

Interview

# Interview with Dr. Miguel R. Jorge, the 70<sup>th</sup> President (2019-2020), the World Medical Association: “Patient-physician relationship” and empathy<sup>\*1</sup>

**Miguel R. Jorge**

President, World Medical Association 2019-2020  
Brazilian Medical Association

**Interview**

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(Saturday, November 2, 2019, Tokyo, Japan Medical Association Hall; and additional e-mail interview)

## Abstract

This article is a record of an interview with Dr. Miguel R. Jorge, a Brazilian psychiatrist who served as the 70<sup>th</sup> President of the World Medical Association (2019-2020). An interview with Dr. Jorge was published in this journal in 2014; 42(2), as well. Immediately after inauguration as President of the World Medical Association, interviews were conducted both by e-mails and real conversation during his tenure and after his term of office.

In his role as World Medical Association President, Dr. Jorge did not set a psychiatrist specific goal, but an important issue for all physicians, the doctor-patient relationships. At the end of the term, a historic revision was achieved in the WMA Declaration on “Physician-Patient Relationships”, named Declaration of Cordoba. This declaration is expected to play an important role in the future development of patient-centered medicine focusing in the person and not in diseases.

## Key words

patient-physician relationship, World Medical Association, medical ethics, empathy, psychiatry

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<sup>\*1</sup> This interview was conducted on November 2, 2019, during the 7th International Congress of Person Centered Medicine Work-Life Balance Challenges and Solutions, Japan Medical Association Hall, co-organized by the Japan Medical Association and the International College of Person-centered Medicine, and additional interviews was conducted by e-mail. Japanese translation is published in *Rinsho Hyoka (Clin Eval)*. 2021; 48 Supple XXXVII.  
[http://cont.o.oo7.jp/48sup37/48sup37contents\\_e.html](http://cont.o.oo7.jp/48sup37/48sup37contents_e.html)

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Dr. Miguel R. Jorge, the 70<sup>th</sup> President (2019-2020) of the World Medical Association  
At the Japan Medical Association Hall, Nov 2, 2019

## 1. Inaugural speech as the WMA President

**Interviewer** Thank you so much for your acceptance of our interview, following the previous time at the World Medical Association (WMA) Council Session in 2014 <sup>\*2</sup>. We wish to congratulate your inauguration of the WMA President for 2019-2020. It was so much impressive that in your inaugural speech as the WMA President <sup>\*3</sup>, you focused patient-physician relationship and patient-centeredness which contains monumental message, e.g., “I was planning to emphasize during my Presidential term that there never will be health without mental health. But I was challenged by myself to broaden my concerns, and remind and highlight to my fellow physicians one essential component of the practice of Medicine: the great value of the physician-patient relationship.”; “In medical care, it is as essential to have empathy as it is to be able to examine the patient from the outside.” Could you inform any specific policy or activity of WMA in this context, to be facilitated during your presidential period.

**Jorge** When someone is elected to the position of WMA President, he/she usually chooses a theme to be

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<sup>\*2</sup> Mungherera M, Kloiber O, Doppelfeld E, Kumar A, Jorge MR, Kurihara C, Saio T, Interview. The WMA Council Session in Tokyo, 2014: Globalized medical ethics and research ethics: – Interview with Dr. Margaret Mungherera, Dr. Otmar Kloiber, Dr. Ajay Kumar, Prof. Dr. Elmar Doppelfeld, Dr. Miguel R. Jorge. *Rinsho Hyoka (Clinical Evaluation)*. 2014; 42(2): 553-90. [http://cont.o.oo7.jp/42\\_2/42\\_2contents\\_e.html](http://cont.o.oo7.jp/42_2/42_2contents_e.html)

<sup>\*3</sup> Jorge MR, Dr. Miguel R. Jorge, World Medical Association 70th President Inaugural Speech, 25th of October 2019. *World Medical Journal*. 2019; 65(3): 3-5. <https://www.wma.net/wp-content/uploads/2019/10/WMA-70th-President-Inaugural-Speech-Final-Version.pdf>

emphasized during his/her term in office. As I said in my inaugural speech, as a psychiatrist I was thinking to choose a theme highlighting that it is not possible to think of health without including mental health. But, then, I preferred to choose a theme which takes the attention of every physician to the importance of the physician-patient relationship, which was relegated to a second or third priority in medical care. This means that whenever I will be invited to speak in any medical event during my term as WMA President, I will try to speak on behalf of patients deserving a personalized attention from physicians.

As the new President of the World Medical Association, I will highlight the great value of the physician-patient relationship. In the last few years, this relation has been a burden. Many patients complained that the physicians do not look at them well enough, they do not touch them anymore or they have less time to be with them. There are some reasons that explain this situation.

One reason to choose this topic would be the quiescent demand for medical attention. As there are too many people to be seen in a very short time, the physicians have very little possibility of dedicating ample time to each of their patients, particularly in public services.

A second reason would be that, due to the progress of medicine, physicians are placing less value in talking to the people, listening to their complaints, knowing about their circumstances and their lives but putting more emphasis on lab tests and diagnostic methods using images like MRI or tomography. All these important methods that are supplementary to the practice of medicine has been taking too much importance in the way the physicians try to diagnose illnesses and treat them adequately.

