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Reflective Practice

A matter of the heart☆

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With this account of two patients I met, I will point to four virtues of the physician in encounters with patients. Two of them are recognized by most proponents of patient-centered communication; *Curiosity* and *Compassion*. The other two, *Clarity* and *Courage*, are not often mentioned.

My first job as a doctor was in an isolated municipality on the west coast of Norway, houses glued to the steep slopes where the fjord bends, this mighty fjord being the only connection to the outside world, 1300 m mountains all around it. Three hours to the nearest hospital by boat and ambulance. No place to become acutely ill. Fortunately, the thousand plus people living there were patient, calm, healthy. Almost every day I could expect to come home for dinner at five, see my children, relax. Night calls were few – and appropriate. One afternoon the last appointment had been canceled. As I was about to leave, my secretary said that someone with chest pain was on his way from a small place some 10 km further into a valley that was even narrower than the fjord.

Twenty minutes passed, and, while I hate to admit it, I waited for the patient somewhat impatiently. Finally he arrived. Walking unaffectedly across the waiting room, resiliently, nice skin color, relaxed. Grabbed my hand, presented himself. My immediate thought: I have waited for *this*? But I greeted him in a friendly manner and invited him into my office.

- So. . ..you've got pain?
- Yeah, slightly. . .
- Where?
- Here.

He pointed with his index finger to a specific place in the left side of his chest, almost in his armpit.

- O-kay. . .so. . .exactly there? Nowhere else?
- No.
- So there's like. . . no spreading to other places, or. . .?
- No. It's only there.
- When did you get it?
- Around noon. I think I overstretched something, I had lifted some hay.
- Mm. Sounds reasonable. Was it while you were working?
- No. I think it was half an hour later.
- OK. You're probably right about that stretch.

I leant forward and palpated the place he was pointing to and immediately found a tender muscle.

- OK. So here it is. Yeah, you're right. But tell me, still, anything else that caught your attention the last few hours?
- What do you mean?
- Like, feeling weak, breathless, actually anything unusual. . .
- No, everything's fine.
- OK. Well. . .
- . . .Maybe slightly weak. . .
- OK? But not much? You look fine. I'll take your blood pressure.
- No, no. That's not necessary. Certainly not. I really feel fine.
- OK. So, let me just look for your record. My secretary couldn't find it. What's your date of birth, by the way?
- June 30, 1917.
- So you're 68. And still work as a farmer?
- Yeah, yeah. Couldn't live without it.
- Sounds great.
- . . .I don't think you'll find a record.
- Are you visiting the old doctor down the road?
- No. I've never been to a doctor.
- . . .What?
- Never ever. I've been lucky.

This revelation grabbed my attention. I mean, if you've worked as a farmer for almost 60 years, and never found a reason to come

☆ For more information on the Reflective Practice section please see: Hatem D, Rider EA. Sharing stories: narrative medicine in an evidence-based world. Patient Education and Counseling 2004;54:251–253.

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to a doctor – then maybe – just maybe, a strained muscle is not enough to bring you in? It took me some time to convince him that I needed an EKG. It was unequivocal, the man had an infarction. Auscultation, blood pressure, everything else was normal. I sent him to the nearest hospital, three hours away. He recovered nicely and worked for another 15 years.

Sheer luck saved me. My impatience, fueled by the anticipation of an early dinner, fostered a ready acceptance of the farmer's explanation. During medical school in the 1970s not one single teacher mentioned the patient's perspective to us. Why should a healthy man contact a doctor, when he was thinking that it was no more than a strained muscle?

Neither were we told how a doctor's judgment may be affected by his or her immediate state of mind. Nor did we learn about the pitfalls lurking in clinical reasoning, how we tend to seek confirmation of our first hypothesis. I was misled by the atypical presentation.

And who had heard about emotional cues then? I missed the vague formulation, "maybe slightly weak". Typical for an old man with no desire for attention.

This experience could have changed my practice forever. Fortunately, I stayed among these farm folk long enough to cure my induced anxiety and reinforce my belief in nature, self-care, time to heal, and a careful rationing of medical resources.

Then I moved to a busy place in the metropolitan area of Oslo. A different planet. Heaps of medically unexplained symptoms piled in my office. I felt a need to understand more and dug into literature on communication, psychosocial issues, somatization. I read a paper by Beckman and Frankel that inspired me to shut up and listen in my encounters. The patients flourished, doctoring was fun again.

One night I was on call in an acute primary care center covering 50,000 people. It was 10:30 PM, and I had just seen patient number 32. The next patient was called in, when the receptionist nurse approached me: A man with chest pain just arrived.

- Is that him?

I nodded through the glass wall towards a tall, slim man, around 55 years old, leaning against the wall. He looked worried, but quite OK.

- Yes.
- Bring him in next.
- Do you want me to take an EKG?
- No.
- Why not? All the other doctors ask me to. You're the only...
- I'd prefer talking to him first.
- I know. You're different.

The man approached the office slowly, stooped, sat down with a short sigh. My immediate impression was that this was not heart disease.

