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MEDICAL PROFESSION
VOCATION AND CONTEXTUALITY

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Abstract

This piece of work submits the reader's attention the importance of some relevant features of the medical profession, which can guide its perception both in spiritual dimension and through the image of the definitions given by the historical time in which we live today. Referring to the first mentioned aspect, the exposure is focusing on the medical vocation meanings in a religious orientation. As for the second aspect, the keyword is 'contextuality' and presumes the idea of the medical profession related to the present time. This work is using religious texts belonging to the Christian Orthodox religion (especially the Bible) and also to the official regulations, analyses and researches from the European space afferent to the presented subject. The top of this presentation is the description of the intersection between two main axis of the medical profession, i.e. the dialogue attitude of the doctor in the doctor-patient relationship, and the attitude similar to professional and personal satisfaction.
Keywords: medical profession, spiritual dimension, European context, doctor-patient relationship

1. Introduction

The current period, defined by a raising appetite of redefining concepts, methods, strategies, sets new reforms in different fields. It even refers to the collapse of the old and of a strong desire of improvement. Therefore the connection between religion and science is the subject of many questions which can have a larger area of answers than in the past.

In the current societies, the reflection and practice bound by professions are situated between the elements placed at the substance of one possible figuration of the social construction. And so, we have chosen to promote here a particular aspect of this subject, more precisely, information concerning the medical profession. Referring to this, doctors' position seems to be today in the interference space of two effervescent areas: the first one, the one of humanist lode, which valorises the spiritual dimension of the profession and the second one which is feed with the amplitude of the scientific discovery of the last century and solidifies the technical side of it. The observations from the

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following pages will focus on the first mentioned aspect - the humanist area of the medical profession, centring with predilection over some elements which emphasise the notions of 'vocation' and 'contextuality'. The definitions and components of these notions, even limited at the applied dimension of the subject, can't be addressed here exhaustive neither in a vertical nor in an horizontal way, therefore the selection will have the onset angle of the subject at the base. Thence, the work is about the search of information which could set a relevant model for the Romanian space, which spiritually, has at the background the Christian Orthodoxy and socially is on its way of positioning relative to the European politics.

2. Vocation - the Christian Orthodox perspective

The Christian Orthodox tradition is offering a complex vision on human person which also includes aspects that define vocation. From here comes the major role of the doctor and the elements which define its vocation. The term 'vocation' derives in the Romanian language from the Latin 'vocatus', which means 'called'. That is why in theological language is also used the term 'calling', the synonym of 'vocation' but indicating precisely a meaning of the relationship with the Divinity. Is actually about the positioning in a conversation rapport in which fulfilling the vocation, means the answer of the human person called by God to redemption, as one may observe from the following quotations.

"He has saved us and called us to a holy life — not because of anything we have done but because of his own purpose and grace. This grace was given us in Christ Jesus before the beginning of time." (2 Timothy 1.9)

"Each person should remain in the situation they were in when God called them." (1 Corinthians 7.20)

„As a prisoner for the Lord, then, I urge you to live a life worthy of the calling you have received." (Ephesians 4.1)

"Therefore, my brothers and sisters, make every effort to confirm your calling and election. For if you do these things you will never stumble." (2 Peter 1.10)

According to the Christian Orthodox perspective „the vocation belongs to the Divinity will, and the soul who receives it, answers to this initiative, helped by the grace. The grace develops the vocation and the soul powers until doing a happy container from it for the calling from above. Step by step, the vocation becomes conscientious, turns into a personal power and manifests itself through desires, words, attitudes which denote an accomplished freedom of will." [1]

From the biblical history we notice that professions are mentioned since first human generation. Abel is presented as shepherd and Cain as a farmer thereby resuming the two oldest professions. The Bible also indicates the initiators names of entire generations of people from which are related some arts and occupations: Jabal - the father of those who live in tents at herds, his brother Jubal - the father of those who sing at guitars and bagpipes and Tubal-Cain which was creator of iron and copper tools (Genesis 4.20-22). In the Old

