

# What does it Mean to be a Patient?

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## Competencies Addressed

The student should be able to:

1. Enumerate and describe professional qualities and roles of a physician
2. Demonstrate empathy in patient encounters

## Learning Experience

### An exploratory session (2 hours)

This session may be conducted as a continuous two hours session that may be split into two parts or as two one hour sessions, thereby giving time to the students to reflect on the discussion conducted in the first session and come up with their own specific examples of either personal ill health or that of a close family member or friend.

## SESSION 1

The instructor can start the session by introducing the concepts of empathy and equanimity in the context of the role of a doctor who helps patients, who are ill with associated suffering. Since these concepts are related to what we perceive as the role of a doctor, the instructor may need to explain the basic cardinal roles that a doctor needs to fulfill.<sup>1</sup> Following this, the instructor may ask students for their viewpoint on what their role may be when they become qualified as doctors.

Empathy is a key component of the patient-doctor encounter. Coming from the doctor, it helps the patient to lower his/her defensiveness enough to let the doctor know about his/her needs. This enables the doctor to be able to gauge the environment of the patient that might help or hinder with the treatment modalities;

this leads to better accuracy of diagnosis and higher chances of the effectiveness of treatment.<sup>2</sup>

On the other end of the spectrum, equanimity or stoicism is another quality that the doctor needs to develop and use appropriately to enhance the effectiveness of patient-doctor encounters. Such equanimity becomes an essential tool for the doctor to be able to take clinical decisions without getting bogged down by difficult emotions, either on the part of the doctor, the patient or their caregivers.<sup>3</sup>

After introducing these core concepts of empathy, equanimity and detached concern, the instructor can then move onto real-life, blended or imaginary case studies to discuss these concepts with the students.

*A few such cases are described below.*

1. Three resident doctors of Mumbai hospital attacked by dead patient's kin.

Press Trust of India, Mumbai. July 15, 2019 UPDATED: July 15, 2019 00:01 IST

Three resident doctors of the civic-run Nair Hospital in central Mumbai were attacked on Sunday evening by kin of a patient, who died during treatment.

Weblink: <https://www.indiatoday.in/india/story/3-resident-doctors-mumbai-hospital-attacked-dead-patient-kin1569018-2019-07-15> 2.

2. Patient's kin attack doctor at Hyderabad hospital IANS, Hyderabad. Last Updated at May 20, 2019 15:26 IST

Relatives of a patient attacked a doctor at Nizam's Institute of Medical Sciences (NIMS) here in the early hours of Monday over his alleged negligence. Weblink: [https://www.business-standard.com/article/news-ians/patient-s-kin-attack-doctor-at-hyderabad-hospital119052000746\\_1.html](https://www.business-standard.com/article/news-ians/patient-s-kin-attack-doctor-at-hyderabad-hospital119052000746_1.html)

3. Kin of a patient who attacked junior resident doctor at Kolkata hospital to be charged with attempt to murder.

Updated Jul 11, 2019 | 01:28 IST | Mirror Now Digital Close to a month after Dr Paribaha Mukherjee, a junior resident doctor at Kolkata's Nil Ratan Sircar (NRS) Medical College and Hospital, was attacked by relatives of a 75-year-old patient, a court in Sealdah city of West Bengal has now given police officials the permission to include Section 307 of the IPC which prescribes the punishment for attempt to murder.

either facilitate or complicate our communication. By reinforcing our integrity and consistency in counselling the patients, we need to consider all the consequences and repercussions such information may have on the patient. Further research on the psychosocial and ethical implications of medical information are needed to formulate policies to meet the patient's need as individuals, members of families, communities and the society.

### STUDENT'S ROLE

Clinical empathy, often described as the physicians' emotional attunement to serve the cognitive goal of understanding patients' emotions are difficult to convey and envisage in the initial years of medical training, as it overrides the vast and increasing medical knowledge. Ideally during a conversation between the patient and doctor both professionalism and empathy need to be maintained to make the counselling session effective.

While training our students in the art of medicine, we need to build a foundation based on knowledge and experience when they relate to the patients. There are several ways in which a student can imbibe this skill of communication. Clinical orientation programs can be conducted soon after their first year to offer an early clinical exposure to their clinical postings.

These programs are meant to give them a first-hand exposure to the practices of clinical medicine by observing the senior doctors in the management and counselling/interaction with the patients.

For example, when parents whose child has a mental and physical disability come for counselling, in an attempt to explore the possibility of having a normal child in the future pregnancy: Several factors are to be taken into consideration in identifying the cause of the first child's condition. Once the proper diagnosis and investigations are done and ascertained, the counselling process is done over periodic sessions. During these sessions several factors are revealed and non-verbal behaviour implicated by the doctor's empathy is a tremendous task. The empathetic and professional attitudes need to be maintained throughout all sessions. It is very important to be sensitive to the problems being faced by parents of a disabled child. Often parents can break down in front of the doctor and express their problems and fears.

Awareness into the medical, social, cultural, economic and personal aspects of interaction with the patient allows an insight to the scenario in a clinic. Discussions and role playing, is another aspect which students can relate to and helps them to understand

**Conclusion:** Just look back at the Hippocratic Oath we took when we joined medical school (for me, 1977). How many of us remember the oath? We have worked hard to get the basic MBBS degree and then postgraduation. We acquired the basic knowledge to diagnose and manage common health problems of the individual and the community appropriate to his/her position as a member of the health team at primary, secondary and tertiary levels. We need to introspect about keeping our house neat. These are my final thoughts which are simple and common:

1. We must know and accept our limitations.
2. Refer patients on time, not late.
3. Communicate with patients and their families effectively.
4. Do what is required for the patient at the moment without commenting on the past or commenting on others' treatment.
5. Do not negate patient's views even after you convince effectively.
6. Don't react impulsively and adversely.
7. Be patient with your patients.
8. Do your job to satisfy your conscience.
9. Be united in critical times.
10. Keep yourself updated about your subject.

#### **Mutual Understanding and Trust between Patient and the Physician**

A physician provides medical care to his/her patient and at times also provides moral solace and advises in case of emotionally disturbed patient. The patient and his/her relatives acknowledge the act of the doctor's good-will and his/her professional skills in attaining recovery in patient's health. Thus, whenever a patient comes to his/her physician, an unwritten contract binds the doctor towards his/her duty and patients towards expressing their gratitude and trust towards the doctor.

But question arises in case of litigation involving medical negligence even false complaints against doctors. Therefore, physician should abide by the ethical principles in clinical practice, obtain a written consent for any investigation and therapeutic procedures. He/she must maintain confidentiality to discuss and explain the treatments to be employed with patient or his/her relatives, seek second opinion if the condition warrants and ensures following the medical ethics meticulously to the core.