

KEYNOTE ADDRESS

TO CARE WITH CARING: COMPASSION AND THE ART OF MEDICINE — PART II

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Professor Robert E Rakel delivered the keynote address at the Academy's 10th Congress in Grahamstown. Professor Rakel is probably best known for his sterling work in editing one of the 'largest' family medicine textbooks in circulation – the Textbook of Family Practice. The second part of his address is reproduced here.

CARE OF THE DYING

CARING FOR A DYING PATIENT REQUIRES SPECIAL skill. The dying patient is often physically and emotionally isolated from familiar surroundings and placed in a social setting, the hospital, that gives very low priority to individual personality, fears and past experiences. It is not easy to provide compassionate care for the terminally ill patient and still maintain composure and objectivity, both of which are necessary for us to remain effective as physicians. Osler notes that *'Our equanimity is chiefly exercised in enabling us to bear with composure the misfortunes of our neighbours.'*

The dying patient's greatest fears are that of suffering alone and of being deserted. Patients typically have less fear of a painful death than of the loneliness and alienation that may accompany it. As a result, the dying patient's contentment is dependent upon the ability to maintain warm relationships with loved ones. When dying patients notice that people are avoiding them, they may interpret the avoidance as a rejection stemming from their failure to get better, or they may see it as the loss of love.

During the terminal stages of a fatal illness, it is vital to the dying patient that the family physician maintains a warm and caring relationship. This is not always easy, especially when the patient is being treated by a variety of specialists and may be far removed from our day-to-day care. But making the effort to call or to stop in for a few minutes sends a powerful message. It says: 'I care, and you have not been forgotten.' Often simply being willing to listen is

one of the most comforting measures a physician can take in caring for dying patients and their families.

LISTENING IS UNSPOKEN CARING

WE NEED TO ALLOW EACH PERSON TO TALK ABOUT his or her fears, frustrations, hopes, needs and desires. Being able to talk about problems can be very therapeutic.

If physicians and others withdraw from interaction, much of the motivation for living disappears and is replaced by despair or terminal depression. The following is a plea to fellow professionals from a young student nurse who is terminally ill:

'I know you feel insecure, don't know what to say, don't know what to do. But please believe me, if you care, you can't go wrong. Just admit that you are ... All I want to know is that there will be someone to hold my hand when I need it. I am afraid. Death may get to be a routine to you, but it is new to me. You may not see me as unique! If only we could be honest, both admit our fears, touch one another. If you really care, would you lose so much of your valuable professionalism if you even cried with me? Just person to person? Then, it might not be so hard to die – in a hospital – with friends close by.'

HUMOUR

LET US STOP TALKING ABOUT THE DYING AND TURN TO a more lighthearted form of caring – the value of humour. Our effectiveness as physicians can be enhanced by a keen sense of humour. A grin can be our most effective weapon for breaking down

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resistance or apprehension in patients, especially children or young adults. A genuine smile can quickly establish a friendly atmosphere.

A gentle self-deprecating sense of humour shows your humility, makes you more human. A well-timed comment on politics or teenagers or ageing, can forge a feeling of connectedness between people of vastly different circumstances.

The bedrock of humour is kindness. The person with humour makes the environment a more pleasant place, lightening the tragic element. However, humour is not necessarily the capacity to be funny. It stems from the same word as humility.

Humour reduces the emotional distance between people. It improves communication, fosters a sense of trust, and relieves tension and anxiety. One patient said she considered a sense of humour so important in a physician that it should be a requirement for entrance into medical school.

Doctors love a good joke:

A nurse called a resident at 3:00 am. 'Come quick, your patient Mrs Parks just swallowed a thermometer.' The resident jumped out of bed and was putting on his clothes when the nurse called back. 'Never mind, I found another one.'

François Rabelais (1483-1553), physician and scholar, believed that to provoke laughter is to encourage health. We all know how a good belly laugh makes us feel good. Norman Cousins in his *Anatomy of an Illness* believed that laughter was successful in treating his ankylosing spondylitis.

There are times, however, when humour is inappropriate. It can be counterproductive or even destructive if used at the wrong time or with patients who do not appreciate it. Inappropriate joviality at the wrong time can offend a patient who considers the illness a serious matter not to be taken lightly. Hippocrates is said to have written: 'In appearance, let the physician be of a serious but not a harsh countenance; for harshness is taken to mean arrogance and unkindness, while a man of uncontrolled laughter and excessive gaiety is considered vulgar, and vulgarity especially must be avoided.'

COMPASSION AND THE ART OF MEDICINE

THE HUMANITIES CAN PLAY A SIGNIFICANT ROLE IN maintaining empathy and in cultivating the compassion that students have on entry into medical school. For the past six years, my department at Baylor College of Medicine has sponsored a series of lectures by physicians, artists and patients entitled *Compassion and the art of medicine*. The purpose is to encourage medical students and health care professionals to become more compassionate and more effective health care providers by applying the principles of medical humanism to everyday clinical practice.

We invite speakers who are able to articulate their experiences of illness and suffering. Too often, students are exposed to patients who function as specimens under glass, and they seldom have the opportunity to spend an hour listening to them reflect on the meaning of their illness and the quality of care they have received. Speakers include patients who describe examples of compassion or the lack thereof during an illness.

