INTELLECTUALIZATION, PHYSICIAN'S PERSONALITY
AND SOME MANIFESTATIONS OF
PROFESSIONAL DEFORMATION

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Important component of the characteristics of our modern socialistic practice are the two interconnected processes: intensification and intellectualization. There are certain arguments that the intellectualization is the main sign and form of intensification, because there is no intensive approach without higher quality of mental work, without these "wise apparatuses" replacing numerous routine functions of natural intellect, without scientific knowledges increasing the efficiency of the subjective factor.

Despite the differences between authors' definitions of the term "intellectualization", their opinions are mutual concerning the two base directions of the main process of intellectualization: intellactualization of the material production (by automatization and artificial intellect) and intellectualization of the mental (spiritual, soulful) human life (by forming an optimal volume of scientific knowledges and effective methods for solving problems, also new style of thinking and analysing). Therefore, it is true, that intellectualization is most important, base part of the complex process of forming the multiple and harmonic persons (2).

The intellectualization is determined by the rules of building a developed socialistic society and scientific-technical revolution. This is a process mainly due to the formation of subjective factors and contributes to the defining of the base contradictory between the great possibilities of the social system and the subjective factor which must use them by means of its activity. Therefore, the intellectualization is an improvement of the human-being, his intellect and his contacts with everything in the material and unmaterial environment, also his dialogue with the surrounding apparatuses, the so called dialogue "man-machine".

If we stand on the position that intellectualization is mainly the process of magnification and transformation of abilities and knowledges, more active aims, more rationalism, then all the activities of the physician, his thoughts, behaviour and qualities must increase with the increase of intellectual potential of the society. That is why in the practical medicine intellectualization is usually connected with the rapid analysis of various features and results of examinations and its comparison with the actual knowledges and experience of the physician. This is a complex process including the new and modern direction of electronization in the medicine, but also the personal intellectual qualities of the person himself (physician), their development, improvement, realization, etc. Thus the process of treatment becomes more and more an artistic and creative process and is based on the intellectual abilities of the physician and the actual technical possibilities of the present medical apparatuses and methods.

The problem of "craft" and craftsmanship in the medicine is very actual and organically is connected with the context of the aforementioned processes, nature
of the socialistic society and its advantages, achievements of the scientific-technical revolution.

If we presume that the craft is a dynamic system of professional knowledges and abilities and the craftsmanship (or similar relation) is their unfinished development or development without improvement, then the possibility further is: 1) a craft which must be amended by means of intellectualization (in the medicine by medical technique and clinical experience), 2) a craft which stops its development and is in various metamorphoses of the craftsmanship. It is obvious that there are only two forms of craftsmanship: experienced craft and unexperienced one; deformed into craftsmanship can be the first form, whereas the second one is a very dangerous one, which is due to the lower requirements in relation to the newly formed specialist. As for the specialist from the other category, when he is in the period which is before the formation of the craft attitude, the positive part of his labour is undoubtful.

The craft is an open system which develops optimally and rhythmically as a result of the successes of the science and technique. The craftsmanship is already closing of this system in the position of the worked out professional habits and qualities, without any new additional knowledges. This deformation is due to the fact that such specialists do not amend their abilities further. Thus appears pragmatism, dogmatism, conservatism, craftsmanship.

The proper solving of the discussed problem requires still another 2 admitances: 1) The term “craft” sounds not so nice and that is the reason some people to replace it by professionalism, professional skillfulness. If this is true indeed it won’t be as bad as the term craft in its meaning for the medical practice. We presume, however, that the craft is a craft in its all meanings as a whole. 2) We do not accept that the refining of the medical profession can be directed simply to the working of a craft. The profession of the physician and specially the personality of the famous doctors is exclusively rich and amazing, including all their knowledges and methods, professional abilities and practical experience, communistic ideas, morality, high culture, aesthetics, organizing and individual qualities. Therefore, we are apart from the simple education and bringing-up of the medical student. The physician cures by means of his total personality and the real physician coincides in himself the practician, artist, scientist (1).

