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Nota di contenuto	Contents; Preface; Acknowledgements; 1 A brief evolutionary account of medical care; SUMMARY AND RELEVANCE TO THE CLINICIAN; 1.1 Simple organisms can take care of themselves; 1.1.1 Unicellular organisms use simple strategies to protect themselves; 1.1.2 The withdrawal reflex is present in both invertebrates and vertebrates; 1.2 From the scratch reflex to grooming; 1.2.1 The scratch reflex is a simple purposive behaviour; 1.2.2 Grooming involves a complex behavioural repertoire; 1.3 Scratching somebody else: a big evolutionary jump to social behaviour 1.3.1 Primates spend plenty of time in social grooming1.3.2 From social grooming to altruistic behaviour; 1.4 Taking care of the sick; 1.4.1 From early forms of altruism to the emergence of the shaman; 1.4.2 More rational treatments emerge slowly from prehistoric to historic medicine; 2 Emergence and development of scientific medicine; SUMMARY AND RELEVANCE TO THE CLINICIAN; 2.1 Emerging knowledge and the problem of animal experimentation; 2.1.1 Scientific medicine requires basic anatomical and physiological knowledge; 2.1.2 Acquiring new medical and surgical skills

2.1.3 Effective treatments need not be understood, but they do need validation2.1.4 Animal research impacts negatively on most people and raises many ethical concerns; 2.2 Biological, psychological, and social factors all contribute to illness and healing; 2.2.1 Modern scientific medicine includes a psychosocial component; 2.2.2 Medical concepts vary across cultures but the psychosocial component stays the same; 2.3 Medical practice meets neuroscience; 2.3.1 Scientific medicine needs to include the study of the patient's and doctor's brain
2.3.2 To become and to be a patient involves four steps and relative brain processes3 Feeling sick: a combination of bottom-up and top-down events; SUMMARY AND RELEVANCE TO THE CLINICIAN; 3.1 The patient feels sick through bottom-up and top-down processes; 3.1.1 What is a symptom?; 3.1.2 Detection of a symptom is a combination of interoception and other factors; 3.1.3 Different brain regions respond to interoceptive stimuli; 3.1.4 The insula plays a crucial role in awareness; 3.1.5 Interoceptive awareness undergoes a top-down modulation
3.2. Bottom-up and top-down processes contribute to the global experience of pain3.2.1 Pain experience is built up from the periphery to the central nervous system; 3.2.2 There is not a single pain centre but a distributed system; 3.2.3 Pain experience changes across individuals and circumstances; 3.2.4 A complex neural network is responsible for the top-down modulation of pain; 3.3 Emotions influence the perception of symptoms; 3.3.1 Feeling sick does not necessarily mean physical suffering; 3.3.2 Positive and negative emotions are processed in the limbic system
3.3.3 Anxiety about pain activates brain circuits that increase the pain

Sommario/riassunto

There is a vast literature on what has often been called the doctor-patient relationship, patient-provider interaction, therapist-patient encounter, and such like. However, it is thanks to recent advances within neuroscience, that we now find ourselves in a much better position to be able to describe and discuss the biological mechanisms that underlie the doctor-patient relationship. For example, we now know that different physiological and biochemical mechanisms take part incomplex functions, like trust, hope, empathy and compassion, which are all key elements in the therapist-patient encount