One example is Sue Baier, who wrote of her experiences with Guillain-Barré syndrome in *Bed Number Ten*. Baier describes the experience of being ignored as a person because nurses and physicians would talk to each other as though she

WHEN WINSTON CHURCHILL BECAME OVERWHELMED WITH PAPERWORK, OFTEN TO THE NEGLECT OF GUESTS, HIS SECRETARY WOULD REMIND HIM OF RULE 6, WHICH WAS 'NEVER TAKE YOURSELF TOO SERIOUSLY'. WHEN A VISITOR ASKED CHURCHILL WHAT THE OTHER FIVE RULES WERE, HE ANSWERED: 'THERE ARE NO OTHER RULES.'

were not present, and of being 'handled' as an inanimate object because she was unable to move any muscles except to blink, which is how she commu-

nicated with her husband. She was fully alert, however. Because she was paralysed, attendants did not realise that her sensory system was fully intact and that she experienced considerable discomfort from a rough venepuncture or from lying on a wrinkled bedsheet.

CURIOSITY

HOW DO WE AS PHYSICIANS REMAIN 'CONSTANT CARERS' perpetually stimulated and excited by medicine when the continuous weight of overbearing responsibility tends to wear us down and burn us out? One essential ingredient for a successful career in family medicine is a persistent curiosity and enthusiasm for learning. Curiosity is an appetite for knowledge and is the basis for new discoveries in medicine.

Just as iron rusts from disuse, even so does

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inaction spoil the intellect – Leonardo da Vinci

Those of us in academic medicine are the adult version of the perpetual student. My favourite publication of Sir William Osler is *A Way of Life*. Osler begins by addressing his readers as 'Fellow students ...' Clearly Osler believes that we should never lose our thirst for knowledge and that inquisitiveness and curiosity are essential to continued improvement as a physician.

Leonardo da Vinci applied his voracious curiosity and superb artistry to the study of the world around him. Cato the Elder (who learned Greek at age 80) said when he was 84 years old: 'Old men retain their intellects well enough, if only they keep their minds active and fully employed.' In popular jargon this means to 'use it or lose it'. Recent studies at Baylor confirm that elderly persons who continue to 'exercise their minds' maintain memory function to a greater extent than those who do not. When Oliver Wendell Holmes was in his 80s, someone found him reading Plato and wondered why. 'To improve my mind,' he replied.

INQUISITIVENESS → INVESTIGATION → NEW KNOWLEDGE

It was a persistent curiosity that prompted most of the general practitioner-investigators of the past to achieve greatness. To name only a few: Robert Koch, the father of bacteriology; William Pickles, the father of epidemiology; James McKenzie, the father of cardiology; William Beaumont, the father of gastroenterology; and William Jenner, whose studies led to the first ever eradication of a disease from this earth.

The variety of problems encountered in family practice allows us to avoid the boredom that so many of our colleagues in the narrow specialities experience after years in practice. Most famous physicians and artists such as those noted above remained enthusiastic learners in their later years.

Despite these advances, I note that infectious diseases are still a leading cause of death in South Africa, along with trauma, poverty and chronic diseases related to life-style factors such as smoking. Your data are not that dissimilar to ours in the United States. Worldwide the mortality rate from infectious diseases has increased 22% in the past 12 years, and that is without including AIDS related deaths. We must, as your Minister of Health, Nkosazana Zuma, MD, has proposed, re-tool our system to emphasise primary and preventive care. In many cases, this places clean

drinking water as the highest priority.

READING

IF YOUR DOCTOR KNOWS ONLY MEDICINE YOU CAN BE SURE that he knows not even medicine – Mark Twain.

Osler recommended that to be well-rounded individuals, physicians should read a non-medical classic for half an hour each day, before retiring, for example. His list of recommended books reflects the religious and classical atmosphere in which he was reared and is clearly a 19th century view of the classical world. Recently, I surveyed members of the American Osler Society in an attempt to revise Osler's list to make it more modern and meaningful for today's medical students.

Each of us should calculate how many books we normally read in a year and how many years of life we probably have remaining. Simple arithmetic will tell us how many books we can read in the time remaining. Because the list of books each of us would like to read is longer than the time we have, we should follow Sir William's advice and concentrate on those that are most important to us and the most rewarding.

CONCLUSION

TO CARE WITH CARING IS NOT AN EASY TASK. Societal and economic forces combine to discourage the level of comprehensive care we all would like to provide. Time and money are the enemies. In the US and elsewhere, physicians are pressured to be efficient, cost-effective providers – and caring takes time.

Clearly it is easier – and seemingly more 'cost-effective' – to write a prescription than to sit down and listen to the newly widowed patient talk about her grief. Treating that patient's complaint is to provide care; taking time to really listen to her is caring. We know which approach is the more compassionate one. The question is: how?

That is the challenge facing all of us as family physicians – to find a way to always be compassionate, to develop empathy, to build trust, to show respect and to truly listen to our patients. The obstacles are many, but the rewards are great – not only for the people who entrust us with their care, but for ourselves as well.

*If you want others to be happy,
practise compassion.*

*If you want to be happy, practise compassion.
– His Holiness, the Dalai Lama*