

The infusion of political will is accompanied by a massive financial boost. Government spending on health has doubled to 2% of Gross Domestic Product. New hospitals have been built, and more doctors hired. Doctors and a legion of community health workers are mobilised to find tuberculosis patients and help them start treatment. Simultaneously, the public distribution system has been strengthened and universalised; everyone now collects rations using just their Aadhar card. Lentils are brought into the system to help provide protein. Malnutrition is now rapidly receding.

Some private doctors have gone out of business — many more have taken up jobs in the new government hospitals. The phrase “*sarkari me koi sunwaahi nahi*” (no attention is given in government hospitals), once so ubiquitous, has faded.

Is this a pipe dream? We hope not.

Let’s listen to the stories of those who are falling through the cracks in the current system and build something better for their sake.

Note:

- a) *It was a fascinating experience to share the Covid ward with some 40 other patients experiencing a diverse array of ailments. For the first time in my life, I lived behind locked doors. Barely ten minutes after I arrived in the ward, two staff entered with a*

stretcher bearing a patient whose leg was in a cast. As they struggled to get him onto a bed, they motioned for me to come over and help. I did; and very quickly I became an unofficial Ward boy. The doctor on duty would often ring me up or even put an announcement over the PA: “check the vitals of patient in bed 18”.

- b) *All patients registering on NTEP are encouraged to also give their bank details, to register for Nikshay Poshan Yojana, to receive direct transfers into their bank account to support better nutrition during treatment.*

Reference

- 1) Biswas S. Why India’s real Covid toll may never be known. 2022 [Cited 2022 Nov 12] Available from: <https://www.bbc.com/news/world-asia-india-60981318>
- 2) Chatterjee S, Das P, Vassall A. Financial Impact of COVID-19 on TB Patients in India. *Int J Tuberc Lung Dis* 2022 Mar 1;26(3):285-287. <https://doi.org/10.5588/ijtld.21.0658>
- 3) Pai M, Bhaumik S, Bhuyan SS. India’s plan to eliminate tuberculosis by 2025: converting rhetoric into reality. *BMJ Glob Health*. 2017 Mar 20;2(2):e000326. <https://gh.bmj.com/content/2/2/e000326>
- 4) Bhargava A, Shewade HD. The potential impact of the COVID-19 response related lockdown on TB incidence and mortality in India. *Indian J Tuberc*. 2020 Dec;67(4S):S139-S146. <https://doi.org/10.1016/j.ijtub.2020.07.004>
- 5) WHO Global Tuberculosis Report 2021. [Cited 2022 Nov 12]. Available from: https://worldhealthorg.shinyapps.io/tb_profiles/?_inputs_entity_type=%22country%22&lan=%22EN%22&iso2=%22IN%22

REFLECTIONS

Are doctors allowed to cry at work?

THIRUNAVUKKARASU ARUN BABU

Abstract

This article recounts a poignant interaction between the author and a mother of a child with cerebral palsy. The mother’s remarkable strength and optimism in the face of adversity deeply moved the author, leading to a tearful moment which prompted a comforting response from the mother. The ongoing debate regarding whether doctors are allowed to display emotions in their professional lives centers around the challenge of balancing

professionalism with the emotional impact of providing healthcare to patients. While doctors are expected to uphold professionalism and make sound decisions in their work environment, simultaneous expression of emotions, empathy, and vulnerabilities becomes inevitable.

Keywords: *doctor-patient relationship, emotional intelligence, empathy, clinical decision-making*

A mother in her mid-fifties recently brought her 14-year-old son with cerebral palsy for a follow-up visit to our outpatient department. She was carrying her fully grown adolescent boy in her arms when she entered my consultation room. They have visited me regularly for the last four years. The boy has spastic quadriplegia, microcephaly, and seizure disorder. The mother is a PhD scholar but had to give up her job to take care of her son. I have always remembered this mother as a cheerful, highly motivated, spirited person. Despite her child’s condition, I have never seen her dull or

Author: **Thirunavukkarasu Arun Babu** (corresponding author — babuarun@yahoo.com), Additional Professor of Pediatrics & Head, All India Institute of Medical Sciences (AIIMS), Mangalagiri, Andhra Pradesh, INDIA

To cite: Arun Babu T. Are doctors allowed to cry at work?. *Indian J Med Ethics*. 2023 Jul-Sep; 8(3) NS: 229-230. DOI: 10.20529/IJME.2023.036

Published online first on June 2, 2023.

