patient. Every doctor who has trouble making a comparative diagnosis between a headache of psychogenic etiology and a headache of organic etiology should first continue to conduct a thorough examination of the patient. Reminder. The golden rule of psychosomatic medicine: rule out organic disease first. Such a story is recorded in neuroscience books. In the evening, a 36-year-old woman named S. was brought to the reception department of the hospital with a severe headache. The doctor on duty is called from the neurology department to see this patient. When the doctor looks at the reception department, the patient he has known before and who always comes to him with a headache is standing in front of him again. This patient complained of a severe headache several times during the duty of this doctor, was brought to the hospital by "Ambulance" and every time he was sent home according to all the rules. The patient was being treated by a neuropathologist with the diagnosis of "psychogenic headache". The doctor on duty was aware of this. Every time the patient applied, the doctor checked his neurostatus, provided first aid and sent him home. However, this time, the same familiar doctor on duty, convinced that the headaches are of a functional nature, does not check his neurostatus and sends him home with painkillers and sedatives. Later that night, the patient dies during another headache attack. Pathologo-anatomical examination shows that blood has been poured into the brain due to the rupture of an aneurysm. A doctor who does not fully examine the patient will be held legally responsible. Therefore, regardless of how many times he applies, every patient should be thoroughly examined. Do not forget: a hysterical patient may also have an aneurysm, a tumor or some other serious disease, etc. Sometimes the signs of an organic disease are ignored in a patient with hysterical behavior. Diagnosis. Studying the chronology of headache of any etiology is of great diagnostic importance. First, organic disease must be ruled out! This rule should be the golden rule of medicine. Therefore, a patient who complains of a headache will certainly undergo the tests specified in the standard. In any headache, the neurological status is thoroughly examined. It should also be remembered that organic neurological disorders are not observed in primary headaches (migraine, cluster cephalgia). Since headaches are a multi-etiological syndrome, the somatic status of the patient is also studied. Collecting a psychological anamnesis for each patient should be one of the main rules not only for medical psychologists, but also for doctors of other fields. Also, the patient's living and working conditions, lifestyle, harmful habits are studied in detail, and what drugs are being taken are determined. The cure. Treatment of headaches begins first of all with elimination of the causes that caused them. First of all, a healthy lifestyle is promoted. These include giving up smoking and drinking, following the rules of rational nutrition, walking in the fresh air, and doing physical education. It is also very important for the patient to avoid spicy and salty foods, and to limit pastry. For chronic headaches, treatment at a recreation center is effective. Physiotherapy, acupuncture, hydrotherapy baths, and reflexology treatments such as massage are very important. The doctor conducting the treatment first of all calms down the patient and gives him confidence that the treatment will give an effective result. For this, planned psychological interviews are conducted with the patient. Psychogenic factors can play a leading role in headaches of any etiology. Chronic headaches are often caused by the negative psychological environment around the headache. Medically, the patient will get rid of headache after treatment, but psychologically, he may still have headaches. We want to say that the dominant focus in the brain caused by headaches continues again in melancholic and neurotic individuals. Now he is suffering not from "organic" headache, but from psychogenic headache. Only