The patients are complaining that they are not being treated as a singular person anymore but rather as someone who has an illness. To re-evaluate the situation and recover the importance the physician-patient relationship has is something of major importance.

**Interviewer** You mentioned about the importance of the value of empathy or compassion. Does this come from your background?

**Jorge** That is true. When I learned psychopathology, my biggest reference was Karl Jaspers who published a book in 1917 called *General Psychopathology*. Jaspers always mentioned that we should treat people with empathy. We should try to put ourselves in the place of the patients to better understand what is happening with them, particularly in psychiatric care.

Empathy is something that is very essential to the practice of medicine. While we put ourselves in the place of our patients, we have to take care not to become as they are, feeling very distressful about the life. Rather, we should give them hope. This is one of the major contributions medical doctors can do for their patients. Showing compassion for the situation the patients are living is an important part of medical care. It is not just to know the diagnosis, to prescribe a drug or refer the patient to a surgery, but also showing compassion to their situation. This is something that is very important to be taken by all medical doctors, not just by psychiatrists.

## 2. Recent Declarations of the WMA

**Interviewer** The WMA is facilitating Universal Health Coverage but there are large regions in the world where the cost of mental health care have not been well covered by public healthcare insurance until now. Do you have any specific solution to this situation?

**Jorge** Universal Health Coverage (UHC) is not just an important issue for public health but also a very complex one and need to include mental health as well. The World Medical Association has been emphasizing its importance and produced a Memorandum of Tokyo in June 2019 to be delivered to the Heads of States at the Osaka G20 Meeting, stressing its adoption not just in well developed countries but also in other countries. I am sure that the WMA constituent members recognize the difficulties for the implementation of a UHC system but difficulties are to be always fight against.

**Interviewer** Very recently, the WMA adopted Declaration on euthanasia and physician-assisted death <sup>\*4</sup>. Do you have a specific perspective or some kind of cultural background from Brazil in this regard?

**Jorge** In Brazil, physicians are usually against euthanasia and against assisted suicide. This is true not just for Brazil, but for the whole world. In Europe, there are some physicians in favor, but the general rule is that they are usually against. This trend was what we gathered from our meetings in different regions of the world.

**Interviewer** As for an human right issue, physical restraint and confinement of mentally ill patients have been conducted still now in an inhuman way in some areas of the world (“pasung” in Indonesia <sup>\*5</sup>) and even in Japan there is a case of death of a patient supposedly because of inappropriate physical restraint <sup>\*6</sup>.

Do you have some perspective for improvement of such situation, and how is the WMA’s perspective?

**Jorge** Specific drugs to treat mental disorders start to be described about 70 years ago and psychopharmacological treatment experienced a significant progress during the 80s. The advance of psychiatric care in the last decades allowed a shift from a model centered in hospital to a community care. Also, medical care is experiencing a new balance where patients have now their rights recognized and a more prominent voice in the decision-making process. Then, physical restraint and confinement of mentally ill patients are practices that still can have a place but not as frequent as in the past. And, even when necessary, human rights and patients’ dignity need to be fully respected. Any abuse is to be immediately denounced to the competent medical or social authorities.

### 3. House visit, community care and patient centricity

**Interviewer** With regards to the medical practice of visiting a patient’s home, is there such kind of practice in your country?

**Jorge** In primary care, we have a program in Brazil called the Family Health Program. For that program, the team is composed not just of a physician but also includes a nurse and his/her assistant, and a community agent. A community agent is not a professional with high technical skills but someone that knows very much the community where the patients live.

One of the roles of the community agents is to go to the patients’ home and observe the circumstances.

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<sup>\*4</sup> World Medical Association. Declaration on Euthanasia and Physician Assisted Suicide. 2019.

<https://www.wma.net/policies-post/declaration-on-euthanasia-and-physician-assisted-suicide/>

<sup>\*5</sup> TIME. Jenkins N. Pasung: Thousands of mentally ill Indonesians are imprisoned in shackles. 2016 Mar 21.

<https://time.com/4265623/indonesia-mental-illness-chains-pasung-hrw/>

<sup>\*6</sup> The Guardian. Hurst D, Roy A. New Zealand man died after being tied to bed in Japanese hospital. 2017 Jul 13.

<https://www.theguardian.com/world/2017/jul/13/new-zealand-man-dies-tied-bed-japanese-hospital>

Observe what happened there, see their families, who they are, how they are dealing with the situation that particular patient is experiencing and pass this information onto the Primary Care Health Center, sharing these information with all the team. This helps in planning the best care for the patient.

In Brazil, we are experiencing this model under the Universal Health Coverage system (called SUS) with very good results.

**Interviewer** Since the time he was a young resident doctor, Saio went to the patient's house with nurses. It was a very nice experience to develop the patient-physician relationships.

**Jorge** Unfortunately, this kind of experience is not common for medical students or even residents in Brazil, although this is being reported by physicians from other parts of the world. It probably exists but is not a widespread activity.

