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Doctor-Patient Communication In Justė Lastauskienė's Book "DOCTOR, MAY I COME IN?"

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Abstract: *The article is based on the method of the phenomenology of perception (Maurice Merleau – Ponty) that breaks down a person's preconceptions, rejects the subject-object opposition, and emphasizes the importance of sensory perception, the unconditional value of other person, the intersubjective dialogue relationship, and the subject's sociocultural and historical horizon. Justė Latauskienė's book "Doctor, can I come in?", published in Lithuania in 2025, opens up the historical, social, cultural, and economic contexts of doctor-patient relationships to the book's target audience – both physicians and patients. Opening up of these contexts allows both doctors and patients to look critically at their own preconceptions and not to take them for granted: by taking a socio-cultural and historical perspective, doctors and patients become aware of the conditionality of preconceptions. This critical approach creates a space of dialogue between a doctor and a patient, which is the only space in which an encounter between these two subjects can take place. The book also makes use of other practices that establish a space of dialogue: politeness, the horizons of the life of the doctor and the patient, and subjectivity.*

Keywords: *phenomenology of perception, dialogue, life horizon, doctor-patient communication*

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1. Introduction

In Lithuania, an increasing number of books written by physicians have been published recently, which is a testimony to the growing doctor-patient communicative awareness. Books of this kind focus on the doctor-patient relationship, explain the reasons for miscommunication and look for ways for both to better understand each other. According to the pioneer of narrative medicine Rita Charon, "Whether to protect themselves from the sadness of taking care of very sick people or to guarantee the objectivity of their clinical judgment, doctors seem to operate at a remove from the immediacy of sick and dying patients, divided from sick people by deep differences in how they conceptualize illness, what they think causes it, how they choose to treat it, and how they respond emotionally to its presence. Patients long for doctors who comprehend what they go through and who, as a result, stay the course with them through their illnesses. A medicine practiced without a genuine and obligating awareness of what patients go through may fulfil its technical goals, but it is an empty medicine, or, at best, half a medicine" (Charon, 2008, 6).

By the very act of writing such a book, the author once again draws our attention to a seemingly self-evident thing like language, by repeatedly emphasising and vividly revealing that communication is not a self-evident thing but rather an effort to create language as a space of encounter between two persons. Whether that encounter takes place depends on the two participants, the doctor and the patient. The doctor is the active party in this relationship: "I would also like them [specialist doctors] not to think that if a person does not complain, there is no problem" (Lastauskienė, 2025, 11). The author of the book highlights language – spoken and written – as a fundamental means of preserving memory and creating a meaningful whole and encourages all family doctors to use the method of reflection and meaning-making that she herself uses, writing: "I wish my fellow family doctors to write their own book" (Lastauskienė, 2025, 11).

2. Methodology

In discussing the communication of the doctor and the patient that emerge in Latauskienė's book (2025), the method of the perception of phenomenology formulated by Maurice Merleau Ponty is used. John O' Neill identifies one important feature of the phenomenological method of Merleau – Ponty: „Merleau-Ponty returns philosophy to the flux of the natural and historical world, rejecting its compromise with the ideals of objectivism which have made the tradition of rationality an enigma to itself"(O'Neill, 1973, xliv). George J. Marshall emphasizes that the depth of the

phenomenological approach helps to solve various and complex problems of common human existence: „It is only transforming our way of looking at human reality that some problems and paradoxes that Merleau presents can be understood.(...) It is only through this complexity and depth that we can face the practical and concrete problems of living together" (Marshall, 2008, 60).

