



## A physician's personality

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### ABSTRACT

Personality is one of the most complex terms in psychology. Numerous scientists have studied personality, but it is difficult to categorize it simply. This review article primarily examines a physician's personality or the traits which an ideal physician should have. The paper explores the changing role of physicians throughout history and across different eras and civilizations; it also considers the personality of physicians and the process of student selection. The differences in personality traits which distinguish physicians of a certain specialty are also mentioned. The profession of physician, in addition to requiring considerable effort and sacrifice, requires a person who can empathize with others, offer comfort and provide good advice. Being a physician necessitates many other skillsets that a person needs in order to offer adequate help to patients. A physician's image has changed through history, but the fundamental aspects of the job have remained the same, namely, empathy, knowledge and ethics. For a physician to help a patient successfully, a stable and firm relationship with that patient is required. The ability of a physician to communicate simply and empathically with the patient and to demonstrate understanding is the foundation of a successful physician-patient relationship. Nowadays, a patient is usually perceived as an object. This could be a consequence of accelerated technological development, but also a negative attitude on the part of the physician. Today, specific criteria outline the kind of person a doctor should be. In this article, we bring together the history and key personality traits of a physician, as well as the differences in personality, while considering individual medical specialties.

**Key words:** personality, physician, empathy, specialty, physician-patient relationship

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## INTRODUCTION

Many theorists and researchers have tried to define personality. Almost all the authors who embarked on the task of defining personality discern permanent and relatively stable traits from psychological states which are temporary. Certain authors claim that the cause of someone's behavior is related to their specific set of personality traits. Others believe that personality is related to behavior, which means that the person's future behavior could be predicted based on knowledge of their personality. There are many personality theories, however, all-inclusive personality theories which consider structure, development and dynamics state that personality is an organized and dynamic complex of the interrelated emotional, cognitive, social and behavioral patterns of an individual, which act relatively consistently as a compound on the adaptation of a person to internal (intrapsychic) as well as external (interpersonal and physical) conditions. These conditions can, to some extent, shape those patterns (traits and reactions) during the life of an individual. A healthy personality includes self-acceptance, which is typical in mature men, emotionally warm relationships with others and the ability to confer the "me" feeling on other people and other activities. It also involves a realistic perception of life, an acceptance of the unifying philosophy of life, a sense of humor and the ability to observe oneself as an object (1). A sick personality has typical and permanent behavior patterns, opinions and feelings, which deviate substantially from the norm. However, the cultural affiliation of the person and generally accepted social norms should be taken into consideration. These behavior patterns manifest themselves in childhood and adolescence, persisting in adulthood. Often, they are related to a certain degree of subjective discomfort with issues in relation to social functioning and working (2). Personality can also be observed in the context of various occupations, hence we differentiate between the personality of a politician, athlete or mason,

and finally the physician. The general opinion is that a physician should be an expert, forthcoming, confidential, fair and empathetic. From the perspective of today's physicians, one gets the impression that physicians form part of a profession with the most questionable morale and ethics (3). Multiple values influence the development of a physician's personality, from that which he adopts in family life and the community of living, to that represented in the process of education, professional work and life experience. The aforementioned detail becomes especially apparent through continuous work with patients (4).

## A PHYSICIAN'S PERSONALITY THROUGHOUT HISTORY

Ever since the dawn of time, humanity has been interested in the nature of a person. The word "personality" originates from the Latin word "persona", which represents masks used in ancient Greek theatre drama plays. Each mask was a symbol for a certain emotion and was a tool used to present a specific set of traits that were constant throughout the play. Today, personality, as a word, is used more often in everyday life, and in different contexts compared to both the ancient Greeks and its real meaning (20). As can be expected, the term is far more complex than many believe. Every person is different, however, there are certain common characteristics among people working in the same profession. Therefore, one could argue that there are such common traits among physicians. A physician's personality is a dynamic term, and it has been changed multiple times. If we take a look at history, e.g., the prehistoric age, we will find that magic and experience were a source of primitive medicine. The main bearer of empirical medicine was a woman, a mother. A magical-religious medicine was developing, which was represented by tribal witch-doctors, the first physicians to use spells and magical items in healing. Sorcerers or shamans were mediators between the patient and the mysterious forces which rule natural occurrences, while healing was a supernatural act, a sacral ritual. The

