

ARE LEARNERS GETTING WHAT THEY NEED

**Being a Doctor...Being a
Patient**

William T Branch, Jr, MD, MACP

Looking back over 50 years in
medicine...

Reflections: residents remain motivated, I see
less burnout with less sleep deprivation. The
cynicism has toned down.

Being a patient you may feel no control,
vulnerable, reduced in status, dependent,
ignorant, embarrassed.

You never know what the patient's concerns are

Early morning, I lay on a narrow table. An anesthesiologist, whom I had never met, was peering over me. I had been waiting anxiously to tell the anesthesiologist about my huge cervical spinal bone spur. A wrong positioning of the cervical spine could produce intense pain, the kind I'd experienced before, or worse, result in a weak arm, also experienced before. I began to explain but fully expected the anesthesiologist would dismiss my concerns with a "Don't worry. We handle this all the time". Instead, he listened. "So you have difficulty extending your cervical spine. Show me, slowly, how far can you comfortably extend?" He gently extended my neck. "Does this hurt? Is it comfortable? Can you do this much?" I felt an enormous relief.

Branch WT Jr. The Ethics of Patient Care, JAMA. 2015; 313: 4121-22.

But there are lapses.

- Nurses in the ER argued over whether I should go straight to the floor. I had just experienced the "elephant on the chest". Like they say—impending doom! It came when I got slightly upset. Imagine the frighteningly ridiculous position of someone who risks sudden death if he speaks up.
- A kindly nurse wrapped a tape around my arm to stop blood oozing; later the lower arm became swollen, an unknown quantity of heparin was now in my arm.
- I bled massively into my belly and had a Foley. The surgical resident came in and said, "Look at that big culture medium in your belly!" Minutes later, to my great relief, he removed the Foley. I was more grateful for getting the Foley out than angry about his ridiculously inappropriate comment.

Typical comments from faculty teachers

- *I am motivated by a desire to be the kind of physician that I thought I would be when I applied to medical school.*
- *The amount of work and pace along with the pressures that being a primary care physician put on us creates an environment that fosters cynicism and anger.*
- *...lying on a gurney traversing the very halls I had walked for decades was eye-opening...(allowing me) to feel firsthand what it is like to be vulnerable and scared.*

Hearts and Minds

I had asked myself, "How do we mold our learners' hearts as well as their minds?" Then, my inpatient team began paying attention to the patients, that is, the patients as people.

I noticed that the house staff *listened and learned more about their patients. They began to elicit their patients' needs and requests.*

This occurred after a successful interaction of our whole team with a critically ill patient and his angry family—who became mollified.

Example of listening: A sixtyish woman had successfully treated her first episode of diverticulitis at home with metronidazole. A second attack was not resolving. She came in but made clear that she expected to be discharged within three days.

Their hearts were being molded. We had joined together as a team.

Their simple kindness and decency to patients was like the elegant simplicity of a mathematical theorem.

These house officers reminded me of a colleague. When asked why he strove to be humanistic, replied, "I hope this isn't too simplistic, but I believe in treating others as I would want my family or myself to be treated."