One of the fundamental concepts of phenomenology of perception that is important for this analysis is phenomenological reduction. According to Gerhard Thonhauser, „for Merleau-Ponty, the phenomenological reduction is a necessary method logical step to break with the taken-for-grantedness of the world that is pervasive in the lifeworld and to make manifest the inescapable entanglement of subject and world" (Thonhauser, 2023, 16). Phenomenology of perception reduces preconceptions, rejects the subject-object opposition, and emphasizes intersubjective human relationships, actualizing the significance of sensory perception as the primary source of cognition and understanding: "All knowledge takes its place within the horizons opened up by perception" (Merleau – Ponty, 2005, 241). Maurice Merleau - Ponty asserts that the sensory functions given to the subject (sight, hearing, touch) already presuppose possible communication with another subject. According to Merleau - Ponty, „In so far as I have sensory functions, a visual. Auditory and tactile field, I am already in communication with others taken as similar psycho – physical subjects" (Merleau – Ponty, 2005, 411).

Maurice Merleau - Ponty explains the intersubjective relationship between people as "the communication between one consciousness and another in one and in the same world" (Merleau – Ponty, 2005, 411), focusing on the fundamental sensory perception of another person and the concept of dialogue. According to Merleau - Ponty, subjectivity and the existence of another person cannot be denied because the human world is not self-evident and understandable: "the other can be evident to me because my subjectivity draws its body in its wake" (Merleau – Ponty, 2005, 410). Thus, Merleau - Ponty emphasizes the other person as a subjectivity with a body that cannot become an object: „another's body is not an object for me, nor mine an object for him, if both are manifestations of behaviour, the positing of the other does not reduce me to the status of an object in his field, nor does my percpetion of the other reduce him to the status of an object in mine" (Merleau – Ponty, 2005, 411).

Intersubjective communication is also expressed through the body, according to Merleau - Ponty, bodies are „the manifestation of behavior" (Merleau – Ponty, 2005, 411). Phenomenology of perception asserts that another person can be understood through their body language, physical

expressions, and sensory behavior, and that this understanding does not require experiencing, "empathizing" or going through the same thing: "I perceive the other as a piece of behaviour, for example, I perceive the grief or the anger of the other in his conduct, in his face or his hands, without recourse to any 'inner' experience of suffering or anger, and because grief and anger are variations of belonging to world" (Merleau – Ponty, 2005, 415). Incidentally, Merleau - Ponty emphasizes that it is possible to understand another person, but it is impossible to experience the same thing, because this experience, joy, or pain belongs to another person and is the part of her / his sensory world.

Unconditional acceptance of other and her/ his world is linked to the social world. According to Merleau - Ponty, "we must therefore rediscover, after the natural world, the social world, not as an object or sum of objects, but as a permanent field or dimension of existence (Merleau – Ponty, 2005, 421). Thus phenomenology of perception asserts that sociality is given to a person together with their existence in the human world: "Our relationship to the social is, like our relationship to the world, deeper than any express" (Merleau – Ponty, 2005, 421). According to Merleau- Ponty asserts „solipsism would be strictly true only of someone who managed to be tacitly aware of his existence without being or doing anything, which is impossible, since existing is being in and of the world" (Merleau – Ponty, 2005, 421).

Social connections can be mediated by a person's community and cultural world, but historical and cultural awareness would not be possible without the understanding that fundamental historical structures are already embedded in a person's personal history. According to Merleau – Ponty, "scientific consciousness of the past and civilization would be impossible had I not, through the intermediary of my society, my cultural world and their horizons, at least a possible communication with them ((...) if I did not find in my own life the basic structure of history" (Merleau – Ponty, 2005,421- 422).

Merleau Ponty reminds us that language is the basis of human sensory perception: „there is one particular cultural object which is destined to play a crucial role in the perception of other people: language" (Merleau – Ponty, 2005, 413). The basis of language is dialogue, which Merleau - Ponty describes as an intersubjective relationship. According to Merleau- Ponty, dialogue frees the subject from their defined world and allows a common world to emerge. Dialogue is the communion and mutual cooperation of two people, with neither in a position of dominance: "in the experience of

dialogue, there is constituted between the other people and myself a common ground; (...) we have here a dual being (...) In the present dialogue, I am feed from myself" (Merleau – Ponty, 2005, 413).