invention of writing was a decisive turning point in the history of every nation, as it facilitated the transmission of acquired knowledge to future generations. The medicine of ancient times was exceptionally magical-religious; it was believed that diseases were the work of demons, and that priests were required to perform exorcism (5). On Greek soil, in the 3rd millennia B.C. the development of Greek medicine and culture began, influenced by Egypt and Mesopotamia. The oldest written memorials in Greek medicine are epics, the Iliad and the Odyssey. Magical-religious understandings prevailed, and in one verse, it is stated that a physician is worth more than other people. In the 6th century B.C., Greek thinkers replaced the demons and spirits with natural elements and forces. Guilds of physicians-nonpriests developed, and the first medical schools were established. The most famous physician of all ages originated from the medical school in Cos: Hippocrates. He completely overcame magical-theurgical medicine. With his Hippocratic Oath, he set the ethical foundations of a physician. The oath itself was modernized, but the message remained the same: *primum non nocere*. Following Hippocrates, numerous philosophers continued upgrading medicine. The most famous Roman physician of Greek origin was Galen. For 15 centuries, his works were a source of medical knowledge. Roman medicine followed that of the Greeks, hence there was no improvement in medical theory. In certain cities, there were public physicians, the so-called *archiatri*. They were paid a lump sum and with that payment, they had to cure citizens, teach students and take care of public health. With the migration of nations, the Roman Empire fell. Among the immigrants were Slavs, who believed that the causes of diseases were magical in nature, e.g., possession by a demon. Witch-doctors, as well as old ladies, dabbled in healing. During the Medieval age in Western Europe, the church suppressed the development of science. On the other hand, it was precisely the work of the monks that was responsible for perpetuating

certain achievements of ancient medicine. From the 6th until the 11th century, medicine was in the hands of clerics, and Benedictine monasteries were the nurseries of knowledge. In the town of Salerno, the first medical school was founded, which constituted the first medical faculty in Europe. Here, the first guidelines were created regarding medical studies, the qualifications needed to practice a medical vocation and the division of work between a physician and a pharmacist. The ecclesial council in Clermont in 1130 forbade the monks from practicing medicine, but the mundane clergy still practiced curing. Fantastical methods prevailed in medieval diagnostics. Cities paid urban physicians and surgeons, and hospitals began to emerge (5). This process also took place in Dalmatian cities, where educated physicians provided a community service, curing the poor citizens and taking care of public hygiene. The discovery of the printing press caused a breakdown of scholastic medicine. The most esteemed naturalists of the 16th century were the physicians and newly founded laws of physics and chemistry were applied to medical issues. Clinicians tried to diagnose symptoms and control the spread of disease. The era of the great humanists was also an era of witch-hunting. One of the founders of scientific psychiatry, German physician, Johannes Weyer, claimed that witches were mentally ill people. As a result of these beliefs, many scientists-physicians ended up on the stake. The Renaissance slowly introduced thoughts and actions of complete freedom and physicians started accessing other disciplines to help patients. More and more men became involved in obstetrics. The beginning of the 18th century was characterized by the optimistic closing of the gap between rational and scientific, as a counterbalance to reactive understandings and unfruitful speculations. Official medicine and its achievements have traditionally only been available to a smaller, urban or richer element of the population. Others, especially those from small villages, had to rely upon healers, fortune-tellers and travelling charlatans. Many

of them gained a vote and became wealthy on account of their bizarre cures, made by the recipes only they knew. Homeopathy was founded by Hahnemann with the motto "curing similar with similar"; the infinitesimal doses of the cause of disease is still one of the most influenced alternative medical tools to date. In the 19th century, a new form of medicine was established and many new, irrefutable facts were discovered. More and more patients with various diseases required physicians' specializations and there was differentiation of medical departments. Numerous specializations were developed, along with anesthetics for operations. The 20th century was characterized by the upgrade in genetics, transplantations, virology, radiology and pharmacology. Heated clinical practice at the end of the century before keeps developing by fragmenting and independence of many specializations. The disease of this century is irrefutably cancer, a disease that impersonates medical science from all perspectives. Cognition that the outcome depends strictly on the time of diagnosis has encouraged the development of diagnostic methods. During the 20th century, many social, political and economic changes have occurred, most of which have reflected positively on the quality of life. Those who can reflect upon and ask themselves what the previous physicians discovered, experienced and envisioned, will be able to evaluate the present moment more easily, as well as predict tomorrow's next step forward (5).