It is proved long ago that the clinical experience is a sign of a good professionalism. It is a complex of knowledges and abilities. The real doctor shows not only his knowledge and love for the profession; he possesses also an enormous experience, fantasy and patience. His skill is the ability to analyse, systematize and behave in his therapeutic decisions properly.

The clinical experience is also the ability to impress patients with words. The latter convince, refresh, even have curative effect. In the professional conversation can be achieved certain intellectual and moral contacts which show also definite results in the treatment. G. S. Pondoev has the right when says that if the patient goes out of the medical cabinet in the same mind and thoughts with which he enters it, the physician has not done anything!

The skill of the clinicist coincides often with intuition and ability to guess earlier, to accept the slightly expressed things as very important too. People say that the good diagnosticist has his seventh clinical feeling and due to his experience can diagnose in a proper way even if for the other specialists there are no enough symptoms. Therefore, the phrases “art for diagnosis” or “art to cure” show indeed a precise attitude to the process of treatment (A. Bilbin, G. Tzare-gorodtzev).
Based on the aforementioned we suggest that if in the process of education is formed a future physician with enough nowadays knowledges, with abilities to differentiate and systematize clinical data, as well as with a proper way to contact the patient, then the system of education can really raise the level of intellectualization in the treatment and diagnosis processes.

Having in mind all facts and characteristics of the clinical skill of the physician we will try to systematize the most often features of craftsmanship and professional deformation:

1) **Unproper attitude towards patients.** It is connected with insufficient estimation of the patient's personality, or with superevaluation of the biological factors for beginning and developing of the disease. Such position contributes to a weak interest towards the social problems of the patient. That is the reason for existing of certain physicians who can not behave in a proper way with the patients, do not pay attention to all their complaints, have a superficial attitude and explanations, do not analyse all details.

2) **Embarrassment with too many useless investigations.** The modern embarrassment with technique is usually a form of professional deformation when no attention is paid to anamnesis and status of the patient, giving way mainly to laboratory and instrumentary methods for diagnosis. The technique as a precise way of examination does not allow any human contact with the personality of the patient and his emotional state.

3) **Desire to have an early narrow specialization.** The specialization in the medicine has its positive effects, specially when it is based on a wide and multiple post-graduate education. On the contrary, the quickly formation of a narrow specialist does not allow him to acquire a real professional experience. Such specialists do not pay attention to their patients as a whole, because they analyse only part of them, certain organs or systems, but not the total organism and personality of the patient, his biological and social properties and features. That is why there are many physicians-dispatchers, who based on their narrow and insufficient experience show little interest for the patient's fate.

4) **Pharmacomania and polypragmatism.** Most of all between physicians and parents is distributed antibioticomania, no matter in polyclinical or stationary conditions. By means of numerous medicines is formed the so called syndromotherapy. It has less positive effects than negative, because it tends to schematization of the treatment, no corrections and additions to the individual regimen of treatment.

5) **No estimation of the regimen, diet and negative habits.** In the complex treatment of the patients this is usually an unproper analysis of the curative methods and medicines, factors of behaviour, risk of chronic diseases, etc.

6) **Moral and deontologic disorders.**
   a) False professional adaptation to the complaints of the patient.
   b) Not enough attention towards personal dynamic examination.
   c) No system in keeping the professional qualification and form.

Having in mind the analysed forms of professional deformation of the physician it is easy to explain the development of routinemanship and conservatism in the diagnostic and curative tactics, which are very near to unknowledge and fear in front of the unexpainable things and events. The more the science is developed, the more active influence upon the pathological process is required.

   d) Disfavored personal health behaviour.

It is known that the behaviour of the physician contributes to distribution and formation of health norms of behaviour in labour, social environment,
family. It is a way to decrease the risk factors of the nowadays mass pathology.

The well balanced and worked profession of the physician is a base element of his characteristics; it is not all from his personality. The craftsmanship is a strange form of dehumanization and degradation of the creative beginning of the physician. All modifications of the craftsmanship are professional deformations and that is why they are in acute conflict with the main way for improvement and amendment — the intellectualization. The demands for intellectualization of the social health system by all achievements of the natural and artificial intellect can not coincide with any deformations of ideal-moral, common intellectual or professional origin.

REFERENCES