Copyright and license

© *Indian Journal of Medical Ethics* 2023: Open Access and Distributed under the Creative Commons license (CC BY-NC-ND 4.0), which permits only non-commercial and non-modified sharing in any medium, provided the original author(s) and source are credited.

sad. During the consultation, she listened carefully to what I had to say and got her doubts clarified in a calm and composed manner. Her hope, passion and positivity moved me immensely. Even after knowing the poor prognosis and facing the inevitable, her grit, resilience and grace shook me. She was relentless, not ready to give up and had a fighting spirit symbolising motherhood universally. I empathised with her and couldn't resist appreciating her for the great job she was doing. The harsh truth in my own words hit me hard and was emotionally overwhelming. Within seconds, I struggled, trying hard, but unsuccessfully, to hide my tears. I paused briefly, gasping to find words, as tears rolled down my cheeks. The mother had already noticed my reaction even before I could recover. There was an awkward silence in the room for a moment. Her stoic stare slowly transformed into a gentle, comforting smile. I breathed a huge sigh of relief. She thanked me and left with her son soon after that. This episode left me hugely embarrassed. Though, as doctors, we try hard to project ourselves as perfect professionals, our core instincts and humanity sometimes take over.

I have always wondered whether doctors are even allowed to cry in front of patients. Crying in clinical settings though common, especially while breaking bad news or dealing with death, is an under-reported and understudied phenomenon [1,2], and a complex and multifaceted issue. On the one hand, doctors are expected to remain composed and professional in the face of difficult and emotional situations. On the other, they are human beings with emotions and vulnerabilities, and their work can be incredibly challenging and emotionally draining.

There are several arguments in favour of doctors being allowed to cry in their professional life. First and foremost, doctors are not immune to the emotions that come with caring for patients. They witness the pain and suffering of their patients and their families on a daily basis, and it is only natural that this can take an emotional toll on them. Therefore, expressing their emotions, even crying, can be a healthy and necessary way for them to cope with the stresses of their work [1].

Furthermore, crying can be a powerful way for doctors to connect with their patients and demonstrate empathy. Patients and their families often appreciate a doctor who is willing to share and thus validate their emotions [1, 3]. By allowing doctors to cry, we can improve the doctor-patient relationship and ultimately improve the quality of care that patients receive.

However, there are also arguments against doctors crying in their professional life. Doctors are expected to maintain a level

of professionalism and control in their interactions with patients. Crying may be seen as a sign of weakness or lack of professionalism, which could erode the trust and confidence that patients have in their doctors [2, 3].

Additionally, doctors who cry may be perceived as being too emotionally invested in their patients, which could cloud their judgement and lead to poor decision-making [3]. In some cases, doctors may need to make difficult and emotionally charged decisions, such as whether to continue aggressive treatment for a patient who is unlikely to recover. If a doctor is too emotionally involved, they may not be able to make the best decision for their patient. However, it is important to recognise that doctors are human beings with emotions, and it is unrealistic to expect them never to show any vulnerability or weakness.

Instead of asking whether doctors should cry at work, perhaps the more important question is how we can support them in coping with the emotional demands of their work. This could include providing access to mental health resources, offering opportunities for self-care and reflection, and creating a culture that values emotional intelligence and empathy.

In conclusion, the debate over whether doctors should cry in their professional life is a complex and nuanced one. In the medical field, crying has traditionally been considered unprofessional. There is a constant urge for physicians to always portray themselves as strong, calm and dependable and not an "emotional mess". Crying is a basic human reaction and a sign of empathy. It is acceptable to cry occasionally, especially when it is in the patient's interest. There is no need to be hard on oneself. Unprocessed emotions are dangerous for human health. Though detachment is essential for clinicians for sound decision-making, over-detachment can lead to emotional neglect and denial, which can have adverse consequences. Expressing emotions such as empathy, shedding a few tears or, in extreme cases, crying out loud, doesn't make any doctor weak, bad, or unprofessional. All doctors are, after all, humans first!

Conflict of interest and funding: None to be declared.

References

1. Pruthi S, Goel A. Doctors do cry. *Indian J Med Ethics*. 2014 Oct-Dec; 11(4):249-51. <https://doi.org/10.20529/IJME.2014.063>
2. Robinson F. Should doctors cry at work? *BMJ*. 2019 Feb 26;364:l690. <https://doi.org/10.1136/bmj.l690>
3. Janssens KME, Sweerts C, Vingerhoets AJJM. The Physician's Tears: Experiences and Attitudes of Crying Among Physicians and Medical Interns. *J Clin Psychol Med Settings*. 2019 Dec;26(4):411-420. <https://doi.org/10.1007%2Fs10880-019-09611-9>