

The Baudelaire phenomenon

O FENÔMENO BAUDELAIRE

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In recent times, we see patients who consult numerous doctors in a short time, and do not obtain definitive diagnoses, or effective therapies, ending up increasing their doubts, insecurities, dissatisfactions, and piles of supplementary tests. Despite the fact that this “low resolution medicine” affects more often users of the national public health system (SUS), it also exists in private medical care. The “Way of Sorrows” experienced by patients has multiple causes, most of them outside the range of influence of physicians. But to what extent they can contribute to the events described? We propose the name “Baudelaire Phenomenon” for situations of this nature that can be attributed more to the behavior of doctors than the weaknesses of health systems.

The Baudelaire brothers are characters from children’s literature, protagonists of the *A Series of Unfortunate Events* collection, written by Lemony Snicket.¹ The three orphans, despite their inherited fortune, experience great difficulty in getting a suitable tutor, constantly moving from one place to another. The resemblance to the facts described above is evident. Some patients, despite paying substantially for medical consultations, feel orphaned in relation to care and in need of explanation about their actual health status.

It is likely that the reasons for the Baudelaire Phenomenon are multiple. Listed below are some causes that may act alone or combined:

- Agnosia of the specialist: some doctors simply cannot see beyond their own specialty. As a consequence, they are blinded to the whole, that is, they are incapable of developing comprehensive clinical reasoning.
- Pilate complex: once they discard diagnoses within their specialties, some doctors declare that their job is done, guiding patients to seek experts in other areas.

They show no actual interest in contributing to the conclusion of the case. A variation of this complex is that in which the patient is seen as connected to a health plan or public health system, rather than considered as a human being seeking his or her doctor and who expects proper care and guidance.

- Diabetic formation: as if they had diabetic neuropathy, some doctors are insensitive to the suffering of patients. Although this evil can arise only after years of work, medical courses have failed to develop the skill of empathy in students. In other situations, the further exploration of glaring mistakes committed by colleagues ultimately proves extensive training failures, as in the case of diabetic feet.
- Banking hours syndrome: some physicians want to maintain their connection with patients only during business hours.
- Videogame doctors: some doctors are more fascinated by the images of examinations than by the actual human beings. Often, these professionals have difficulties to interpret test results within the appropriate clinical context.
- Spraying of responsibilities: when patients are seen by multiple physicians simultaneously, and everyone can happen to think that talking to the patient and family is a responsibility of the others.

Prophylaxis of Baudelaire Phenomenon includes technical and humanistic education of students in medical schools, and constant self-vigilance in order not to fall in the behavioral traps identified. When a patient is being treated by many doctors is important to point clearly who will be primarily responsible for communicating with the patient and family.

We doctors are service providers and the interests of our customers (patients) should always come first, no matter our circumstances to practice.

REFERENCE

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