

Short Commentary

Doctor-Patient Relationship and Communication in Nuclear Medicine

Lucio Mango*

High Education, University of International Studies (UNINT), Rome, Italy

Abstract

Brief overview of communication techniques in Nuclear Medicine. The author suggests that better communication can be achieved through the application of slow medicine principles.

Keywords: Communication; Prescriptive appropriateness; Slow medicine

“The specialist in Nuclear Medicine...Must acquire the ability to communicate clearly and humanely with the patient and family members.”

In this definition of the “School of Specialization in Nuclear Medicine of the University of Pisa-Italy”, the importance of communication is emphasized as a tool for explaining and clarifying the specific performance of the branch, in relating to non-experts but also of the ability to interact with colleagues. In this definition there is all the importance of communication not only on a general level, but also and above all on a specific level, particularly when the diagnostic and/or therapeutic services go beyond what is commonly known even to non-doctors or in any case to the environment.

Therefore, speaking of patients and family members, simply and correctly communicate the methods, times and ways of performing the service. It is not just a matter of flat information but of involving the patient in particular, and the family members, in how the service is carried out, also communicating what is expected from the investigation or therapy in terms of results but also risks and lack of responses. And this had, among other things, a lot of importance during the Covid pandemic [1].

Furthermore, since it involves “administration of unsealed radioactive sources”, the patient and family members must be informed

*Corresponding author: Lucio Mango, High Education, University of International Studies (UNINT), Rome, Italy Email: lucio.mango@unint.eu

Citation: Mango L (2024) Doctor-Patient Relationship and Communication in Nuclear Medicine. J Nucl Med Radiol Radiat Ther 8 : 036.

Received: May 03, 2024; **Accepted:** May 15, 2024; **Published:** May 21, 2024

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on what to do to ensure the necessary radioprotection of themselves, of the people with whom they come into contact and of the entire environment, but also be reassured about the “harmlessness” or in any case the low risk of the radiation used, especially in relation to the “benefit” obtained in terms of achieving the “health” or “healing” that is set [2,3].

We know that the citizen who today accesses health services and welfare systems is no longer a passive individual subjected to medical power and the bureaucracy of the health system. In addition to having acquired knowledge about his own body and his own health needs through television media, magazines and, above all, mass health columns, he knows many things that were previously the prerogative of “medical science”. In this way, more informed, he has developed broader reflective abilities and is looking for more individual solutions, personalized and increasingly less standardized responses.

In this panorama of cultures and sub-cultures that compete for the field in an all-out struggle, the super-technology of medical care made up of CT scans, MRIs, Cyclotrons, Nuclear Medicine and PET is inserted. And another interlocutor is also making its way, harbinger of a modern mass “do-it-yourself” approach, *e-healthcare* easily mediated by the globalization of the Internet. Here comes the communicative ability and sensitivity of the specialist who must be able to straighten out the easy, but sometimes distorted, beliefs of a patient or even a family member, who comes to the department to obtain services in which he believes he already know everything [4].

One of the most accredited systems that can, and often does, make use of that globalizing system made up of the Internet and websites is the service charter that each operational unit should draw up, in which to insert the first smattering of information [5] and communications to be explored in greater detail. then at the moment of execution of the service. This document distributed on the hospital websites thus becomes a communication and explanation tool for the services provided by the department. Inside it you can then find a list of downloadable documents that can facilitate the relationship between the citizen and the healthcare system, such as the one below:

- List of services that can be performed with generic information for each
- Information on radiation protection
- Informed consent form[6]
- Delegation of consent from a parent
- Generic prescription for nuclear medical service
- PET and PET/CT prescription
- PET/CT patient instructions

Reading the department’s service charter and downloading the documents also provide valuable information to the other interested stakeholders and other doctors and healthcare staff. The latter will thus be able to obtain information on the most particular services and

at the same time, send appropriate requests at least in terms of formulation as they will be downloaded directly from the website of the structure which will then have to provide them.

However, the relational capacity with other doctors must not be limited to informal contacts, mediated by information technologies. It is our firm belief that being able to communicate personally and/or by telephone with requesting colleagues can greatly improve the quality of the services offered that have been able to be explained and perhaps also conformed to the patient's pathology and the type of response that one wants to obtain.

Slow Medicine and Nuclear Medicine

Why talk about slow medicine in relation to nuclear medicine? What is Slow Medicine, in fact?

Slow Medicine is a network of professionals and citizens who identify with Sober, Respectful and Fair Medicine[7].

His "philosophy" is that we need to spend better, rather than spend less, increasing clinical appropriateness and reducing the excessive use of many tests and treatments [8]. This project is characterized by a strong assumption of responsibility on the part of doctors and other professionals who are called upon to identify, on a rigorously scientific basis, diagnostic tests and treatments which are often not effective and indeed risk causing harm to patients and to commit themselves to reducing the use with the aim of improving the quality and safety of treatments and reducing waste[9]. This adhesion to Slow Medicine project has been deliberately emphasized here as it still represents a form of communication with the citizen, and not only, of what the attitude of the structure towards the citizen himself and the population is in any case. And also the adhesion to the principles of slow medicine configures different relationships between doctors and professionals, to, as mentioned before, evaluate the appropriateness of diagnostic investigations and therapeutic services specific to each branch[10].

In the case of nuclear medicine, it takes on particular relevance as the use of radioactive substances usually generates phenomena in the population linked to fears and concerns about "nuclear power" [11].

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