#### **SELECTION OF FUTURE PHYSICIANS-MEDICAL STUDENTS**

Being a good medical student is not easy; it is even harder being a physician. First of all, it takes good will and a lively desire to be a physician. Quality prior knowledge is also required, as well as a series of objective, mental and physical capabilities. Contemporary education is focused either on memorizing facts or understanding the processes by which these facts were acquired. In medicine, it is much more important to understand the natural

processes in the human body, as well as the relations and bonds which occur in these processes. One could ask the question: which high school is the best in terms of preparing students for medical studies? Data analysis of a classification exam for enrollment in medical studies shows that no high school is superior by comparison with others. The majority of people who enroll in medical studies are the best graduates from high schools. Having certain physical, intellectual, emotional and moral traits is required from each student, as these will shape him/her into a future physician. The most important physical trait is health. A physician is often exposed to dangers and stress, which can only be overcome with good health. An inadequate work environment, strenuous physical service and night shifts, especially in surgical and obstetric departments, demand great physical exertion. While in contact with the patients who are dealing with their illnesses, a physician must cope with tiredness and the diseases with which he/she is in contact. Patients have more confidence in physicians who are healthy (5). A good physician must have well developed senses, e.g., vision, hearing, touch and smell. One can deduce that aside from knowledge in chemistry, physics and biology, a psychophysical capability is also required in order to be able to study medicine, as well as practicing it for many years. Along with physical capacity, a future physician must also have certain intellectual and emotional capacities. A good memory is important, as a physician has to memorize a great deal of information, such as the normal quantities of ingredients in blood, urine and bodily fluids, etc. Aside from memory, a physician has to be able to understand complicated mechanical relations as well as think logically. Important conditions of medical success or failure are: thoughtfulness, patience, tidiness, diligence and punctuality. Crucial traits are vitality and determination, and a physician must be capable of quick thinking and acting, as well as focusing on certain issues. A person with the aforementioned traits will be an expert, but that

does not mean that he/she will be a good physician. A series of moral traits are required to be a good physician, whose aim must always be to help others, by promoting and improving human health. Only a good person who is humane and sociable can be a good physician. It is important for a physician to be able to envision him/herself in others' psychological difficulties and to understand the psychological perspective of other people. Alongside this, a physician must have a developed sense of duty and responsibility. The medical vocation is such that those with the desire to work with others, in health or in their moments of suffering, will progress well in this profession and will be successful in helping others. Being a physician is a calling and most of the students choose a physician's occupation because they truly believe that medicine is their vocation. They have a feeling or a hunch that they will find pleasure in helping others. When choosing to study medicine, students base this choice on their own or their family's experience of being sick, as well as their exposure to TV and books. Typically, students during their first years of study decide which career path in medicine they would like pursue and which of the medical fields they wish to work in. In later years, the choice becomes more difficult and the limitations and the reality of narrowed choice become clearer. According to student opinions, human motives and the desire to conduct scientific research outweigh other motivations. An interest in science is also important, as is the prospect of a high salary. During the study selection phase, opinions and advice, and sometimes parental coercion play an important role. The majority of countries have a limited number of places available for medical studies and rigorous procedures for the selection of medical students exist. In Germany, instead of knowledge tests, capability tests are used, which are considered important for a physician's work. The downside of that test is the price, as well as the validity of the test, which has not been proven in all cultural-linguistic circumstances. An interview with a candidate is a method which is increasingly