Politeness and dialogue

It is noteworthy that in the very first sentence of Latauskienė's book, one of the core concepts of the whole book – "politeness" – rings out: "It would be polite for the doctor to introduce himself or herself to the patient when the patient enters the office" (Lastauskienė, 2025, 9). This word, which could be regarded as one of the key words of the book, catches the reader pleasantly by surprise, as one would hardly expect to hear it already at the beginning. The author uses this word to set the tone for the whole book, showing that she does not consider the reader or the patient as an object, that there is a distance between her and the patient-reader, creating a space of dialogue between them, showing that she is ready to listen to the patient-reader, that the patient is as important here as the writer or the doctor.

According to Penelope Brown and Stephen C. Levinson, the creators of the politeness theory, "Positive politeness is approach-based; it 'anoints' the face of the addressee by indicating that in some respects, S (speaker)'s wants are H (hearer)'s wants (e.g., by treating him as a member of an in-group, a friend, a person whose wants (desires to preserve one's face) and personality traits are known and liked " (Brown & Levinson, 1987, 75).

It is argued that this approach reflects a paradigmatic shift in the Lithuanian public consciousness, which began in 1990, when Lithuania regained its independence from the totalitarian occupation of the Soviet Union. It was then, when Lithuania began to build democracy and a pluralistic society, that the value of the individual and the fundamental element of the fabric of pluralistic societies, the principle of dialogicality, based on a conversation between two subjects – the doctor and the patient – was brought into focus.

In the second sentence, the author further underlines the principle of dialogicality, which is understood as a positive attitude, by declaring at the outset that there are no preconceived negative attitudes in this book: "So, I am Justė Latauskienė, the author of this book. I work as a family doctor, I like my job, I like my patients, I don't plan to emigrate, I get vaccinated and vote. If you have already realised that you have opened the wrong book, maybe you should go to another office. Life is short, so don't waste it." (Lastauskienė, 2025, 9)

The author has consistently taken this stance of staying positive, or, in other words, open, and always trying to do something. For example, when discussing sex stereotypes of doctors and

the debate that sometimes arises in the medical community as to who are the better doctors, men or women, the author does not attack people who hold such stereotypes, but provides statistics and finally addresses the reader, the interviewee, revealing that this posture only prolongs the time it takes to get to the specialist, giving way to other patients: "I encounter patients who don't want to go to a male GP because they lack the care and gentleness that GPs need. Just as some patients do not want to go to a female traumatologist because she will not be able to lift the patient's thigh during surgery. Don't go. Someone else will." (Lastauskienė, 2025, 48)

3. The patient's life horizon

The accusation that a patient did not take proper care of his/her health is still quite common in Lithuania. In the third chapter of the book, the author talks about this, starting an imaginary conversation with a patient with the very first question from the doctor, which sets the tone for the whole conversation – "(...) where were you before?" (Lastauskienė, 2025, 18) The author criticises this way of communicating with patients and openly states that this accusatory attitude towards the patient is unconstructive: "No one would want to hear such a phrase in a doctor's office. Not only because they would have wasted time precious for their health, but also because they do not want to continue wasting that time" (Lastauskienė, 2025, 18).

J. Latauskienė responds to the imaginary doctor from the patient's point of view, revealing this situation of a doctor-patient encounter from the patient's perspective, which is subjective:

"*Really, Doctor, where could I have been?*"

I could not have known that this question was so important. After all, I am not a doctor, I am not able to spot the onset of a disease. After all, there are many pains and sorrows in my life, and the vast majority of them resolve themselves, usually without the help of you, doctor. How could I have known that this time would be different. Even if I did, maybe that hunch has deceived me more than once, so I have learnt not to buy lottery tickets and not to invest in bitcoins.

I could have known, but I hoped for the best. Then there is no need for doctors. Or I could have known and hoped for the worst. Then there is no need for doctors anymore. But, well, I changed my mind. After all, I am a free person.