But you are very right about that. I have an experience specifically about psychiatric patients, because usually psychiatric patients feel a lot of stigma against them. One of the ways to reduce this stigma amongst the medical students is by giving them the opportunity to interact with psychiatric patients, not as a medical doctor observing a patient, but as two people talking about life. The medical students usually have a fear of being attacked by psychiatric patients. The students will see that besides the mental disorder that the patients have, they are people like us. This reduces a lot of stigma.

When a physician has an opportunity to visit a patient's residence and see how the patient lives, learn about the patient's life and family, it brings a lot of personal aspects to the relation. It is difficult to build this relationship in the context of a hospital setting. In a hospital setting, the physician is focusing on diseases, not on people. In the patient's residence, the physician is more prone to see the aspects that form the basis for good medical relations.

**Interviewer** Kurihara's father (Editor-in-chief of this journal), also a psychiatrist, used to visit his patients sometimes at their residence. He also used to invite the patients to his home. Some patients used to stay for a month or half a year in our house.

**Jorge** This is interesting. This experience of being a home doctor or a family doctor is something that, unfortunately, was much more common many decades ago. Our societies changed and as medicine is more complex now.

**Interviewer** Will it be right to say that what you say is some kind of a procedure of the community care team practice?

**Jorge** Yes. We are trying to establish this model in Brazil. Although there are thousands of teams like this working in the country, the number is not enough to cover the whole country. But it is a very good experience seen in public health. This is absolutely free for the people. It is provided by the government without any extra cost other than the taxes we pay.

**Interviewer** Is there any such approach of the patient involvement or patient engagement for developing the therapeutic plan?

**Jorge** In Brazilian public services, we usually see people that were not empowered. Unfortunately, in those services, the patient is usually very shy to present any demand to the physician. Sometimes they do not have enough knowledge to even place their own thinking about how they prefer to be treated.

The situation is different in private practice. The usual situation is that the patient comes to the office, they have lots of knowledge about what is going on with them, and they have their own beliefs on what would be

better for them. It is more common to have a decision-making process shared by the physician and the patient than it is in the public services.

#### 4. Background story of becoming a psychiatrist

**Interviewer** In your inaugural address, you mentioned about your background history of choice to become a psychiatrist, although your father wished you to become a general surgeon. You mention that “I engaged in lifelong actions for enhancing the quality of medical care provided particularly to those that are more in need.”

It is an important message. We assume that at the time you were getting medical qualification, governmental resource for psychiatric care would be extremely limited. So we wish to know more in detail about the reason of your choice.

**Jorge** A military coup took power in my country, Brazil, and a military dictatorship was in place from my 16 to 34 years old. Human rights were not respected and correction of social inequalities was not a matter of concern for those in power. Among the difficulties experienced by the people, access to good health care was and still is an important issue. I believe that the main reason for my choice is related to that situation.

I wanted to become a psychiatrist since my adolescence. I had never considered any other specialty. I decided to go to a medical school as I wanted to become a psychiatrist. This was due to my readings and my general interest during my adolescence. At that time, in the '60s I was very much interested in psychiatry and the existentialists philosophers. I wanted to understand and learn the nature of human beings. This pushed me towards the field of psychiatry. At the first moment, before thinking about becoming a doctor, I was thinking to be a psychiatrist. Then, I discovered that to be a psychiatrist, I need to be a medical doctor first.

At that time, my father might have felt that the model of a physician was the model of general practitioners, where physicians go to the interiors of the country and do everything. They deliver children. They are pediatricians. They attend to old people. They do minor surgeries. This was the way my father would have thought about being a physician and seeing a possibility to make a living. Although he never pushed me to do anything, I know this is what his thoughts would have been.

**Interviewer** Out of all your big achievements, what is the most important career or achievement that you are proud of?

**Jorge** I very much like to see patients and talk to them. I very much like to teach medical students and residents. I very much like to be associated with collective activities as I was always involved in medical associations. All my career can be defined by these three aspects; seeing patients, teaching students, and fighting for better conditions of medical practice on behalf of our people.

#### 5. Additional interview just after retirement from the WMA President

**Interviewer** For us, it was a valuable opportunity to observe the last General Assembly (October 2020 in Cordoba) of the World Medical Association, where you took your final mission as the President of WMA. As the world was still experiencing COVID-19 pandemic, the WMA 2020 General Assembly took place through a virtual encounter. What could you say about that?

**Jorge** I would like to refer to my valedictory speech. There, speaking about the situation related to the COVID-19, I mentioned that I have listened to people saying we are all in the same ship. But I added that many ships have passengers in the first, second and third classes. Our world is an unequal world and different people are differently impacted by the pandemic. And, unfortunately, some of our political leaders – discrediting science and prioritizing the impact of economy in their mandates – have taken positions which exposed more people to be infected and even died. Then, I make a call to all health stakeholders to take initiatives to raise awareness and mobilize our communities to push their governments in the desired and needed way.

**Interviewer** Thank you so much for such extremely important message. Also we appreciate your precious, continuous collaboration.



**At the Japan Medical Association Hall, Nov 2, 2019**

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