being used. The advantage of the interview is the ability to exclude mentally ill candidates but this procedure is expensive and the possibility of error is high, along with limited objectivity. A whole new approach is selection during the first year of study after free enrollment, following a strict and intensive curriculum. Many students fail the year, the downside being that their medical skills are not tested. The most bizarre medical student selection, conducted in Netherlands, is that of random selection. For several decades, future medical students have been chosen based on their knowledge-entrance exam. Students' knowledge in chemistry, physics and biology is tested, including taking into consideration the high school mean grade. The pros of that selection are objectivity and the offer of equal opportunity to everyone. This shows that those who enroll in a medical faculty are excellent students. The same method of student selection is used in Norway (6); an exceptionally high average grade from high school is required. The article states that students most often have one factor for success, namely, the ability to adapt. They are faithful to the system and follow instructions perfectly. According to Swedish psychoanalyst, Alice Miller, most doctors fall into the category of people who are the pride of their parents, perform well in all tasks, are adored and successful, and are even the subject of contempt. Miller calls them "gifted kids". They have a different perspective of responsibility and work, and have the ability to understand others and take care of them, even in their early childhood. As a result of the care they show, they seem destined to work in healthcare to help others. Caring for others often means a lack of caring for oneself, which can make a person feel worthless, depressed and empty (6).

## PHYSICIAN TRAITS

### Common practice

In a profession in which human life and its quality are at stake, there are traits which are mandatory for successful treatment and a patient's recovery. By choosing a physician's



vocation, we accept that a patient's welfare, his/her health and life is our priority. This means that a physician needs to know how to communicate with the patient and understand his/her needs and feelings to be able to provide the best care (7). Today's image of a physician and his/her relationship with a patient differs from that of the past. New professionalism and ethics assume subjugation to the welfare of the patient under good healthcare practices. An ideal physician is no longer a "strict father", he/she is rather a moral and humane person who respects the patient's rights and dignity. He/she ensures that the patient is educated and informed, instead of being passive and obedient. Together with the patient, the physician makes decisions regarding the continuation of treatment (4). It is a must for a physician to be reliable, responsible and precise. He/she needs to provide his/her patients with a feeling of security and must instill confidence in his/her knowledge, methods and expertise (7). A person who manifests the personality traits necessary to accomplish the goals of medicine will be a good physician. One of these is being good natured, as the primary rule of medical ethics ever since the time of Hippocrates is ensuring the welfare of patients and protecting them from harm. Intellectual honesty is also key, i.e., recognizing the fact that you are unfamiliar with something, being sufficiently humble to admit it and accepting help as a damage-avoiding virtue. A physician must also show courage, as he/she must expose him/herself to the dangers of infections, the possibility of physical injury in emergency cases and political revenge. Moreover, a physician must have empathy, because with any chronic or complicated disease he/she must understand the patient's condition for his/her judgment to be morally valid. The final trait necessary to be a good physician is that of honesty, as patients require accurate knowledge to make informed decisions with confidence (8). According to a research study published in 2016, seven main traits of a good physician were identified upon which physicians and medical students agreed.

These are separated into two categories: the higher ranked kindness, sincerity, honesty, persistence and teamwork, alongside the lower ranked leadership and the ability to reason. Women regard kindness, leadership and the ability to reason as important characteristics, while men deem humor to be a key trait (9). Aside from these, self-control and the ability to have a calming influence on others are also valuable traits, especially because the pace of life and the weight of responsibility exert great pressure upon the physician (7). Physicians work using different styles, yet certain procedures are repeated in a typical way. One differentiates between physicians-artists, who incorporate a lot of emotion in their job and behave like actors on a public stage. Physicians-engineers focus primarily on physical interference and view the patient as a machine that needs to be fixed. Physicians-scientists consider disease as a scientific issue, so they attempt to identify the condition using objective methods and choose the best treatment. Physicians-priests see their work primarily as providing comfort and support to patients when finding their way to recovery, while physicians-craftsmen consider medicine a craft. Every physician has each of these important traits, only the amount of each individual trait is different, which depends on the healthcare culture (5). Science and technology development in other fields, as well as in the medical and biomedical sphere, impose an obligation of lifelong study and mastery of the profession. The healthcare reality of today's society warns that the moral development of a physician cannot be an accidental, occasional or collateral effect of the living environment or hospital ambience, when encountering and communicating with the patient. The modern physician must be caring, empathetic and unobtrusive; he/she develops quality communication with the patient and respects the legal norms and ethical tenets in the relationship (4). Without the use of new technologies, tracking the newest medical discoveries and accomplishments and applying these in practice, medicine today would be

unimaginable. Today, if a person is very concerned, ill or disturbed; he/she would expect humanity and understanding from a physician. New technology and an increasing number of tests and subspecialties add to the fact that more and more people are being repressed behind highly sophisticated results. The distance between the physician and the patient is accentuated on the one hand because of the technology itself, and on the other hand because of the material component associated with the technology, which causes further separation between the patients themselves according to their social status (10). Regardless of the usage of technology, physicians must act ethically, morally, empathetically and fairly towards anyone who asks for their help.