I might not have been able to see a doctor because I didn't have the money or the means to get there sooner. Or maybe I had the money and the means, but you didn't see me because you kept finding some excuse why not me, why another patient.

Do you want me to tell you why I've just now had my first preventive health check-up? You asked, so now listen up!

Perhaps I was kidnapped on my way home from school when I was 11 and kept chained to a radiator in the basement, so I spent 15 years in the dark, raped and sick. I don't know how I didn't go mad. The only way I escaped was by chance – the designer of the house being built next door was so stupid that the wall of my prison collapsed during the construction of the house, and I, a small, dirty, bony, sore-eyed lump, rolled out to freedom. When a pipe burst, I almost got caught in the sewage, but I was pulled out by the construction workers, whose language I did not understand after so many years of insulation. So, is that what you're asking me?" (Lastauskienė, 2025, 18)

With this imaginary patient's narrative, the author opens up the depth of the subjective person's life: who knows, maybe everything happened exactly as in this story? This is just another reminder to the doctor that a person's life story is always broader than he or she can imagine, that one should not rely on one's own preconceived notions about the patient, that one should not reproach the patient, but try to understand her or him life's horizon, understand that, in a certain way, another person's experiences and feelings are related to my own experiences as a human being. Thus, phenomenology of perception asserts that although it is impossible to understand another person perfectly, different subjectivities inevitably meet because they exist in the same human world, in a common existential and social horizon (Merleau-Ponty, 2005).

In Lithuanian, the word "relationship" itself has ties to the words "to meet" and "get along with". A literal translation of an expression "They get on well" in some local dialects is "they meet". A relationship is the meeting of two personalities, and it is possible only by preserving the understanding of difference and at the same time finding a common ground, a unifying foundation.

4. The doctor-patient relationship: from an object to a subject

The patient's willingness to submit to the mercy of the doctor as a miracle worker means that if the doctor fails to cure, the patient will feel disappointed and will question the doctor's miracle worker credentials. The patient in such a relationship abandons his or her active role, placing himself or herself in the hands of the doctor and leaving the doctor in charge. Even the taking of bribes could be seen as the ancient equivalent of offering sacrifices to the deities, with the physician then acting as an intermediary between the human being and the health deities.

J. Latauskienė's book shows an obvious shift from the earlier, 19th-20th century relationship between a doctor and a patient, when the doctor's authority was equal to that of a priest and the relationship with the patient was a subject-object relationship. The author of the book, who could be classified as a doctor of the younger generation, does not accept an omniscient role and leaves the patient in charge of his or her own health: "When patients ask me if they have to take medication for blood pressure, cholesterol, flu vaccinations, etc., I tell them that they do not. *Have to* is too strong a word. They can do it. They may choose not to. (...) If you fear and avoid everything, you will have what nature gave you. (...)

We *can* take medicines. We can choose how we view illness – as a disaster whose cure is a further part of the disaster, or as an event that gives us the opportunity to do something about it. We can get a good night's sleep without having to drink coffee! We can all live our lives as we should, ditch the blood pressure apparatus, enjoy the good old age of 60, and be glad that, whew, we don't need those drugs" (Lastauskienė, 2025, 39).

In this way, the doctor leaves space for the patient, keeping a distance, helping the patient to become aware of his or her preconceptions and to look at treatment differently, turning it not into a magical act of the doctor, but into a conscious collaboration between two subjects, or, in simple terms, between two people – the doctor and the patient. The patient is transformed from an object into a subject, an active participant in the relationship, and is humanised, and this is therefore a humanistic relationship in the true sense of the word.

The doctor-patient encounter is an encounter between two personalities, not between two people in their full human subjectivity. And that is why their conversation may not happen, why the doctor and the patient may psychologically fail to find the middle ground. "Well, for the non-physicians who will read this book, I hope they will enjoy it; maybe it will help them to choose (or not choose) one or the other doctor better. To find their own" (Lastauskienė, 2025, 12).

