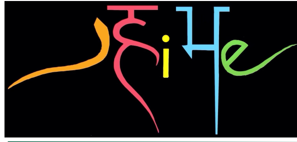

Personal Narrative

In the patient's shoes

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Received: 07-MAY-2024 Accepted: 06-JUN-2024 Published: 27-JUL-2024

'Any doctors in the family?'

This a frequently asked question to young doctors in training and it was not any different for me. My reply, when I was still a student, invariably was: 'I come from a family without doctors, but with patients.'

My sister and I grew up in the city, where my parents had moved to from our ancestral village during their student days, and where they continued to stay and work. A close-knit, large family and neighbourhood back home meant a frequent stream of relatives and neighbours visiting the city for medical needs. The arduous journey to the city took two hours by road then, and the lack of medical facilities and doctors in the village meant a longer stay in the city to include follow-up visits as well.

My parents would naturally host everyone and it was very common for my sister and me to accompany our parents and ailing relatives on their visits to the doctor. We would also visit them or carry food for them when they were admitted to the hospital. With every trip we made, we grew familiar with the doctors and the environment inside a hospital. Over the years we watched patients get medical attention for myriad concerns – from vaginal deliveries to caesarean sections, fracture reductions to CABGs, hysterectomies to cataract surgeries, prostatectomies, hernia repairs, and more.

We got exposed not only to medical terminology and the names of medications, but also to the whole process that a new patient goes through and the emotional baggage that ensues with the illness and the trip to the hospital. While the experience was unique for every patient, we noticed a commonality in the pattern of events. First, there would be the arrival of a patient, who would be anxious and worried, the mood palpable even in the house. Then, there would be a visit to the doctor and just like magic, the air would be filled with hope and relief. Such was this change that even young minds like ours could sense it.

Over time, through listening to the conversations revolving around the visit, we began to understand the source of the magic. We became aware that it had something to do with the qualities and attributes of the doctors and other hospital staff who had touched the lives of our sick

Cite this article as: Bhende P. In the patient's shoes. RHiME. 2024;11:23-5.

relatives. They'd been good human beings; astute clinicians; agile surgeons; considerate, calm, polite and patient listeners; educators and guides; and much more. We learnt that confusing subjects like the dosage of medications, type and timing of dressings, post-operative precautions, and dietary restrictions caused a great deal of despair to the patient, but the doctor's intervention made a huge difference. Having experienced this over and over again, we came to consider doctors as people with this unique ability to change things around for people and their families.

Among my many experiences, the most memorable is the one from the late 80s, when my paternal grandmother developed a blackish discolouration of the last three toes of her foot and was diagnosed with diabetes. The news spread and soon there was a deluge of experiences shared by friends, relatives and visitors about how someone they knew had to have their foot amputated due to a similar problem, how someone had passed away when the infection spread to the blood, and how another had to take multiple injections of insulin per day to keep the sugars in check. The names of many doctors were suggested.

That evening is still fresh in my mind: the worry on my father's and mother's faces; the discussions and deliberations about whom to consult; my aunt rushing to our house; the gloomy atmosphere at home; and the hopelessness and fear on my grandmother's face. No one could eat their dinner that night. It seemed just inevitable that my grandmother was in line to lose her limb.

By then my father had finalised the decision to take her to the surgeon who had his nursing home in our city. The tertiary hospital attached to Goa Medical College was our second choice. The cab arrived early in the morning, and with bags packed anticipating a long stay at the hospital, off we went. The first stop was at the nursing home. The big tree at the entrance, the white interiors, the waiting room, the long corridor leading to the inpatient area are again still fresh in my mind. The silence in the room pushed me out of it and, curious child that I was, I returned from a tour of the hospital to the waiting room just in time to see the doctor interacting with my grandmother.

