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REFLECTIONS

Listening with the hands: Music, attention, and ethical presence in clinical practice

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Abstract

In surgery, we are trained to act. Our hands learn decisiveness long before our minds learn restraint. The operating theatre rewards clarity, speed, and technical precision. Yet over time, I have come to realise that some of the most ethically significant moments in clinical practice arise not from action, but from listening. Drawing insights from Indian classical music, this essay explores how attentive, non-instrumental listening sharpens ethical presence in clinical practice, particularly in resource-constrained environments. Music teaches the value of restraint and silence — elements equally vital to ethical care. By recognising cadence, pause, and vulnerability in clinical encounters, clinicians can cultivate a more humane responsiveness. Ethics in practice may begin not with intervention, but with attentiveness.

Keywords: *listening, narrative medicine, clinical uncertainty, ethical practice, professional humility*

In surgery, we are trained to act. Our hands learn decisiveness long before our minds learn restraint. The operating theatre rewards clarity, speed, and technical precision. Yet over time, I have come to realise that some of the most ethically significant moments in clinical practice are not those of action, but those of listening.

This insight did not emerge from textbooks or ethics committees. It arrived unexpectedly through music.

After a long day in the operating theatre — one marked by dislocations reduced, fractures splinted, plates fixed, and decisions made under pressure — I returned home carrying a familiar fatigue. It was not physical exhaustion, but something quieter: a dullness of attention that accumulates after hours of clinical urgency. I played a recording of an Indian classical raga. The music unfolded slowly, rejecting haste or resolution. As I lay back, my usual clinical reflex to analyse and intervene gradually receded. The music demanded something different — attention without control.

Medicine often treats uncertainty as a problem to be solved [1]. We are trained to narrow down diagnostic possibilities, reach conclusions, and move toward intervention. Ethical competence is often described in similar terms: identifying the correct principle and applying the appropriate rule. Yet daily clinical practice — particularly in resource-constrained settings — rarely offers such clarity. Prognoses remain uncertain, patients' fears exceed what medicine can resolve, and outcomes do not always match intentions.

Gradually, the music began to offer me a different way of understanding uncertainty.

In Indian classical music, a pause is not an absence but an intentional space within the composition. The musician does not rush to resolve tension but allows the phrase to mature. Similarly, in clinical practice, uncertainty cannot always be resolved immediately. Patients may ask questions to which medicine has no immediate answer. Ethical awareness, therefore, lies not in premature certainty, but in the willingness to remain with the patient while the ambiguity unfolds itself.

In my own practice, patients often arrive after exhausting their resources — financial, emotional, and social. Their injuries are rarely just biological events; they are entangled with fear of disability, economic vulnerability, and family responsibilities [2, 3]. In such circumstances, listening becomes more than the collection of clinical information [4]. As Charon argues, in narrative medicine attentive listening allows clinicians to recognise the patient's story as central to ethical medical care [5]. It becomes an ethical acknowledgement of the patient as a person whose suffering cannot be reduced to pathology alone.

Listening, however, is an active discipline. It requires restraint: the discipline to delay judgement, tolerate ambiguity, and resist the impulse to intervene prematurely. Surgeons understand this principle in technical terms. Even in the operating theatre, the hands sometimes pause before acting. Ethical practice requires a similar pause in conversation and decision-making. Acting too quickly — whether with a scalpel or with words — can obscure what the patient is actually asking of us.

Music gradually sharpened my awareness of rhythm in clinical life. In a *raga,* a musician listens carefully to the unfolding tonal pattern before responding with the next phrase. The performance evolves through attentive listening rather than mechanical repetition. Clinical encounters often unfold in a similar way. Patients speak with rhythms of their own: hesitation before revealing financial worries, pauses when discussing disability, or quiet resignation when describing chronic pain. Just as a musician must listen carefully before responding musically, clinicians must listen attentively before responding medically. The ethical task is therefore not simply to gather information; but to understand the meaning carried within the patient's narrative.

This attentiveness does not replace evidence-based medicine. Nor does it romanticise suffering. Rather, it situates medical judgement within a stance of humility. Scientific knowledge guides intervention, but ethical responsiveness requires recognition of the limits of what medicine can repair. Music reminded me that healing is not always measurable and that the responsibilities of clinicians often extend beyond technical success.

I have also observed how listening affects clinicians themselves. Under constant pressure, doctors frequently function in a state of emotional contraction — efficient and competent, yet inwardly depleted. Reflections on surgical practice have repeatedly highlighted how moments of attention and pause help clinicians regain perspective amid the technical demands of medicine [6]. Moments of attentive listening, whether through music or reflective silence, restore a sense of proportion. They remind us that medicine is not merely a sequence of procedures, but a human relationship conducted under conditions of uncertainty.

Ethics, in this light, does not reside only in dramatic dilemmas or formal committee discussions. It is embedded in everyday clinical conduct: how we listen, when we pause, and whether we allow space for the patient's voice to emerge. Music offered me a language for this form of ethical presence — one that does not demand immediate answers but insists on sustained attention.

In a profession that prizes action, learning to listen may seem countercultural. Yet it is precisely this discipline of listening that guards against moral erosion. When clinicians stop listening — to patients, to colleagues, and to their own limits — ethical lapses often arise not from malice, but from inattention.

Listening with the hands, then, is more than a metaphor. It reflects a clinical attitude in which technical skill is guided by attentiveness, asking clinicians to remain open, restrained, and present even when certainty is unavailable. In such moments, ethical care begins not only with intervention — what clinicians do — but with attention [7]. In this sense, the discipline of listening becomes the ethical ground from which responsible medical action emerges.

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Reference

1. Montgomery K. *How Doctors Think: Clinical Judgment and the Practice of Medicine.* Oxford: Oxford University Press; 2006.
2. Carel H. Illness, phenomenology, and philosophical method. *Theor Med Bioeth.* 2012;33(4-5):345-357. https://doi.org/10.1007/s11017-013-9265-1
3. Kleinman A. *The Illness Narratives: Suffering, Healing, and the Human Condition.* New York: Basic Books; 1988.
4. Scruton R. *The Aesthetics of Music.* Oxford: Oxford Academic; 1997. https://doi.org/10.1093/019816727X.001.0001
5. Charon R. The patient-physician relationship. Narrative medicine: A model for empathy, reflection, profession, and trust. *JAMA.* 2001 Oct; 286(15):1897-1902. https://doi.org/10.1001/jama.286.15.1897
6. Gawande A. *Complications: A Surgeon's Notes on an Imperfect Science.* New York: Metropolitan Books; 2002.
7. Pellegrino ED, Thomasma DC. *The virtues in medical practice.* New York, NY: Oxford Academic; 1993. https://doi.org/10.1093/oso/9780195082890.001.0001