The doctor-patient rapport is not a given. This is perhaps one of the most important messages of the book, which is vividly and clearly revealed in the chapter "The Story of the Blue Eyes". It is a scene reminiscent of the theatre of the absurd, when two people just are together. Perhaps it is simply the patient's desire to be with someone else, a doctor-patient relationship elevated to a humanistic relationship. The most beautiful thing is that the author leaves the question open, she does not rush to place the patient into some specific category.

"Here comes a young guy. Let's call him John (...). So, John walks into the office and sits down. John is looking around. The doctor is looking around. The clock is ticking.

When [John] is asked what has happened, he becomes disturbed and angrily replies that NOTHING has happened. Then he falls silent again.

"So why did you come here?"

"What do you mean why – so that you help me!"

"And what kind of help do you need?"

"I don't know. You are doctors – you figure it out." John smiles.

(...) I flick through John's e-visits – lots of them, and to different doctors, some just a few days apart. Complaints range from a sore groin or a rash of a few centimetres to fainting. Well, OK, I think, I'll start by asking where it hurts. (...) The patient lightens up and extends his ankles – he claims that both are sore and swell a little when he walks for a longer time. I examine the ankles – nothing special. I ask some questions about them – again, nothing special.

"Well, it's usually the wrong footwear at your age that's to blame for such pain. An orthopaedist will help you find the right footwear or insoles for your shoes. I will see if you have ever had X-rays of both feet.

"Oh, no, no, no, Doctor, it's not the pain. That's not the reason I came here."

"Then why did you come?"

"My hands are freezing, the blood vessels are visible, look," shows John.

I'm looking. The hands are warm, no blood vessels are visible, I feel everywhere where a pulse can be found in the human body. The time for the visit is surely coming to an end. I ask again:

"Did anything in particular happen to make you come here?"

"Well, obviously," the patient gets angry. "My back hurts, can't you see how difficult it is to move?"

I tell him to go home, John leaves very angry, I hear him outside the door explaining how he hasn't received anything, how pointless the visit was and how he will post a comment on the internet that there are only killers here." (p. 64-65)

The author goes on to assure us, preventing possible stereotypical evaluations of such a patient, that John did not have a developmental disorder, mental illness, anxiety or anything like that. Therefore, when this patient suddenly stops coming to the clinic, the doctor is worried – maybe

he has died, maybe he really had some problems that the doctors missed. But the reason turns out to be paradoxically simple and equally incomprehensible at first sight: it turns out that the patient had started jogging, found a stray husky while he was jogging, and took it in. The author draws this parallel between two misunderstood individuals – the patient and the dog – to emphasise once again that the doctor and the patient do not always succeed in understanding each other, that there is always a subjective human element in their relationship that cannot be ignored: "When some people throw a husky out on the street because they think it is an untrainable dog, others find it and say that, well, finally, someone is helping and they understand what I am talking about. Maybe if I could see through the eyes of a husky, I would be better at helping people." (Lastauskienė, 2025, 66)

The book presents unexpected, paradoxical portraits of patients' lives that stick in the memory. Nothing here is as it might appear at first sight.

According to the author, friends suggested to her that she title the book and begin with the phrase 'I just want to ask', a phrase often heard by doctors when a patient drops into a doctor's office for a short time without an appointment, out of turn, in the patient's words, 'just to ask'. According to J. Latauskienė, patients do this not because they lack understanding of the organisation of work or because they do not respect other patients, nor because they think their question is very simple – "I just want to ask" is a way to try one's luck and to catch the doctor off guard. "When patients tell their best stories of recovery, the doctor in those stories just happens like a miracle. For example, a patient doesn't do her homework and choose the doctor who is best suited to the case. Such a patient does not build a treatment team. (...) No. This patient is lying on the beach when a doctor comes up to her and says: "You need to have this breast checked, come and see me on Tuesday". When the patient comes in, the doctor finds cancer there. People are waiting for miracles. They want to get well, just like they got sick – unexpectedly" (Lastauskienė, 2025, 21).

