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VIEWPOINT: The Physician-Psychologist as a Model to Train Physicians

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A long time ago, one of our relatives became very sick. She felt pain in her abdomen. Doctors prescribed many tests for her, but they did not notice any specific disease from the test results and decided to examine her directly in the abdomen with surgery. They did not find any signs of the disease with surgery, either.

The doctors spent a lot of time to find out about her illness, but none of them understood what her illness was. The answer was simple. She wanted to take the university entrance exam, so she was subject to a high level of stress that manifested itself as pain in the abdomen. In psychology, it is called conversion disorder or hysteria. If those doctors also knew about psychology, they might have diagnosed the disease right away.

Humans are made up of several dimensions (1). The dimensions of human existence are interrelated and affected by each other. For example, in a conversion disorder in which stress manifests itself in the form of a physical illness, the psychological dimension affects the physical dimension.

Without sufficient knowledge of both mental and physical dimensions, we cannot specifically treat any of those dimensions properly. As already mentioned, none of those doctors realized the girl's problem because they only knew the human physical dimension and not the psychological dimension. Physicians must be familiar with both dimensions of human existence to achieve the best results in treatment and to increase the ability to differentiate between mental and physical illnesses.

In today's world, the medical education programs of many universities focus on teaching issues related to the physical dimension and pay less attention to human psychological dimension. For example, in Iran, medical students study only two units of psychology theoretically. This one-dimensionality of medical education programs is a weakness.

Due to the importance of the human psyche in the health of our body, medical education programs should move in a direction so that the student is sufficiently familiar with human psychological dimension after graduation. They should be acquainted with a variety of personalities, psychological theories such as supportive and humanistic theories, supportive therapies, and so on.

Familiarity of medical students with psychology in the future will not only lead to a differential understanding between conversion disorders and physical illnesses, but also increase their ability to provide psychological and emotional support to patients. This can increase empathy between physician and patient and improve their relationship. In fact, physician-patient interaction is a complex process, and inappropriate communication can be problematic, especially in terms of patient's awareness of the disease, how to care for it, motivation, hope and treatment process (2).

As mentioned in previous studies (3, 4), medical curricula should not be limited to life sciences education. As shown in Figure 1,

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these programs must present a sufficient combination of life sciences, ethics, and psychology. They should be at the core of medical students' curricula. Perhaps the physician-psychologist (4) should be a model for universities to train physicians who, in addition to recognizing psychosomatic disorders, are able to communicate appropriately with any type of client, provide appropriate psychological and emotional support, have ethical behavior, and know what to decide in moral dilemmas.

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