### Specialists

By enrolling in medical studies according to their affinities and abilities, students choose their future specialty. The idea of one's own specialty differs from one student to another. Questioning the stereotypical images of individual specialties has shown that clear stereotypes can be established even at the beginning of one's studies and do not change over the course of the period of study. Stereotypes regarding surgeons being aggressive and arrogant, psychiatrists being confused and emotional, internists being well-read, etc. were well-known among students, however, these were evaluated differently by those who saw themselves as one of those specialists. Those with a desire to become a surgeon viewed aggression and arrogance as positive traits and other characteristics as unnecessary (5). Research on stereotypes discovered that anesthesiologists were believed to be always on a break, were idle and "pick up" poorly and that general surgeons were narcissistic, authoritative, cared only about a high salary and acted before they thought. The research also showed that internists were believed to rarely cure patients and had a very high opinion of themselves, while orthopedists were deemed to know little outside their field of expertise and rarely used their brain and

book. Psychiatrists, according to the stereotypes, take others' statements very seriously, sometimes have the same issues as their patients and are very empathic and full of understanding (11). None of the specialties can be linked to one particular person, and within one specialty many differences can be found regarding the time spent with a patient. Accordingly, there are differences between the personalities and interests of each general practice physician, which partly influences the selection of an individual specialty. Many factors affect the choice of medical career and specialty, but the most important are personality traits. Pediatricians manifest extroversion more, while psychiatrists manifest extroversion and conscientiousness less, but manifest openness more compared to other specialists. Subspecialists of internal medicine (endocrinology, gastroenterology, dermatology and allergology) have a high degree of conscientiousness, while specialists in hospital service (clinical microbiology, forensic medicine, clinical genetics) have a lower degree of conscientiousness. Ophthalmologists, otorhinolaryngologists and physicians of general practice are less outgoing, and occupational medicine specialists and physicians of general practice lean more towards consent. Specialists who have changed specialties are more extroverted and outgoing compared to those who remained within the same specialty (12). Research has shown that physicians whose personality is consistent with the personalities of pathologists and emergency medicine specialists have less life satisfaction compared to those who have different personalities. It is also stated that pathologists are less sociable and are insecure regarding their life goals, while emergency medicine specialists are prone to shifting the blame for their problems to others. The same study states that internists, along with pathologists, are curious, skeptical, intelligent and systematically inquire about problems. However, internists show more warmth when conversing with the patient compared to pathologists. Surgeons are assertive, objective,

and skeptical, although all surgeons point out that the ability of owning up to one's mistakes, discipline, the ability to consider all facts and motivation are the best traits of a surgeon (13). Compared to other specialists, surgeons are more outgoing, extroverted and conscious, as well as less prone to compromise. Male surgeons are less nervous than the general population (14). Those who are passionate and strive for novel experiences, along with unpredictable situations, usually choose emergency medicine as their specialty. Physicians who describe themselves as reliable, caring, conscientious and supportive mostly choose pediatrics as their specialty, while those who are sociable, altruistic and self-transcending choose psychiatry. The latter type of personality is often very intuitive and creative, well-intentioned and empathic. These traits are key to patient-physician interactions and improve final results (13).