It could be the patient's own desire to be an object in the eyes of the doctor, the inability to be aware of his or her own preconceptions about the doctor, and the inability to create a space of dialogue in which the doctor-patient encounter can happen.

The author also seeks to show the broader perspective of each doctor's professional activity, stressing that in this way they would "(...) be more aware that their work is not meaningless and thus would be less likely to burn out" (Lastauskienė, 2025, 11). Here the identification of this broad, holistic perspective, which encompasses the whole of a person's personality and life history, with

meaning should be emphasized: meaning is always inseparable from memory, unfolds in the field of memory, and it is only through the perspective of time that we can see the fruits of our work.

5. The sociocultural and historical horizon of medicine

Of particular importance is the opening up of broader historical and socio-cultural horizon, allowing us to look at the attitudes of doctors in a given historical era not as natural and taken-for-granted, but as shaped by one or another historical period. The author's excursus on the notion of family doctors is an excellent example of this. Lithuanian society is a particularly favourable example, as throughout the twentieth century it has lived through a period of independence, the Soviet occupation, and the age of restored independence – the free market. In the early 20th century, a doctor was a family doctor in the true sense of the word, accompanying a person throughout his or her history of illness and health, treating the whole person, rather than a specialist limited to specific organ systems and physiological situations. According to the author's insight, the regimes of occupation and repression do not want family physicians: "They prefer general practitioners whose work is focused on a person linked to a geographical location, age group, work team, or the economic situation" (Lastauskienė, 2025, 11). Meanwhile, in a liberal, consumerist society, it is no longer clear "(...) where the boundaries and goals of the patient and the doctor lie. Health is then equated with work, residence or relationships, which not only can be, but must be, prophylactically changed. The most convenient then is the *personal* doctor, whose value is measured by the patient in terms of whether he or she is the *most important* patient to the doctor" (Lastauskienė, 2025, 11). It thus is important for both doctors and patients to be aware of this aspect of human subjectivity.

The author reveals that even physicians living in the same historical period have very different religious and socio-cultural views, which shape their professional attitudes and decisions. The book raises the issue of each doctor's internal moral norms, posing the fundamental question of medicine: what is the relationship between a doctor and a patient? Everyone knows the famous Hippocratic Oath that every doctor takes. However, as the writer reveals, if one reads the original Hippocratic Oath, one finds that it is very different from modern oaths, because

"(...) the methods of treatment mentioned in it are not identical to modern ones. Neither are the rights and duties of man at that time. The oath makes it clear how to benefit and avoid responsibility. Let parbers and tanners perform surgeries, let folk healers administer herbs, and let

pregnancies be terminated in appropriate temples. The original oath also declares that if you break it, you will lose your own health" (Lastauskienė, 2025, 13-14).

By revealing the historical context, the author emphasizes the relevance of the contemporary versions of the doctor-patient relationship and invites us to reflect on them. After all, they depend on the moral norms of each individual doctor (and, we might add, patient). These spiritual attitudes are not visible and are hidden, but they are precisely the foundation on which the doctor-patient relationship is built. According to J. Latauskienė,

"I sometimes meet patients who are not well not because they have been to the wrong doctor but because the moral norms of the patient and the doctor do not match. For Hippocrates, to harm a person is evil. For a Catholic doctor, it is evil not to help a person. My colleague, who worships the cosmic energy egg, would say that evil is to prevent a person from finding his or her own path in life and from understanding karmic principles and aspirations. For a bureaucrat by vocation, it is evil to fill in the wrong paperwork and to fail to fully implement a preventive programme" (Lastauskienė, 2025, 14).

