Knowing the past and the causes of behavioral changes helps us understand conflicts of the present and plan for the future.

The advancement of technology, universal and easy access to knowledge, improvement of diagnostic methods, and simple and accurate treatments are factors affecting the training of doctors and their relationship with patients. This is bound to happen not only in the medical field, but in all areas.

Human beings will not be replaced by machines. There will always be room for the work of professionals, especially for complex diagnoses and treatments, but the advancement of technology and the easy access to knowledge will make people evolve towards greater autonomy, with a consequent change in the paradigm of care and the scope of the medical profession.

Technology allows knowledge to be accessible to everyone in real time. Science improves diagnoses and treatments every day, making them increasingly simple, fast and available for everyone.

In this context, some issues related to professional training, legal actions, and the profile of both future physicians and patients are relevant.

Until the middle of last century, medical diagnosis and treatment was indisputable. People would not ask so many questions as to the medical decision. Today, patients are no longer passive, exercising their right to autonomy and requiring further explanation. This situation requires attention, especially now that we experience a period of transition in which the technical knowledge of patients is not appropriate and can be detrimental, depending on their attitude and the relationship with their doctors.

The scientific method and logical evidence will be increasingly available to all; complex procedures will be simplified and people will solve more and more their problems alone. Thus, knowledge contents and logical scientific evidence will not be sufficient for the education of professionals. Everyone will have that at the click of a button.

The demands will be far greater in terms of procedures, and professionals will be differentiated according to experience, personality profile, quality of emotions and sensitivity in his or her area of expertise. Fortunately, we are all different, some dealing more easily than others with the situations, depending on the area in which they operate. Doctors will naturally be much more connected to ethics.

The physician will need to understand this new circumstance, acting for the common good, including indirect guidance in procedures now available to everyone, being active against acts contrary to the health of people, exercising their citizenship, fighting the profiteers, supporting acts for the benefit of health and not falling into the traps of corporativism. Understanding and adapting to this new situation will avoid the risk of being penalized before an increasingly demanding society.

Social rules and the courts will have new challenges, such as controlling the reliability of contents and access to knowledge, the limits of self diagnosis and treatment, and the effect of all of this on social relationships and the environment. Other relevant aspects will continue to hinder justice, such as the commoditization of diagnosis and treatment, already aggravated by less intervention and direct tutelage of professionals who once took responsibility for them.

Understanding this is important to comprehend current situations, such as the rapid changes in doctor-patient relationships, and to enable a better planning of future actions, with modern legislation, proper attitude of physicians and the positioning of institutions linked to their activity and training.