- Tell me why you're here...
- I got this chest pain around noon today...(he used the palm of his hand and sort of rubbed his chest right on the sternum)
- And it's still there?
- Yeah.
- Did it start suddenly?
- Yeah, quite...or sort of grew stronger over a few minutes...
- What were you doing when it started?
- Just normal work in the office.
- Stressed?
- Nope. Not these days.
- Tell me more about the pain.
- Not much more to say, actually...
- Does it get better or worse? Is it spreading out?
- No, no same place all the time. Constant, I think, or...maybe it wasn't there this afternoon.
- Any physical strain today?
- No.
- Didn't even run to reach the bus?

He hesitated, briefly.

- Oh, funny you asked. I was a bit late, I had to run a few hundred meters.
- And the pain?
- Actually, that was when it disappeared. I haven't thought about it.
- So why did you come now? (*Curiosity*).
- I was concerned about going to bed with that pain. A bit afraid, maybe...
- ...because?
- Because....well, I was thinking about the heart, of course.
- Of course. Have you had heart disease previously?
- No, but I've been examined several times. Same pain. I've been to a bicycle test, everything, nothing wrong said the doctor. Cholesterol fine, blood pressure fine...
- Any heart disease in your family?
- No. Except my father. But he was eighty.
- Diabetes?
- No. Nothing. I've tested that.
- So, how are you now?
- Not too bad. But the pain is still there...maybe weaker...must be something...
- Yes. I agree. It must be something. But I don't think it's your heart. (*Clarity*).
- But what can it be? I mean, well, even the bicycle test was fine, but...it's just hard to trust...
- That's easy to understand. Of course it's scary. (*Compassion*). Tell me the full story, when was the first time...

The patient recalled that the chest pain had appeared the first time shortly after a very stressful period in his job. He emphasized his enjoyment of work. And he expressed gratitude for his wife's patience with him when he worked hard. I asked if he easily told people about it, when he was concerned about things?

- No, maybe not. My wife complains about that.
- Ok. But right now, there's nothing bothering you?
- No.

I remained silent, keeping eye contact with him, leaning slightly backward. Waited.

- ...if not...my son called this morning...
- Oh?
- He told me he'd lost his job. I said to him that's not unusual these days, I tried to encourage him.

Another deliberate pause. Twenty seconds, then I resumed the dialogue:

- So, it didn't concern you much?

A deep breath. – No. Yes....Yes, it did.

He continued, told me about his son, about poor school grades, long periods of unemployment, uncertainty. I acknowledged his concern, supported. Suddenly he exclaimed: – Funny! I have no pain anymore. The pain's gone!

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- Sure?
- Yeah. Sure!
- How do you feel?
- Relieved! Enormously relieved.

On his way out, he took my hand, grateful, and said: – I've never ever been examined so thoroughly before.

Which was wrong, actually. I didn't examine him at all. Not his pulse, nor his blood pressure, I didn't use the stethoscope, no EKG. (*Courage*).

He was cured by curiosity, compassion, clarity, and courage.

My curiosity was about him, his thoughts, his beliefs, how he experienced the situation and his life. I knew I needed to give him time. Compassion was helping him to see my humanity, my genuine interest, my ability to imagine his feelings. Curiosity and compassion are virtues of doctoring that no colleague would contradict.

Doctors are less aware of the need for clarity and courage: Clarity a matter of the mind; courage a matter of the heart. In modern medicine, so invaded by risk calculations and technology that is able to visualize nanofaults of the body, doctors seem to have lost courage. A scientific respect for the uncertainty of any fact, any judgment, is transferred to the meetings with patients. Diagnostic or prognostic evaluations are blurred by ifs and maybes, leading to loss of clarity. Doctoring without blood tests, imaging technology, or quick prescriptions is not often seen and may soon be extinct.

Each and every time we order a test, we indirectly tell the patient that we are not able to evaluate his condition without it. Which leads to disappointment and unease if another test is not offered the next time he visits a doctor. Which inevitably leads to a never-ending expansion of health care's use of resources.

Medicine today is built on science. Health care today is built on anxiety. Doctors everywhere in the Western world raise criticisms against politicians and economists for ruining our health care systems. And of course, politicians should be made accountable. But the real cure for health care is to be found in the heart of the matter, in every medical encounter, in doctors' everyday application of medicine to the real world. We must refine our expressions of compassion for the humans we meet and curiosity about the lives they live. We must rehearse our information giving, make shorter and clearer sentences, remembering that there is a fine line between scientific uncertainty and induced anxiety, anxiety that does not help the patient. And finally, we must rediscover courage, *coming from the heart*, this inner strength that helps us do things right and forget about covering our backs.

If not, the future for doctoring is dark. We will become technicians that enter bodies into machines, and prescribe what the machine suggests. If that happens, we should evacuate the hospital castles and disseminate out into the jungle and fjord hillsides, to do medicine for the poor, the old, and the unfortunates whose health care systems we spoiled, people still in need of a good doctor's hand and heart.

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