



## Commentary on "Looking Deeper"

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This commentary is in response to the reflective student narrative "looking Deeper" which can be accessed at [www.rhime.in/ojs/](http://www.rhime.in/ojs/)

I noticed some important learning points in the narrative entitled 'Looking Deeper' that I will deal with in my commentary.

- a) Seeing the patient as a person;
- b) Emotion versus objectivity when dealing with patient problems;
- c) Making promises, giving hope – the right and the wrong of it; and
- d) Case records as learning resources.

### The student's perspective

It is creditable that the author displayed interest in the patient beyond the strict medical requirements, saw the patient as a person and got involved in the personal problems of the patient, displaying concern about her future welfare and about whether it was possible to get the estranged son reconciled with her.

All practical means of helping the patient

must be adopted. Showing personal interest, behaving in a friendly manner with her and encouraging her to smile in her difficult situation deserve applause.

At the same time, it is important for the student to realize that emotional involvement in the patient's dilemmas may be counterproductive, especially when one finds that the problems are beyond solution by the author alone. Already, the strain is evident as the author was unable to concentrate during the classes and even during the lunch hour after her encounter with the patient. How would the author have coped if, in fact, she had witnessed the patient's medical condition worsening and ending in death?

### A Teaching-Learning Opportunity

It is natural for a student to be confused

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when dealing with a patient such as this. A sensitive and caring teacher – resident doctor or consultant – can be a great help. With the experience gained over years, such a teacher would guide the student, counsel and advise. The teacher would also applaud the student's concern and foster the spirit of caring for the person who happens to be a patient. Such all round care will make a world of a difference to the patient and relations. The rewards to the student in terms of satisfaction at having cared for the patient is multiplied manifold if the patient is poor and generally neglected or even trod upon by all and sundry.

### The patient's perspective

It is often difficult for the patient to differentiate between medical student and doctor and often the two are equated. The patient was under two stresses – that of illness and that of missing her son. Under such circumstances, having a medical professional display sympathy and genuine interest in helping her in more than one way must have touched her deeply. Small wonder that she showed her pleasure when she saw the author approach from a distance the next time. I expect she hung on to every word the author uttered.

If, under such circumstances, her medical condition had deteriorated, she must have felt betrayed, as she had been assured that 'she would be fine in a week'. She must also have been sorely disappointed when the promise made to her of further meetings was not kept.

If she had improved and gone home, returned to her unhappy situation where the son ignored her existence, the absence of help that could have been provided by the author, perhaps with the

help of the medical social worker, would have been deeply felt.

### Institutional Perspective

Medical college hospitals usually have social service departments staffed by individuals trained in helping patients and their families. In many instances, they build rapport with funding agencies, trusts and other such agencies willing and eager to help poor patients. These social workers can be of immense help in situations such as that faced by our author. All that is needed is to draw the attention of one of the social workers to the plight of the patient and then work with that person to help the patient.

Should the hospital also be fortunate in having counselors, they too can be involved. If this facility is not available, there is no need to despair, for a trained social worker rich in experience is usually a good counselor as well.

Efforts such as those made by our author will also increase the involvement of social service department in the care of patients – a welcome improvement.

### The importance of follow up and of chart reviews

The author was unable to see the patient as promised and found her missing when she finally went to see her.

Did the author trace her case notes in order to learn the final diagnosis and the outcome? All hospitals have a medical records department. Case notes are stored here after the patient is discharged or passes away. Ideally, these notes should be stored permanently for they form important archives that can be drawn upon for research studies, retrospective analyses and other studies. Concerned

doctors, like our author, can also trace the patient from the address noted on the record. It may be necessary to request the medical records officer to provide the case record for study. All good departments permit you to study it on their premises. You can make your own notes.

The great advantage of making such a study a matter of course is that you can study the patient's progress throughout the indoor stay, learn about the history of the patient's illness, findings of tests, effects of drug therapy and eventual outcome. This is an excellent method for learning clinical medicine. This data would have improved her understanding of the patient's illness and enlightened her on practical medical matters – diagnosis and treatment.

The postal address of the patient could have been obtained from the case paper and would have helped her get in touch with the patient and family and maintain her rapport with them. If the patient was alive and well, the author could have been able to take steps to bring about a rapprochement between patient and son and ensure that she was looked after.

All this takes effort but can be very rewarding. All too often the patient is lost after returning home as the support provided in the hospital has suddenly evaporated. The doctor contacting the patient at home, providing continued guidance and other help is a godsend. Home services are commonplace abroad but have been neglected here.

Our author can start a trend that would be laudatory.