Testament there are also more extended mentions explaining how the occupation represents a synergic action of the human and Divinity. God infuses to Moses the plan of creating the holly tent, through the dabs Bezalel si Oholiab (Exodus 31.2-5). In the New Testament, the Son of God, through the fact that He made himself human, also made himself servant both of God and to human. Therefore the work on vertical along with God and on horizontal between people gets new meanings. "Not so with you. Instead, whoever wants to become great among you must be your servant, and whoever wants to be first must be your slave — just as the Son of Man did not come to be served, but to serve, and to give his life as a ransom for many." (Mathew 20. 26-28)

As for the doctor's vocation, the Old Testament book of the Ecclesiasticus requests to the man in the following terms to appeal to the doctor: „My son, in thy sickness neglect not thyself [...]. Turn away from sin... Give a sweet savour... And then give place to the physician. For the Lord created him: and let him not depart from thee, for his works are necessary." (Ecclesiasticus 38.9-13)

The disease is thereby the opportunity of a double interrogation: over the soul, from which the sin it has to be removed and also from the body by the doctor. Furthermore, the doctor appears clearly in relationship with the divine intervention. And so, the doctor interferes in double aspect, the one of his speciality and the spiritual one. This perspective is extremely important for the description of the primary concept over medical profession from a Christian vision. The fact that the doctor has also a spiritual vocation and a technical one confers a remarkable statute with deep implications over the dimensions and the impact of his profession. Others biblical citations from the New Testament nominate the two coordinates on which it develops the above mentioned divine aspect. We are talking about the affirmation of God Jesus Christ: „And the King will answer and say to them, 'Assuredly, I say to you, inasmuch as you did it to one of the least of these My brethren, you did it to Me'" (Mathew 25.40), and related to the first one the direct confession about Himself: „I was sick and you visited Me" (Mathew 25.36). Thus, it emphasize the value of the communion between Divinity and man, which, related with medical themes, leads to the statute of the one who takes care of health as servant of God through the work for people.

The communion of the Orthodox Church in which enter also people with medical vocation is inseparable of the sacramental life. The anointing with myrrh of those who suffer a disease is one of the seven mysteries of the Orthodoxy and at the same time a therapy for any disease. It is named the mystery of the Holy Unction and is addressed directly to the priests. Saint James said: „Is anyone among you sick? Let him call for the elders of the church, and let them pray over him, anointing him with oil in the name of the Lord. And the prayer of faith will save the sick, and the Lord will raise him up. And if he has committed sins, he will be forgiven." (James 5.14, 15) We have already noticed that the healing of the sick includes both physical and spiritual therapy. It can also observe that in the healing of those who are sick, the work of the doctor and the mystery carry on by the priests are both concordant and complementary [2].

The same apostle is addressing this advice to people: „...pray for one another, that you may be healed..." (James 5.16) and Saint Paul specifies in 1 Corinthians 12.24-27: „...there should be no schism in the body, but that the members should have the same care for one another. And if one member suffers, all the members suffer with it..." All these notations lead to the medical vocation absorption in the brotherly communion because „the Church congregation is before all the Mystery of Love" [3]. At the same time they lead to the importance of preying, which means the invocation of the presence of God in the human work, because God Christ says: „…for without Me you can do nothing" (John 15.5).

To the model of confessional proximity of the doctor described in the backward lines is added, also from the New Testament, a model of actual proximity, an example of taking care of the ill person. It refers to the good Samaritan of whose path is described at Luca 10.9-37. He stops to attend the injured person curing his wounds and handing him to the best care. Only after he helped the ill man to be cured and after he has the certainty that the process of curing will be started the Samaritan returns to his way.

The compassion is therefore another important aspect of the medical vocation, from Christian Orthodox perspective and it doesn't mean exactly a quantitative contribution but a qualitative one.

