



Of cures and healing

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Abstract

I recount my experience of the day I met a role model in the Medicine ward, one who reminded me of my patient's humanity and of our code of conduct as health care providers. By reflecting on that day and writing about my thoughts and feelings, I may be able to reinforce an appropriate attitude that could influence my future behavior.

Keywords: Listening; Narrative; Nonverbal communication; Professionalism

I was posted in the Department of Medicine. It was my fourth semester in medical college. I was only a few months old to the concept of doctor-patient interactions when I had an experience that left an indelible mark on the way I would interact with patients thereafter.

The undergraduate medical course, which is about acquiring knowledge and skills, should also be, according to me, about learning the ethics of practice. These are equally important elements of this course; learning one component without the other does not work.

Knowledge is something that most of us inculcate into our short term memory (at least) thanks to our theory exams; ethics, on the other hand, we are not taught formally. Perhaps, being compassionate

human beings, we are expected to have some instinct for ethical behavior; beyond that, we passively imbibe ethics from observing the behavior of our peers and seniors. Fortunately for me, I met a role model that day in the Medicine ward, one who reminded me of my patient's humanity and our code of conduct as health care providers.

We were posted in the same ward as a senior batch. Perplexed with the format of history taking, we appealed to them for help interviewing a patient. One of the seniors, who had been a mentor to me during my first year, stepped forward and offered to steer us through the process.

The senior initially took us out of the ward and listened to the history that we

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had taken. He didn't mention it, but I sensed that by taking us away from the patient's bedside his motive was to preserve the dignity of the patient.

When he took us back into the ward, he instructed us not to interrupt while he interacted with the patient. At the bedside, he initially greeted the old man with a warm smile and then proceeded with his questions. It took me at least a hundred more interactions with patients to understand the importance of that one simple gesture.

In the course of a person's life, the time he spends admitted in a hospital ward has to be when he feels the most vulnerable, and yet he allows us – medical professionals who are obviously in training – to question him, touch him, and probe repeatedly. In such a scenario, talking about him in front of him would have been demeaning and dehumanizing. More importantly, the patient was in the ward not out of choice but because of a medical condition that made admission imperative. With twenty of us causing chaos and confusion around his bed, it could only have aggravated his unhappy situation.

When my senior instructed us not to interrupt while he was talking to the patient, it was the first time that I was exposed to the concept of one-to-one interaction between a patient and the health care provider. Interaction with a single person served to build a relationship – I could sense, through the patient's body language, that he felt secure about sharing his personal information in the safe environment created by a caring professional, even one who was in training still.

My senior, when he smiled warmly and asked the patient his name before proceeding with the history taking, communicated a vital idea to the patient – that of mutual respect and trust. The patient smiled back and became quite enthusiastic about responding. The questions asked were not that very different from ours, but the approach was, and the response it elicited was much richer than anything we had been able to evoke.

The incident may not have lasted more than ten minutes, but it taught me something that I will carry with me for a lifetime. The reason I remember everything from that day is because of the emotional connection I saw between my senior and that old man. It moved me and I vowed to build this bond myself every time I got a chance.

It is a simple strategy – a smile and a greeting, courtesy and respect – simple, but it engenders trust and opens communication like nothing else I have seen.

I am sure some people reading my narrative already know and practice much of what I have shared; but for others, reading of another's experience gives a finishing curve to an as-yet-unresolved perspective. More importantly, reflecting on our experiences and writing about them can help reinforce an appropriate attitude that could influence behavior.

A patient's journey may end in a cure, but on his way to the cure he needs healing. What transpired in the medicine ward that day may not have contributed to curing the old man's illness, but I believe it definitely brought him closer to healing.

This student narrative was originally submitted to [UNarMed](#), the Narrative Medicine initiative of the University College of Medical Sciences, Delhi