



Nurturing the doctor-patient relationship through compassionate care

Arati Bhatia, MD

Former Professor of Pathology
University College of Medical Sciences, University of Delhi

Corresponding Author:

Dr Arati Bhatia
Email: aratibhatia at hotmail dot com

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It was a severe winter in Delhi with three months of unrelenting cold starting in early December. The only thing that kept pace with the cold was the high incidence of Swine flu prevailing in the capital that year. One freezing Saturday in February, I was its most recent victim. Thankfully, I had contracted a milder form of the disease; nevertheless, I had low-grade fever, chills that rippled through my body, and my joints ached. I had canceled a lunch appointment so that I could take it easy.

Just as I was making myself comfortable, I received a call from a childhood friend who sounded very distressed. Let's call her Mrs. A. Mrs. A had just discovered a lump in her right breast. She requested that I come over and take a look and suggest what needed to be done next. Her tone of voice disturbed me. She lived alone in Gurgaon and had lost her husband to colonic cancer less than two years ago.

I felt rotten because of my own physical complaints, but realized the urgency of her appeal. I had worked for decades as a professor of Pathology in a medical college in Delhi, but was not aware of the medical facilities available in Gurgaon. I knew a few doctors there, but none of them were surgeons. I told her that we needed a surgeon to first examine her and then do a biopsy or other investigations as needed. I asked her to find out from her contacts of a surgeon whom we could consult and I promised to do the same.

Two days later, on Monday, I reached her home and examined the lump. It was large, involving most of the upper half of the breast and appeared to be very firm to touch. In my mind I had little doubt of it being cancerous in nature. I did not tell her how sure I was but explained to her that we definitely needed to proceed to the next step: getting a surgeon to further investigate the lump in order to

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establish a diagnosis. Since she had already taken an appointment for that afternoon with a surgeon at a local hospital, we set off soon after.

We reached the hospital on time and were asked to wait for the doctor as he was currently unavailable. We ended up waiting for 55 minutes. All this while my friend got more and more worked up, fearing the worst as she was. In desperation, we walked over to the department of radiotherapy, which was situated nearby, and asked for help from a doctor there. The radiotherapist turned out to be very kind. She had seen us pacing up and down while we waited for the missing surgeon, so she asked us to sit in her office while she contacted him.

She managed to find out the reason for our unexpectedly prolonged waiting time: the surgeon was in another hospital, busy with another patient. We were to go there if we wanted to meet him that day. Apparently, he was leaving for the airport directly from there since he had a plane to catch.

It took us thirty-five minutes to first locate the other hospital and then to get to the surgeon, who, notwithstanding the time he made us wait, saw no need to apologize. At any rate, for us it had not been about the wait, but that there had been so much uncertainty and apprehension for the patient who'd been unsure if she would get to meet the doctor at all that day.

The surgeon took a reasonably detailed history, and then proceeded, without examining her, to list the investigations that were needed to reach a diagnosis. Realizing that the surgeon, in his hurry to be off elsewhere, would not perform a surgical biopsy until our next visit, I suggested a fine needle aspiration cytology (FNAC) or a core needle biopsy (CNB). While a CNB is performed by a

surgeon, the FNAC is done by a pathologist - whichever procedure was chosen, it would be sure to yield adequate tissue as the breast lump was quite large. The result would be available in anywhere from one to three days; in the interim, the other investigations could be completed. This would ensure that all reports would be available by the time the surgeon returned and he would be able to diagnose and advise on the next course of action. Fortunately for us, he agreed and performed a needle biopsy.

On my way back home, I kept thinking of the events that had transpired that day. Had the surgeon's approach to the patient been entirely professional? Shouldn't he have informed the patient if he'd been held up elsewhere? Was it enough to just list investigations in a standard order without examining the patient? Had I been too pushy insisting on a needle biopsy as an initial investigation? If I had not insisted, the biopsy would have been delayed for three to four days. Would the prognosis have changed if we'd waited?

And what about my friend? A strange phenomenon unfolded under those circumstances: as the delay mounted so did her concern and dread. She had been oblivious to her problem for so many days while harboring the tumor, but once she was made aware of the possibility that the lump could be malignant, the urgency of getting to a doctor and getting a diagnosis became unprecedented. In the face of her fear and panic, I could do little to reassure her considering my suspicions as to the nature of the mass.

Keeping her apised of an unanticipated delay would have gone a long way in easing my friend's misgivings. Having given her an appointment indicated that the surgeon was willing to take her on as a patient. In that case, his priority should have been the interest of his patient.

Even when he did eventually see her, an acknowledgment of the delay, or thanking the patient for waiting, would have built trust. My friend needed to know that her doctor was aware of her needs and emotions at a juncture when she needed it. After all, she was just a phone call away and he had personally given the appointment.

If he had kept her informed, the anxiety associated with waiting could easily have been avoided. I do agree that doctors are busy but patients are human and only seek their help when in need, and therefore sincere, hassle-free attention should be provided to them. He could easily have declined to take her on as a patient if he was swamped with work.

At about the same time another friend was facing a different type of dilemma. Mrs. B (my friend) was currently on a six monthly follow-up having had surgery, chemotherapy, and radiotherapy for breast cancer. She was fortunate to have found a compassionate medical oncologist, who made sure that he was available at all times. His message to his patients was very clear: whenever you face a problem, drop me a message or an email and I will respond within twenty-four hours. This was in addition to all the clinical instructions he gave after a consultation. This made his work-load heavy and he would periodically stop taking new patients until he was sure that he could pay them equal attention. His aim was to provide quality care to all patients under his supervision.

Mrs. B's elderly mother often accompanied her to the hospital during her treatment protocol. The mother, formerly in remission for oral cancer, had recently developed recurrent disease and was in considerable pain but was unwilling to take further medication. Mrs. B, anxious

about her mother, asked her oncologist for help. The oncologist agreed to see the mother the next day even though he was not taking new cases at the time.

After examining Mrs. B's mother, the doctor advised a line of treatment that was expected to benefit her and then remarked to her, "Your daughter has been progressing well. She is now on follow up but your refusal to take treatment may adversely affect her. You should reconsider your decision." This certainly made the mother rethink her earlier decision and she started therapy.

The contrast between the two doctors couldn't be greater. Both were excellent clinicians with a good track record of expertise in cancer therapy; however, their understanding of patient concerns and the efforts they made beyond the purely clinical was vastly different. In the second case, the doctor's commitment to his patient was commendable. His behavior suggested that he acknowledged her struggle with cancer and with the treatment. Now that the treatment was over, he wanted the follow up period also to be uneventful and so he accommodated the mother as a new patient even though he was short on time. It was as though he did not want the recurrence in the mother to impact his patient in any way.

One can only lament the disappearing institution of the family doctor with his extraordinary bedside manners. The probability of being diagnosed with cancer is like a sword hanging on one's head and is devastating. The immediate comfort and reassurance that a patient gets from a seemingly attentive and caring doctor - and one who has good communication skills - can mitigate some of the fear and a bit of anxiety. A little empathy, a little extra time, and punctuality is all it takes.