The doctor-patient relationship has been the foundation of medical practice, and has thus remained even when circumstances have changed throughout time. The overwhelming emergence of technology, the systematization attempts with standards, guidelines and algorithms, the pressure on attending to more patients in less time, the need to reduce costs, the excess of information, the complexities of getting around in the cities, the emancipation of patients and society, the extraordinary scientific and technological development and other factors have threatened the traditional doctor-patient relationship model. It has changed, but it has survived because it remains essential and because it has been possible to adapt it to new circumstances. Today, it is a more contractual, conventional, commercial, collective and result-oriented relationship. We as physicians have learned to live with technology and make use of it – although there are some who have become subordinated to it –, have become aware that we have to improve our communication skills, have understood that patients’ rights and opinions have to be respected, that we have to restitute the leading role of patients above the healthcare personnel or institution and that we have to adapt to the extent possible to the desires, fears, prejudices and apprehensions of patients and their families, trying to satisfy their expectancies, when reasonable, by practicing our profession with a clear awareness the costs, getting off our high horse and fostering a less asymmetric relationship.

But, what else brings the future, with robotic surgery, telemedicine, online consultations, electronic dialogue, electronic transmission of images, massive dissemination of questions and answers, multiple opinions in social networks, unscrupulous promotion of remedies, cases where the diagnosis does not appear to require history and physical examination, etc.? We have to acknowledge that the doctor-patient relationship is at high risk of becoming depersonalized as it happened with that of other characters that sometime used to play a role in society, such as the personal bank advisor with the advent of on-line banking, the travel agent, the bookseller, the personal tailor, etc. Will the doctor-patient relationship resist this new challenge? Will it have to be restricted to a commercial interaction? Will the role of the profession turn into mere technical advice for cases whose solution is not found in the internet? Could we end up as those loathsome menus that today substitute personal communication (“If you have a family history of diabetes, press 1; if you are constipated, press 2; if you only want to refill your prescription, press 3...; if you want to talk to a doctor, press 0 and please stay on hold; waiting time is 40 min...”)? Could we resort to the use of self-diagnosis forms to be filled by the patient him/herself and select his/her treatment of choice? These questions are addressed on whether the patient still needs a personal link with his/her physician or if it is enough to be provided with cold and objective evidence-based instructions and to receive the required technical procedures without even having to meet the person who is providing them. The need to be heard, sympathized with, accompanied and understood will have to be solved by other people, and the patient will have to answer his/her doubts using a catalogue. Or will there be any way to withdraw from this trend?