placebo therapy and psychotherapy can help such a patient. Here we cite an incident that happened several years ago. This incident happened in the 90s of the last century. A 43-year-old woman named V. complained to us that her headache always starts at six o'clock in the evening. At the polyclinic, under the supervision of a neuropathologist, he was being treated with the diagnosis of "Cerebral hypertension", and at the same time, he had the basics of psychosomatic medicine listed in the PND. It's been 3 years since the headache started. When the headache worsened, he was only taking Baralgin tablets. Later, according to the doctor's recommendation, the patient starts taking baralgin intravenously when he has a headache. A patient who is used to having a headache at six o'clock in the evening calls the nurse next to him and prepares the baralgin by drawing it into a syringe. The nurse who attends his house says not to rush this injection, as a result of this there may be complications in the heart, and once again recommends the need to consult a doctor.When the patient came to our reception, we listened to his complaints, studied his lifestyle, illness and psychological anamnesis. Here are some brief episodes from the information obtained: a woman who is too trusting and oversensitive to the slightest thing. It's very annoying. There were frequent quarrels in the family, and the headache appeared after another strong stress. The next day, a neuropathologist went to the polyclinic. The doctor examined him and said, "The internal pressure of the brain has increased, if you do not treat it quickly, the consequences will be bad." The patient is scared because his older brother died of a hemorrhagic stroke 6 months ago after high blood pressure after severe stress. He finds the necessary drugs and starts treatment for "Cerebral hypertension". Every time an echoencephaloscopy is performed, it is concluded that "the internal pressure of the brain has increased." A patient who believes in this conclusion will not be examined elsewhere and will be treated at the polyclinic. As we mentioned, the patient's headache appears at a certain time, that is, at six o'clock in the evening. He falls into depression, hypochondriacal signs appear in his behavior. When we fully examined the patient's neurological status, no signs of intracerebral hypertension were detected, which was not confirmed by paraclinical examinations. The neuropathologist's notes in the patient's questionnaire also did not have neurological symptoms typical for increased intracerebral pressure. In the results of all echoencephaloscopic examinations in the questionnaire, the width of the III ventricle was recorded as 7 mm. This is an indicator slightly different from the norm and cannot cause severe headaches. Therefore, the patient was not adequately examined, or indeed he did not have intracerebral hypertension. When the patient was examined by therapists, no somatic diseases were detected. Thus, the conclusions of clinical and paraclinical examination and the patient's psychological anamnesis showed that his headache has a psychogenic nature.To clarify this conclusion, we conducted two smaller experiments. The first was to find out how the patient's headache started at six o'clock in the evening, and the second was to try another drug instead of baralgin. We started our first experiment by inviting the patient to the clinic in the afternoon. For this purpose, we told the patient, "We need to check your head when it hurts." We said that we will do an echoencephaloscopy on your head with that laboratory technician. The patient arrived at the time we said. We walked with the patient in the garden of the clinic and waited for the laboratory technician to "arrive" (the incident was happening on one of the summer days). The patient kept talking about when his head started to hurt, how many tests he underwent, how many treatments he underwent with different diagnoses, and the results were not good. It was almost seven o'clock. When I asked the patient: "It's almost seven o'clock, the doctor didn't come, you came before six o'clock, did you have a headache, he said: "Oh, I didn't even notice that I had a headache! No, no, I didn't feel it, I really don't have a headache, it's good! "I don't have a headache now," he wondered. The patient was sent home saying, "The laboratory technician has not come yet,

you will come tomorrow." In order to carry out our second experiment, we advised the patient to inject the drug intravenously during a headache attack, saying "We will now change Baralgin to Novalgin, this drug is considered its synonym, the composition is the same as Baralgin".The patient agreed, but two days later he told us by phone, "The effect of Novalgin is very low and short, after a while I started to get a headache again." The patient refused the newly prescribed medication. In one of the conversations with us, the patient said, "Thank you to those who created Baralgin, it takes away my headache as soon as it is injected intravenously," which means that the patient had a psychological attachment to this drug. When we asked the patient when the headache would stop after injecting the drug into the vein, he answered: "Within five minutes." In fact, baralgin slowly relieves vasospasm, and it takes 15-20 minutes for the headache to completely subside. In the case of this patient, we witnessed a psychological connection of headache after intense stress, its observation at a certain hour and a specific drug. In this case, the headache was just a clear manifestation of iatropathy (due to the wrong conclusion of the doctor). Treatment of such patients is more complicated, that is, headaches appear again and again. For example, the patient does not have a headache during the treatment (because the doctor is always there, there is no need to worry), and after the treatment is over and the patient is sent home, the head hurts again (because the doctor is no longer there, there is no need to worry and the symptoms of the disease are triggered again) the basics of psychosomatic medicine In medical practice, especially in neurology, such a situation is common. In our opinion, it is appropriate to call such a situation the "Doctor Absence Syndrome". It is permissible to study the clinical and psychological picture of this syndrome in depth and give it a legal status. Because even after the perfect treatment procedures have been carried out correctly, the number of people who are dissatisfied with the doctor is not small. This condition is common in neurosis and hypochondria. There are many factors that positively influence the reduction or elimination of PbO. For example, changing the place of residence, bathing in water reservoirs, going for a walk, buying clothes that you like, etc. One of the most common complaints of a patient diagnosed with PbO is sleep disturbance. When the patient wants to sleep, various thoughts come to his mind, he cannot get rid of these thoughts, they go to the point where his brain "cracks", even if he sleeps, he dreams and suffers worse. In most cases, it is difficult to distinguish PbO from headache of other etiology. Diseases and syndromes such as subarachnoid hemorrhage, serous meningitis, tumor, aneurysm, diseases with intracranial hypertension, migraine, trigeminal neuralgia, craniocervicalgia resemble PbO. The variety and complexity of these diseases require a medical psychologist to have a thorough knowledge of neurology or, if not, to have the patient examined by a neuropathologist.

Not only psychosomatic diseases, but all patients need special psychological care. Psychological care refers to the special care provided to people with life disorders related to mental health.Conclusion: The communication between the doctor and the patient plays a big role in the improvement of the patient and the feeling of well-being. Therefore, a doctor should have psychological knowledge in addition to his specialty. Physicians must understand that a patient's visit is not a routine event, but an event that can determine long-term trust in medicine as an institution. Every detail is important. The patient's pain is stress, it has its own important history. If the doctor understands the patient and begins to communicate in this situation, the patient will also feel free. This is the first result of the doctor.

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