Humanization of health services: Is it necessary to talk about it?

Carlos Andrés Montalvo Arce

[1]Visiting Scholar, Departamento de Salud Publica, Facultad de Salud, Universidad Surcolombiana, Neiva - Colombia, e-mail: carlos.montalvo@usco.edu.co

Editorial

It would seem counter-sense to speak of "humanization" of health services when, by definition, a service is an organization and staff intended to take care of or satisfy a need of the public, and this need is someone's and which is understood as a situation that requires attention and which, if not taken care of, can have negative consequences (***Donabedian, 1984***).

However, there are already at least two individuals involved in the service, the one providing it and the one who comes to satisfy or respond to their needs; that is, an unquestionably human relationship is established when providing health services. What do we mean when discussing "humanized" relationships? We talk about humanizing when we try to refer to doing something more human, more kind, or more just; obviously, there is an ethical and moral sense involved in the term, loaded with hope and optimism in human nature.

In this context, we have already given an answer to the question raised: it is necessary to talk about the humanization of health services, being clear that in the provision of any kind of service there is an interaction between individuals and it can take many forms; it is therefore important that this interaction be "humanized," that is, more kind and fair, as all human interactions should try to be. Health services have particular characteristics from which the need to be humanized arises. Health is conceived as a fundamental right and includes access to health services in a timely, effective, and high-quality manner.

Quality is underlined as "the provision of health services to individual and collective users in an accessible and equitable manner, through an optimal professional level, taking into account the balance between benefits, risks, and costs, with the aim of achieving the adherence and satisfaction of such users" (***Ministerio, 2006***).

The objective of quality health services is to satisfy users based on the characteristics of the treatment and care received. The search for care in health services is mainly motivated by a sense of unhappiness of the patient, who approaches seeking help to meet their health needs perceived to a greater or lesser extent as a threat to their life. Accordingly, it is also noted that health is closely linked to the preservation of life, almost more than any other right or service that can be provided. We then have on one side an individual who "suffers" and on the other someone who can alleviate his suffering, and the possibility of sincere interest, recognition and understanding of that suffering appears, situates a feeling known as empathy and valued for being considered as an attitude by the doctor towards the patient facilitating and favouring communication in such a way that it allows him to "locate" in his place with the purpose of being able to offer the best of his art to relieve his sufferings (***Borrell-Carrió, 2011***).

There are three points in the search for health care: a "before" related to access to the service where you usually have contact with administrative staff, the "during" when you have access to medical or nursing care, and a "after" that deals with post-care situations where contact with administrative staff returns (***Múnera Gaviria, 2011***).

At the time of the "period" where care and care are provided to the patient, we then approach the ethical approach in the need for humanization of health services. For the physician, it is an

ethical principle "to take care of human health and focus on the prevention of diseases, perfection of the human species, and improvement of the patterns of life of the community (***Colombia, 1981***).

In nursing, three ethical principles are defined: respect for life, dignity of human beings, and their rights. Care is given from the communication and humanized relationship between the nurse and human being subject to care. Under these principles, it is explicitly stated that humanized care is part of the duty to be exercised by professionals who provide excellent care to patients.

Finally, once suffering and empathy are recognized as the desired symbiosis in the doctor-patient relationship, the need to resume and unleash the medical vocation is evoked when the professional "does not look at the sick as one with a set of organs or systems that work better or worse, but as a fellow, a brother who suffers" (***Perales et al., 2014***).

Conclusion

The relationship between the patient and health services has characteristics that make it needed to be humanized. Health is a fundamental right, and in exercising this right, health services must be provided with quality, involving making the patient feel good, both by the response given to his need and by the treatment received throughout the process.

The dignified and respectful treatment of the human being is an ethical imperative of the two professions most linked with health care, medicine, and nursing, making necessary empathy to respond to their need in the best possible way; this is facilitated if the professional who cares has the call to do of his profession called vocation.

The country's healthcare system is constantly uncomfortable for most of its actors, with constant complaints and a poor media image seen daily in the news circulated by the various media. Radical system changes cannot be expected between today and the future. However, one change that can be made today and would most make a radical difference in the perception of quality compared to the health system would be the humanization of services; it costs little and collective benefit would be expected, characterized by trying to more satisfied patients.

References

Borrell-Carrió F. Empatía, un valor troncal en la práctica clínica. Medicina Clinica - MED CLIN. 2011; 136:390–397. doi: 10.1016/j.medcli.2009.06.032.

Colombia Rd, Ley 23 de 1981 - Normas en Materia de Etica Médica; 1981.

Donabedian A. La calidad de la atención médica: definición y métodos de evaluación. Prensa Medica Mexicana; 1984. https://books.google.com.co/books?id=0v9tAAAACAAJ.

Ministerio PS, Decreto 1011 de 2006, Sistema Obligatorio de Garantía de Calidad de la Atención de Salud; 2006.

Múnera Gaviria HA. La calidad de la atención en salud, más allá de la mirada técnica y normativa. Investigación y Educación en Enfermería. 2011; 29:77–86. http://www.scielo.org.co/scielo.php?pid=S0120-53072011000100010&script=sci_arttext.

Perales A, Mendoza A, Sánchez E. Vocación médica: necesidad de su estudio científico. In: *Anales de la Facultad de Medicina*, vol. 74 UNMSM. Facultad de Medicina; 2014. p. 133–138.