#### PATIENT-PHYSICIAN RELATIONSHIP

At a time of considerable change in which technical and social factors are impacting the field of medicine, the way in which healthcare workers and institutions offer their services is transforming. One of the key elements which can never change or be lost is the communication between the patient and the physician. In the patient-physician relationship, through verbal and non-verbal communication, the physician must express compassion and care for the patients. The relationship itself is an important therapeutic tool (15). In modern society in which everything is changing, the very model of the patient-physician relationship shifts from paternalistic to contractual. The paternalistic model implies that the physician knows what is best for the patient, while the patient accepts this decision without complaint. It is not easy to communicate bad news, even if the patient is asking direct questions. In a contractual model, the patient participates in the decision-making process and therapy application. The physician offers the patient the possibility to choose what is best and allows him/her to partake in the

treatment process responsibly (16). This relationship considers the interests of the physician and the patient. In the partnership model, the physician and the patient must work together to decide on the disease treatment. The physician is the expert that gives advice, while the patient becomes an active, co-responsible associate (17). The physician must treat the information provided by the patient in the strictest confidence, only using it with the patient's permission. Physician-patient interaction must be characterized by honesty, from the perspective of the physician, as well as the patient (16). The patient-physician relationship and its effective outcome have a direct influence on the quality of care and the success of the treatment. Ensuring effective communication with the patient requires understanding of the fact that the patient does not merely consist of a series of symptoms related to damaged organs. Instead, he/she is a person with dignity and with his/her own beliefs and tendencies who asks for help to be cured. Communication is a prerequisite of every good physician. Physicians have to be able to get through to the patient, and they can only do that if they listen to all his/her problems and translate the medical language into phrases which are comprehensible to him/her. The greatest impact that a physician can have relates to communication. Communication is significant for the patient, as it releases the burden of fear or removes the consequences of an addiction to the physician (18). The importance of a successful therapeutic relationship should not be ignored. Moreover, in most cases, an accurate diagnosis and successful treatment of the patient are directly connected with the quality of the aforementioned relationship. The development of that relationship enables the patient to share his/her most private and personal information with the physician in a safe and intimate environment (19). The physician is required to listen carefully to the patient and evaluate the importance of the information given using logical thinking and critical judgment to draw accurate conclusions. The physician must be



prepared to react quickly in emergency situations. When communicating with a patient regarding a diagnosis, means of treatment or possible outcomes, the physician must be clear, but at the same time considerate and emotional, especially when delivering an unfavorable diagnosis. A good physician treats, respects and accepts uniformly; he/she is guided by empathy and a will to help (7).

The limitations of this study were the scarce number of articles on the topic covered, while none of the articles in the stated literature examined a physician's personality exclusively. With this in mind, it is mandatory to conduct research with the goal of identifying the specific traits for each physician, regardless of the branch of medicine in which he/she is practicing.

## CONCLUSION

Being a good physician involves a great deal more than completing a medical qualification. In addition, he/she must possess certain characteristics such as responsibility, criticality and decisiveness. Physicians are individuals who are greatly respected. The ethical dilemmas, which can occur in everyday life, demand a highly moral person, who is emotionally mature and stable, and will know how to best help the patient with his/her decisions. Those who work in the medical profession have to know how to approach each person because each one of them is different. Patience, benevolence and empathy are key characteristics of each physician, who owes his/her patient, as well as his/her family a clear explanation of their symptoms or diagnosis and must offer support if required. Therefore, high-quality communication plays an important role in providing adequate help and solving issues, and the same goes for the physician-patient relationship. A physician has to listen to the patient's thoughts, feelings and concerns, and engage him/her in the sole process of sanation. Such an approach results in mutual satisfaction, and ultimately, a healthy individual. We believe that each physician has to carry a two-

sided "medallion" in his/her heart: knowledge and humanity for the patient's welfare. Expertise, empathy, confidentiality, truthfulness and ethics are traits of an ideal physician. Being an ideal physician is difficult, and they are rare, but what each physician and medical student must always bear in mind is that the best physician is the one who helps.

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The authors declare no conflict of interest.

## AUTHORS' CONTRIBUTIONS

Lorena Vladić, Ivo Krešić and Dragan Babić designed the study. Lorena Vladić and Ivo Krešić designed the search strategies and performed the literature search. Lorena Vladić and Ivo Krešić reviewed the literature and extracted the available data. Lorena Vladić and Ivo Krešić analyzed the data and wrote the paper. Dragan Babić reviewed the written paper. All authors approved the submitted and final versions.

## ETHICAL BACKGROUND

**Institutional review board statement:** This review article does not require an ethics review, as it was based on published work found in a medical database. No identifier or group of identifiers, which would allow the release of private information to an individual, were provided in the manuscript.

**Informed consent statement:** Not applicable.

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