The book sometimes offers a broader perspective on illness, looking at it not only as a disease of a specific organ, but also as a consequence of various historical and socio-cultural circumstances. According to J. Latauskiene, "A person may think that his or her illness, its course and future prognosis depend very much on the person him- or herself. Perhaps the disease would not even have occurred if he or she had been born in a different place and time." (Lastauskienė, 2025, 16). This approach allows the patients to shed the stigma of illness or disability, not to blame themselves, to see themselves from a distance, as someone else, and to take care of themselves.

6. Conclusions

J. Lastauskienė's book, covering the historical, cultural, social, and economic relationships between doctors and patients, refers to the phenomenological method of sensory perception, which reduces a person's preconceptions and the subject-object opposition, and emphasizes the unconditional value of other person, the subject's sociocultural and historical horizon, and the intersubjective dialogue relationship.

Opening up these contexts allows both doctors and patients to look critically at their own preconceptions and not take them for granted: by taking a socio-cultural and historical perspective, doctors and patients become aware of the conditionality of their preconceptions.

This critical approach creates a space of dialogue between a doctor and a patient, which is the only space in which an encounter between the two subjects, the doctor and the patient, can take place. The book also makes use of other dialogical practices that establish a space of dialogue: politeness, the horizons of the life of the doctor and the patient, and subjectivity. The author reveals that even doctors living in the same historical period have very different religious and socio-cultural views, which also shape their professional attitudes and decisions. The book raises the issue of each doctor's internal moral norms, posing the fundamental question of medicine: what is the relationship between the doctor and the patient?

J. Latauskienė's book shows an obvious shift from the earlier, 19th-20th-century relationship between doctor and patient, when the doctor's authority was equal to that of a priest, and the relationship with the patient was a subject-object relationship. The book's emphasis on the principle of dialogicality reflects a paradigmatic shift in Lithuanian society's consciousness, which began in 1990, when Lithuania regained its independence from the totalitarian occupation of the Soviet Union. It was then, when Lithuania began to build democracy and a pluralistic society, that the value of the individual and the fundamental element of the fabric of pluralistic societies, the principle of dialogicality, based on a conversation between two subjects – the doctor and the patient – was brought into focus. The patient must be given space, kept at a distance, helped to become aware of prejudices, to see treatment differently, and to make treatment a conscious collaboration between two subjects, the doctor and the patient. The patient is transformed from an object to a subject, an active humanised participant in a relationship, which is why it is a humanistic relationship in the true sense of the word.

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Sažetak: *Članak se temelji na metodi fenomenologije percepcije (Maurice Merleau-Ponty) koja razgrađuje unaprijed zadane pretpostavke pojedinca, odbacuje opoziciju subjekt-objekt te naglašava važnost osjetilne percepcije, bezuvjetnu vrijednost Drugoga, intersubjektivni dijaloški odnos te sociokulturni i povijesni horizont subjekta. Knjiga Justė Latauskienė Doctor, can I come in?, objavljena u Litvi 2025. godine, otvara povijesne, društvene, kulturne i ekonomske kontekste odnosa između liječnika i pacijenta ciljanoj publici knjige – kako liječnicima, tako i pacijentima. Razotkrivanje tih konteksta omogućuje i liječnicima i pacijentima da kritički preispitaju vlastite pretpostavke i da ih ne uzimaju zdravo za gotovo. Zauzimanjem sociokulturne i povijesne perspektive postaje vidljiva uvjetovanost takvih pretpostavki. Takav kritički pristup stvara prostor za dijalog između liječnika i pacijenta, koji je ujedno jedini prostor u kojemu se može ostvariti susret između tih dvaju subjekata. Knjiga se pritom služi i drugim praksama koje uspostavljaju prostor dijaloga: uljudnošću, životnim horizontima liječnika i pacijenta te subjektivnošću.*

Ključne riječi: *fenomenologija percepcije, dijalog, životni horizont, komunikacija između liječnika i pacijenta*