The medical vocation description in the way we have presented it so far, is related with a certain perspective, with a concept of Christian medicine [4]. In substance, is a huge powerful vertical opening, which refers to the eternal time-kairos who fills the actual action of immortal signification.

3. Contextuality - strategies and actual politics in relationship with medical profession

The medical profession is today appreciated in the connection with shaping institutions and it is based on certain competences. The humanist aspect of this one is included in rules and deontological texts, resuming scientific, moral and ethical values, the last ones often deriving from the Christian perspective. The institutions and organisms who assume this type of speech did not appealed to a direct intertext, of quotation type formulation, but to an indirect one, pointed toward the values sphere. The context gets also a major importance because the dynamics of regulations is in direct proportionality with social, legal and economical dynamic. Idioms such as 'in the present context' or demonstrative deliverances such as 'in the actual context' appear frequently. Therefore, the contextuality is defined by logic of dynamism. It is inscribed in the measured time and in horizontality.

The term of 'competency' becomes thereby a keyword in the definition of the medical profession. Its practicability, relevant for the medical field, pertains to the strategies of professional shaping and the rules of exerting the profession. These two aspects are discoursed in different documents, single or along with, depending on endorsed global themes. In order to give a logical exposure we will present it forward in two successive episodes.

Concerning the shaping experiences, in Europe, since ’70-’80, it was very disputed the problem of harmonization the national situations referring to professions, through sectorial regulation about nature and the minimal contents of the educational training programs. In medical field, we retain from the starting period of the European strategies, the approval in 1994 of the Charter for the continuous medical formation of the specialised medics in EU. Closer to the present time we deduct the elaboration in 2008 of the Green book of the persons working in the health system in Europe. This document endorses the corroboration of the medical stuff and its training in order to coordinate at a communitarian level the rules that are applied at national level. For that matter emerges the problem of the competences that should be a priority. Putting together more professional areas (including the health care), the European frame of qualifications, is deepening the competences matter thorough and considers as learning indicators: skills, competences, knowledge. Related to this, are presented the reference levels which describe what should be known by the one who is in training. In Romania for example, the National frame of qualifications (in course of elaboration) has as mark the European frame of qualifications.

As for the exertion of the profession, since the ‘80, the 51 states which form the European Region of WHO had begun the demarches to configure a commune framework for the medical area. Under the jurisdiction of the European authorities, along with the Maastricht Treaty (1993), the public medical field which represented an area which is in charge only by the national authorities, become the subject of one European politics. Through *SANTÉ 21* document [5], published in 1999, are set the following European values: the equity in the health area (p. 9-23), the promotion and protection of health (p. 79-171) defined as „multiple sectors responsibility” within „multiple sectors strategies”.

The need of ‘multiple sectors strategies’ show that the development in medical field is correlated with the evolution of other fields - industry, law, social science, ethnology, linguistic, geopolitics, etc. The concept of complex strategies gets embryonic value through reporting at the reflection which developed at the boundary between millennia over the key competences or transverse ones (thought as complementary to those regular or of speciality). And so, along with the interdependencies from macro social plan, we broach nowadays the problem of education and training of the human being based on transverse, tangential skills for different fields. These benefited already of a European Referential Area described in the Recommendation regarding the key components for education and entire life forming, legitimated by the Council and the European Parliament in December 2006. The competences mentioned in this document are relative to: communication in maternal language, the communication in foreign languages, mathematical knowledge, the use of information technologies, learning how to learn, social and civic placement, sensitivity and cultural expressing. Other documents – the European area mentions the competence typologies, divided in four major categories: to know, to know doing, to know being, to know learning [6].

At the professional level of health, the definition of the professional identity reported to certain transverse skills making a reference to the humanistic area of its activity. From the above range we keep as relevant competencies the communication in maternal language or other languages, the social situation and the cultural expressing. These could be expressed concise in terms of *multiple direction relation* and have in the core the use of language from an acting perspective [6, p. 15] centred on the effective work context [7]. The Reference European frame for languages is promoting this perspective through activities – tasks which are supported by a properly strategy, developed in a certain context, all the edifice having as substance the communication skills of the person [6, p. 15].

