REFLECTIONS

Reminder in scarlet: balancing empathy and detachment in oncology

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Abstract

This article explores an oncologist's journey from emotional vulnerability to practised detachment. A transformative moment, prompted by a poignant photograph of a patient in a scarlet saree, confronts the author with the emotional intricacies of patient care. The narrative delves into the human stories woven into the medical landscape, capturing the delicate balance between clinical detachment and maintaining a genuine connection. It prompts reflection on the emotional dynamics within the decision-making fabric of healthcare.

Keywords: *empathy, emotions, patient care, oncology*

Embarking on a challenging quest through the world of oncology, I find myself at a crossroads, where scientific demands meet emotional fortitude. My journey began seven years ago when I stepped into the world of oncology training. During my first year, I was emotionally vulnerable, often shedding secret tears in quiet corners of the clinic or ward. However, as time passed, I noticed a change in myself — a gradual detachment, a protective shield separating my emotions from the raw reality of cancer.

Before entering oncology, I had maintained an active blog filled with anecdotes about my general practice patients. Yet, once I moved to oncology, my blog ceased to exist, as if the emotional weight of my new role had silenced my once-expressive voice. Throughout my journey, I encountered many heart-wrenching moments — delivering palliative radiotherapy to a six-year-old child and witnessing a child face the death of a parent. Each case was met with stoicism and professionalism. "There was, I noted ruefully, something rehearsed and robotic even about my sympathy," as beautifully expressed in *The Emperor of all Maladies* [1].

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But amidst the sea of clinical encounters, today brought a different revelation, stirring dormant emotions and propelling me into a whirlwind of contemplation. An unexpected text message arrived from the husband of one of my patients — one of the few who had my number. It carried a photograph that left me breathless with shock, the patient draped in a red saree, her forehead adorned with vermillion, her eyes gently closed in a final slumber. (Women with surviving spouses are cremated as brides in certain Indian communities).

Tears flowed freely as I listened to the patient's husband recounting his beloved's last days. The realisation hit me — as a doctor, I had the privilege of sharing these intimate moments with my patients and their families, a responsibility I had been carrying out with a practised detachment. Yet, beneath the surface, I questioned the true impact of such emotional distance. The question that lingered within me was whether we, as healthcare professionals, had learnt to value life less or perhaps too much. I pondered over how my sister, an IT engineer, would react to these stories, which have become part and parcel of daily life for me. Have we become conditioned to remaining stoic, making decisions without emotional involvement?

Is there room for the heart to guide us? At times, when formulating a treatment plan for a young patient grappling with a highly advanced and rapidly progressing disease, we may adopt a more aggressive approach, even when cognisant of its potential futility. The patient's age may influence our treatment decisions over her stage of disease in a clear case of the heart winning over the head.

In contemplating this dilemma, a scene from a Hindi movie set in a medical college unfolds in my mind [2]. The dean imparts a crucial lesson to first-year medical students on the importance of detachment in patient care to ensure accuracy and efficiency. He poses a poignant question that echoes through the corridors of medical ethics: "Would I have a rock-steady hand if I were to perform surgery on my daughter?"

In our clinic, two powerful reminders serve as guiding beacons — *Primum non nocere* ("first, do no harm,"), and "empathy". These words, etched onto the X-ray viewer box by our unit head, speak volumes about the ideals we strive to uphold, the balance we seek to maintain between our clinical roles and the human connections we form.

Amidst the rapid advancements of Artificial Intelligence in medicine, a new question emerges — will we also programme these reminders into our machines? Can technology learn to emulate empathy, compassion, and ethical decision-making that have long been the pillars of human medicine? Only time can tell.

The delicate balance between the head and the heart continues to guide my journey as an oncologist, knowing that each patient is more than just a medical case. They are individuals with families, dreams, and emotions. The photograph of the patient in her red saree will forever remind me of the human stories that are woven into the medical landscape.

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