

COMMENTARY

Restoring the human element to medicine

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Dr Thirunavukkarasu Arun Babu has written a very important and interesting reflection titled "Are doctors allowed to cry at work?" published online first in this journal on June 2, 2023 [1]. Reading this reflection brought back personal memories of several situations where I have struggled with my emotions while caring for patients. Having engaged with this very same question in the past, I would like to both agree with his perspective and share my thoughts on restoring the human element to the uncontrolled commercialism and dehumanisation in the field of medicine.

When I was doing my residency training in community medicine, I provided care for a 26-year-old woman, who was pregnant for the fifth time, with no living children. She had lost all her children either during delivery or immediately following birth. Selvi (name changed) had what we call "bad obstetric history" and needed expert care. This time, we had done everything right. We admitted her to the antenatal ward at 30 weeks, with more than two months left for the delivery. Selvi was a constant presence in the ward. She, her husband, and I became good friends over the two months that she was in our ward. We would even go out to the teashop just outside the hospital and have a light conversation over a hot cup of tea. Whenever her husband brought some goodies for her to eat from home, there would always be some saved for me. At around 39 weeks of her pregnancy, Selvi went into labour and delivered a girl child weighing 3 kg; but the baby struggled to breathe on her own and after a lot of efforts at resuscitating her, she died within four hours of birth. I remember holding Selvi, right there in the labour ward and crying with her. Later that evening, my senior colleague took me out for dinner and gave me advice on how I should be a solid rock of support for Selvi and could not be emotionally weak and vulnerable. Her words put me through a lot of confusion and self-doubt. While holding Selvi and crying with her seemed like the most natural thing to do at that moment, I was wondering whether Selvi felt that my crying was inappropriate or weak. After

establishing such a close and personal bond with a patient, I felt that it would seem extremely unnatural to act as though the death of the newborn did not affect me deeply. Whenever, I have an ethical dilemma, my go-to strategy is to think of how my mentor Dr KP Misra, would handle such a situation. I remembered an occasion when my mentor took me with him to attend the funeral of a long-term patient of his and shared his grief with the bereaved family. I saw and learned from that situation that medicine is a very human enterprise which is often emotionally charged. It is unnatural to remain stoic during emotional moments while caring for patients. Selvi's episode gave me the conviction and confidence that being human, showing empathy and sharing pain are far more important than artificial professional standards.

In fact, I think being emotionally intelligent is thorough professionalism. An emotionally intelligent doctor knows the appropriate way to express her emotions [2]. She understands the emotional context in the clinical encounter and judges what is the appropriate emotion to express in that context. Remaining cold during an emotionally charged situation can erode trust in the doctor-patient relationship as much as breaking down and crying when it is not appropriate. Crying along with the patient in an emotional moment does not mean the doctor is not supporting the patient. Crying along with them may help them perceive greater support and understanding, than a set of emotion-free cold words of comfort. Emotional engagement helps serve the patient with more care and diligence than detachment [3].

We provide non-communicable disease care on a voluntary basis, for the rural poor near Chengalpet through the non-profit Rural Women's Social Education Centre (RUWSEC). The ethos of the clinic and of all the care providers who work there is kind, compassionate, empathetic care with the limited resources that we have there. Many times, all that we have to offer in the clinic is empathetic listening and kind words of comfort. The clinic is extremely popular in the surrounding areas because of the emotional intelligence that is exercised there by all the staff. There are regular patients, who just come there to talk to us, share their feelings, shed heartfelt tears, sometimes along with us, lighten their emotional load, and return to their difficult lives. We believe that we are contributing in our own small way by being human, and by allowing our emotions to flow freely. Our patients give us the feedback that they feel comfortable and relaxed in our presence. There is probably something for all healthcare providers to reflect on in this model.

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Medicine is becoming rapidly commercialised, mechanical, and depersonalised. Some of our patients tell us sad stories of how doctors barely look them in the eyes. They only look at their scans and laboratory reports. Touching the patient, examining them, using the stethoscope to listen to their chests, have all become rare acts within the clinic. So, when they come to us and experience the empathetic listening, the ritual of thorough physical examination and the detailed explanation of each condition and treatment, they feel refreshed and want to come back to us, even though we are highly resource deprived and have very little specialised care to offer them. I take this opportunity to emphasise the importance of restoring these crucial human elements to medicine. Rather than looking at "crying at work" as an unprofessional act, I request colleagues to look at expressions of appropriate emotions as thorough professionalism. Being

empathetic and mirroring our patients' emotions, is essential for gaining a good understanding of what the patient is going through and how we can help them. Empathising and understanding their feelings does put the healthcare provider into a position of vulnerability. But this vulnerability is essential for providing good quality medical care. True strength is in accepting and handling that emotional vulnerability.

References

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