LETTER TO EDITOR

Beyond Medicine

Elham Neisani Samani

Department of Internal Medicine, Yale University School of Medicine, New Haven, Connecticut, United States of America

Corresponding Author: Dr Elham Neisani Samani,
E-mail: elham.neisani@gmail.com

Dear Editor

A 41-year-old woman, who spoke little English and was severely in pain, presented with bloody stool accompanied by abdominal pain and cramps. The patient reported having 2 episodes of large volume, red- to maroon-colored stool over the last 2 days. Though she was feeling nauseated, there were no complaints of vomiting, chest pain, or dyspnea. She reported neither having any chronic health issues nor having undergone any surgical procedure. The patient had never experienced similar symptoms before. At the emergency room, she had been subjected to an abdominal x-ray, ultrasound, and abdominal computed tomography (CT) scan. She had seen the gynecologist, gastroenterologist, and psychiatrist. Through the translator, it became known that her husband had left her a year ago because she was unable to conceive.

I have been thinking about this for a while. Where does empathy begin in medicine? Is empathy dangerous for the physician-patient relationship? Does it begin with the patient or the physician? Can we learn it or is it innate? Is it a gift or a skill? I hope that this letter will help shed light on this particular aspect of care in medicine in a better manner.

Humanitarianism is defined as a moral of kindness and sympathy extended to human beings; we often refer to this as compassion (1, 2). The advent of sophisticated devices that offer convenient solutions should not change the role of the physician as an active healer. Long ago, physicians used to observe patients during the night, but now they rarely cease this battle. Referring to a CT scan that provides the images of an affected organ is a much easier and faster way to diagnose and monitor a disease rather than listening to the patient. As a physician, we have learned to minimize emotional and personal involvement with our patients. But at the same time, we know that the patient is not just a body, and he has complicated emotions and feelings. As a patient, we would feel better if we have a doctor who would create a bond with us and understand our illness rather than perceiving it just as a routine sickness or incident. Each person defines illness in his or her own way.

However, the health care system and economic aspects may interfere with an empathic approach in this setting (3). Empathy has cognitive and emotional components. It helps us to know who we are and what we feel. It is the process through which one attempts to project oneself into another's life and imagines a situation from his or her point of view. If you can see the pain in the face of your patient, you have empathy (4).

For anyone who is privileged to help or take care of someone in pain, I invite you to share your experiences, thoughts, and feelings to join hands in developing the human being in medicine (2).

REFERENCES

1. Schroeder AD1, Campanelli G2, Cavalli M2, Cusick R1, Fitzgibbons R3, Gilbert A3, Lawson C4, Manion J5, Matthews B6, Reinpold W7, Roll S8, Telemaque LF9, Wagner JP10, Chen DC10, Filipi CJ11. Humanitarianism in surgery. Hernia. 2017;21(6):963-971

2. Charon R. Narrative and medicine. N Engl J Med. 2004 26;350(9):862–4.

3. Lown BA, Manning CF. The Schwartz Center Rounds: evaluation of an interdisciplinary approach to enhancing patientcentered communication, teamwork, and provider support. Acad Med 2010 Jun;85(6):1073-81.

4. Valenti MP, Mehl-Madrona L. Humanizing patients through narrative approaches: the case of Murphy, the "motormouth." Perm J 2010;14(2):47-50.