

- **Neutrality:** a mediator is impartial.
- **Confidentiality:** both the parties and the mediator must be subject of clarification, as it can be understood in a different way by the participants, in both its meaning and scope.
- **Personal character:** it is mandatory the personal attendance to mediation appointments, therefore, it is not possible to attend through a representative.

With the previously mentioned, it can be seen that mediation has an identity of its own from which several models are generated like the ones shown in Table 2. It is worth mentioning that each one has certain singularities that allows it to adapt to different contexts such as medicine, according to the specific characteristics of the conflict.

Table 2. Models of mediation.

MODELS OF MEDIATION	LINEAR (HARVARD)	CIRCULAR-NARRATIVE (SARA COBB)	TRANSFORMATIVE (LÉDERACH, BUSCH AND FOLGER)
Objective	To reduce the disagreement causes. Reach a mutual agreement. Reduce differences.	To work on communication in order to change perspectives and thus realities.	To transform conflict and relationships. To work on the differences.
Method	Conflict ordering 1. Interests 2. Objective criteria 3. Alternatives 4. Agreement options 5. Commitment 6. Relationship 7. Communication	Creation of contexts to facilitate solutions accepted by the parties. 0. Pre-meeting: planned by a professional member of the team who will not be the mediator. 1. Frame the process. 2. Know the observation points. 3. Reflect on the case. Encourage creativity (team without the parties). 4. Narrate an alternative story leading to an agreement (change the observation point).	Try to raise the parties awareness about their own change capacities and conflict transformation. 1. Joint meetings. 2. Introduction to communication skills for relationships of circular causality. 3. Potentiate the prominence of each part. 4. Recognize its share of responsibility.
Preferred fields	Business and international transactions.	Familiar and scholar mediation.	Community, scholar and international mediation.
Essential aspect	To reach to negotiable interests starting from opposing and non-negotiable positions.	To modify narrations in order to get to modify the reality's perception. We are what we tell.	To change not only the situations but the people as well.
Preferred fields	The conflict has no culture, no time and no person. The conflict is contrary to the positions.	The conflict is a mental process, with a change potential through other mental process.	The conflict is an opportunity to grow. The conflict is inherent to the person and the society. It does not disappear, it is transformed.

	The conflict is negative and must disappear.	One element is enough to start the change in conflicting systems.	
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Source: Munné M, Mac-Cragh P. Los 10 principios de la cultura de la mediación. Barcelona: Editorial Gra; 2006 (7).

The models suggested in Table 2 act as support systems for people in conflict or crisis, by providing culture to society facing the challenge of human diversity, not only to guarantee social order.

It is worth mentioning that in the last years there has been a rise in alternative strategies to solve disputes linked to the medical practice that allow to ensure legal compliance of this binomial and that strengthen the physician-patient relationship.

CONAMED

In the country, in the last decades, the Mexican National Commission on Medical Arbitration (CONAMED) was born as an organism of alternative justice with the purpose of reducing costs and the parties fatigue. The mediation strategy is supported on the dialogue as main tool to generate assertive communication with no need of getting to courts.

The main objective of CONAMED is to offer alternative mechanisms generated in a moment of conflict between the parties in the medical field. The conflict can be between the patient and the physician or even the family that sometimes feel attacked and the dialogue becomes difficult, and many times, inexistent.

It is worth mentioning that Netza (8) refers the following frequent causes of conflict:

- Lack of information, or misinterpretation of that information.
- Autocratic paternalistic health professional, especially physicians who insist that their criteria is the right one, ignoring the patient's and/or family's decisions.
- That health professionals prioritize the family's decisions ignoring the wishes of the patient.
- Familiar fracture where one sector supports the patient's decisions and the other does not.