It can be noticed two categories of important elements. On one side those which refer to the context, and on the other side, the ones which refer to communication in general. As for the professional from the medical field, the generic context of work supposes the fulfilment of three main functions based on communication: reports of medical information, creation of relationships and the therapeutic education of the patient [8]. Therefore, the scientific knowledge become manifest through strategies of relation and communication, and the biomedical expertise combines with interrelation communication expertise. Thus, the relating by communication becomes the central element of the humanistic side of the medical profession and deserves in this way a special attention. On the other hand, even in other professional domains the language part of the effective activity is quantitatively growing due to the multiple channel situations of communication at the working site and to the verbalisations on the effected actions that come from a new conception, of responsibling in management the employees [7, p. 90]. In many countries were made or are in development, linguistic profiles of professions, and in France for example the linguistic training is recognised since 2004, by law, within continuing shaping.

The communicative competences of the doctor are practiced in a complex way during medical consultation. Behind it there is an entire history of approaching methods. We speak mainly about four models: based on biomedical data, based on bio-psychological data, based on patient and based on the relation doctor–patient [8, p. 124]. The consultation as direct context of the medical situation has four sub-contextual dimensions: psychological, relational, situational and socio-cultural. The medical communication is taking these aspects and develops based on the psychological elements of the interlocutor, the history of the relationship, the time and space assigned, the social and cultural roles of the involved ones [8, p. 20]. Even if is asymmetric, because of the different positions of the interlocutors, the communication patient-doctor is plenary fulfilling when the doctor empathically shares the situation of the patient.

4. Vocation and contextuality - dialogical attitude

This road of relationship based on communication has a keyword: the dialogue and deeper the dialogical attitude. Promoting horizontally this idea, in inter-human relationships, may be a chance of enlarging it to vertical, in dialogue with the Divinity and recovering the vocation. The complex contextualities afferent to the medical field, which we have described here and seem to be disposed on pyramidal levels from macro-social to individual, lead to the focusing on the patient, more precisely on the communication with this one. Such a practice carries in itself a medical yield, as proved by many studies which describe the direct rapport, between the doctor's communication and with the ill person and the evolution of the disease. Depending on qualitative index of communication, positive aspects over emotional health have been noticed, the disappearance of symptoms, the regulation of physiological parameters and the achievement of the pain control [9]. These observations are as many arguments showing that dialogue doctor-patient legitimise and fulfil the medical act, crediting in this way the doctor's professional level. The patient becomes in this way, the last context and essence of the medical profession, while the dialogical attitude which is manifesting here models the identity and professionalism the doctor in the sense of fulfilling his vocation.

5. Conclusions

The exposure that we have made in this paper has in the centre problems afferent and is anchored on two pillars: the description of this vocation from a Christian - Orthodox perspective and the analysis of the contextual elements which are defining it today. The vocation as divine grace has a spiritual meaning well spotted in scriptural texts, but mixed with the importance given to the care effectively granted. When historical situated, we notice that the medical profession is reported to different contextualiaties which regard it or along with other professions. However, all these contextualities pyramidaly disposed contain a coherent principle: the delimitation of a central element which gives value and meaning to the entire construct. And so is profiled the portrait of the patient which is feed from the base of the pyramid as contextual beneficiary, client or interlocutor from the verbal exchange. The nowadays adoption, in the specialty speeches, of the concept of centring the medical profession on the relationship doctor-patient is creating the junction with the vocation since the beginning of the one who takes care of the one who suffers, in a gesture of giving to God through the gift to the neighbours. The dialogical attitude horizontally and vertically oriented appears as common denominator and the substance of communication for a medical-patient communion which riches and fulfils the doctor and confers solidity and authenticity to the medical vocation.

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