

For Orrego (1), it is a set of actions that go from a simple diagnosis to a very complex surgery, implying an overload of risks as there are no concrete elements nor objectives that allow having an exact result.

For Besio (2), it is an elective action carried out by an expert whose objective is the health of the patient; besides searching for sickness prevention or recovery of health, this being considered as a mankind's asset.

Finally, for Laín (3), it is the content of each moment spent between physician and sick person characterized for being uninterrupted, that is, the time spent with patients in different spaces like private office, an outpatient doctor's office at a public clinic or a university private hospital, etc.

Regarding the normative dimension, the three conceptual approaches allow to define it as the proper interaction between useful information given by the patient, and on behalf of the physician, develop an empathic and responsible attitude to understand the set of behaviors that allow the patient to give necessary information to accurately interpret the given data.

Once the medical practice has been conceptualized, it is necessary to consider which are its main characteristics. The medical practice has the following characteristics:

- Professionalism: It can only be carried out by health care staff duly qualified and certified.
- Standardized performance: in terms of the *lex artis ad hoc*, the health care staff can only carry out actions clearly valid according to commonly accepted medical literature.
- Legal purpose: The medical practice is legitimate when it is performed in accordance with the law, the *lex artis ad hoc* and when the informed consent form of the patient or his/her legal representative has been collected.
- Not formal: it does not require the formal hiring of the services. Regardless of the previously mentioned, the documentation of the medical practice is mandatory in the clinical file, in terms of the Regulations to the General Law of Health, with respect to medical attention, and in terms of the official Mexican standards NOM-004-SSA3-2012, the clinical file NOM-024-SSA3-2012, Systems of Registry Information for Health.

There are several types of physician-patient relationships that can be classified as follows:

- Paternalistic. The physician decides for the patient.
- Informative. The decision depends only on the patient.
- Interpretative. The physician interprets and makes sure that the information given to the patient is understood, and he/she tries to assume the values of the patient.
- Deliberative. The patient analyses through a dialogue the different values related to health, their importance and the instructions for treatment.

Mediation

When questioning what mediation has to do with health, it is necessary to refer to the "conflict", which has been present in different contexts of human life and the medical field is not an exception. So, before the different agreements or disagreements of the medical practice, strategies that allow to tackle the conflicts are searched, this is why Vinyamata (4) considers "mediation" as the ideal strategy that allows the art of mediating, interceding, pleading in conflict situations.

To have a concrete example about mediation, it is necessary to mention that mediation is considered as a polysemic term for the following reasons (4):

1. Origin: it is necessary to mention that mediation is a term that emerges in the legal field, and later it has been adopted in other fields like medicine, psychology, education, etc.
 - It is identified that mediation raises as an alternative tool for conflict solution in the legal field. Therefore, mediation demands the intervention of a an impartial third party who helps solving the conflict.
 - So, from a general perspective, mediation can be understood as an agreed cooperation so everyone wins when solving any type of conflict.
2. Normative character: mediation formally exists since no more than 10 years ago in Mexico. Mediation was not mentioned until 2005 with the