He addressed her as 'Aaee' (mother, in Konkani) and I took an instant liking to him. His calm and comforting presence, the body language, his clear and easy to understand conversation with my father, his interest in explaining what the problem at hand was, and the assurance that everything was going to be fine, instantly changed everything. Apparently, grandmother had the 'good' type of a condition called gangrene. It was no less than magic as smiles returned to glum faces. Grandmother pulled me to her side and planted a peck on my cheek, her eyes gleaming with tears of hope.

That was it. That was the moment I decided I wanted to be just like him.

My grandmother was wheeled into the room allotted to her and her bags were brought in. We returned home in the same taxi but it appeared that the people returning were completely different from the ones who had set out in the morning.

Over the next few days, we grew familiar with words like gangrene, Trental and Tarivid. My grandmother had a long stay at the hospital but not a single day did we find that she was unhappy there. The doctor's visits and conversations during wound dressing would, in fact, cheer her up. Just before discharge, the doctor explained everything and trained my mother on how to administer insulin. Soon, Benedict's solution and insulin were added to our list of newly learnt words. Back then, in the pre-glucometer and pre-disposable-syringe era, deciding the dose and administering insulin was like a ritual. We were greatly helped in the process by another doctor, an ophthalmologist who was a family friend,

who took time from his busy schedule and helped patiently till my mother became confident enough. These wonderful human beings left an indelible impression.

Years passed by and it wasn't a surprise that I chose medicine as a career. When it was time for clinical postings, every time I interviewed a patient, I found myself looking at things from the patient's perspective rather than from mine, the doctor's. I found myself worrying about how far my patients stayed and what they did for a living. I found it easy to relate to their family members. Their anxieties and worries felt familiar and so did the queries. None of their questions felt silly, misplaced or repetitive. I would wonder about the situation at their homes, about what their conversations sounded like. As a young medical student, I never imagined that other healthcare providers did not necessarily experience this connectedness with their patients.

It was only when I began teaching, and became witness to interactions between students and patients, did it dawn on me - this sense of familiarity I felt with my patients could very well have its origins in childhood experiences. Could it be that my mind, travelling back in time to a similar situation witnessed as a child, reminded me of what the patients in my house had gone through? I believe that I remembered the physician's qualities that had helped them, and those impressions guided my actions and behaviour. This was a turning point in my life – a realisation of what it really meant to 'put one's self in the patient's shoes'. It has empowered me, encouraged me and enriched my journey in different ways through different stages and roles, and continues to do so.

In my role as a clinician, when I feel like interrupting the patient who is narrating a protracted history, when I feel I am losing my patience, when I feel like refusing to take on a new patient at the end of a long day at the OPD, when I am asked the same question over and over again, when a patient is anxious and worried, when a patient travelling from a far-off area asks if they can share laboratory reports over the phone, when a patient cannot afford a test or medication, I put myself in the patient's shoes and make decisions from that place. It has helped me bring out a better version of the doctor in me.

My area of interest and practice, diabetology, provides me with opportunities to counsel newly diagnosed diabetics, initiate patients on insulin therapy, and treat patients with diabetic foot. Each time I do so, I remember my grandmother - memories come rushing to my mind, and they influence my approach.

In my role as a medical school teacher, I am privileged to have the opportunity to share my views and experiences with medical students. Recently, along with my colleagues, I was invited to interact with first-year medical students on 'what makes a good doctor'. This was the introductory session to the Attitude, Ethics and Communication Module which is part of the competency-based curriculum. Everyone in the classroom voiced their thoughts on the qualities and attributes they thought made a good doctor, and students were encouraged to be aware of their unique responsibility to make a difference for patients and the patient's family.

I am grateful to all the patients whom I met as a child, and to all the doctors who made a difference to their lives. They indirectly imparted informal training to me before I even entered a medical school. Every single thing that I do as a doctor - working out a diagnostic or therapeutic plan, choosing appropriate medications, considering home-based versus institutionalised care, or deciding on end-of-life care or palliation - is influenced by what I imbibed then. I consider myself fortunate to have had this opportunity: to be on the patient's side of the fence before becoming a doctor; to be in the patient's shoes before donning those of a doctor.