

Remember to thank the patient

REFLECTIONS

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No conflicts of interest to declare

Accepted for publication: 02.04.21

Doctors, medical students and even books emphasise to say it. Whether it is an examination, administering an injection or taking a history, it is not complete without saying a simple “Thank you” to the patient. Of course, with everyone else around uttering this phrase, you would look rude if you do not speak these words yourself. Does this mean we are just thanking patients for mere common courtesy?

What I thought was just another day on placement, happened to change my appreciation for patients for the rest of my career. After gulping down a can of espresso, I hurried to the ward only to be trailing behind a consultant and a couple of stressed junior doctors. I anticipated a doctor would at least glance at me and give an opportunity to introduce myself. Soon enough my hope faded as I realise this was going to be an hour of ‘self-directed learning’. It was only when a junior doctor waited for me to enter prior to closing the curtain that I became aware that I did, sort of, exist. Having not seen the patient before, it was a matter of deciphering the diagnosis from the conversation between the consultant and the patient, as is often the case for medical students on ward rounds.

After an hour of scribbling down a list of misspelt drugs, I was back. Only this time, I was also holding a cannula and smiling at the patient to hide my fear. I was back as this opportunity was so rare. I was back to feel more involved. I was back to have a more productive day. I introduced myself to the patient, and my teaching had begun. Before I tore open the cannula pack, I took the time to ask the patient about the history of his condition and how his life had been affected. You can argue that you can learn more from a book about colon cancer than from patients. However, medicine is not just about how many drugs in the British National Formulary (BNF) you have memorised, how dextrous you are at venepuncture, or how you managed to diagnose Takayasu’s arteritis. It is also about having conversations with patients who are going through shock, anxiety and grief. Medical schools train students for such scenarios with actors. But, when you know they are faking their

pain, are you not faking your emotions yourself? When a real patient who has gone through so much pain explains their condition, you learn and remember. You remember their words more strongly than any black and white page of a book!

A book may teach you how to express empathy but not how to feel it. During that conversation, not only did I learn what empathy feels like, but also how I naturally reacted to it without regurgitating patronising phrases from a page. Paul Kalanithi explains in his autobiography 'When Breath Becomes Air' the importance of seeing each patient as a person and not a problem. (1) When I first read this, I thought I understood this. However, it was not until I met this patient that I fully appreciated the genuine human to human connection in the care of patients. I was truly interested in his experience of cancer. In return, he was truly interested in my learning. He knew that he could have asked a well-experienced doctor, who would have been safer and more accurate, to cannulate him. Instead, he wanted me to cannulate him. After I had inserted the cannula, he smiled and was very grateful for it. It did not matter to him that I needed two attempts because he wanted me to become better at cannulation. He wanted to be a part of my training to be a competent doctor.

I thanked him not only for his selflessness in giving me an opportunity to be more competent, but also for his encouraging smile at the end that boosted my confidence. You need confidence to interact with patients and practice clinical skills. From my conversation with him, I learnt how his life was much more restricted in terms of socialising and exercising, such as swimming, due to lowered self-confidence from having a stoma bag. To make matters worse, he had recently lost his job and was struggling financially. By having a difficult conversation, I learned to connect with the patient at an emotional level and understand his story. Therefore, I was emotionally more prepared to actively listen to patients talk about their lives and suffering. Through expressing genuine interest in his story, I had learned to build the patient's trust in me to understand all aspects of his suffering and not just the superficial pain. I have been trusted to respect their vulnerability caused through sharing aspects of their life that they have not even revealed to their closest friends and family.

I was fortunate to have met such a gentleman. Not all patients will be as generous in nature. However, they are all still unique learning opportunities. There is no book or communication workshop that can fully prepare you to interact with patients that are emotional, depressed or partly conscious because you cannot predict your emotional reaction in a real situation. As medical students, we have the privilege of never being on our own when facing challenging patients as you can take another student or staff with you. Also, leaving the room is always an option, as there is no pressure to talk to patients. Therefore, it is less stressful to learn to deal with a pa-

tient that is aggressive and shouting at you now than when you are a junior doctor running late with a multidisciplinary team (MDT) meeting in five minutes. Of course, at this point, the thought of your consultant's passive aggressive stare for being late will make your hand tremble. Naturally, a doctor may have an emotional breakdown in such stressful situations.

Whilst the patient that is smiling away and having friendly chats with nurses may seem ideal, you will be limiting your experience by solely approaching friendly and talkative patients. By meeting patients varying in age, gender, ethnicity, socioeconomic status and mental health, you will gain a broader knowledge of hardships influenced by the patients' different backgrounds. However, in order to learn the most from patients, you will need to tailor your questions, tone and manner for each patient. Consequently, you can develop a stronger rapport with them so that they feel more comfortable with sharing their story. Initially, you may find these conversations awkward, but this is from inexperience in such situations. Therefore, the more often you are exposed to learning from patients, the more natural conversations will feel, the stronger the relationships will be, and the better your understanding of their holistic needs will become. By respecting the different aspects of their needs when making medical decisions and involving the patient more in medical discussions, you can provide a higher quality of care. Essentially, we need patient-centred learning as today's medical students, in order to deliver patient-centred care as tomorrow's doctors.

As medical students, creating positive experiences for our patients, not only develops us as clinicians, but also paves the way for future generations of medical students to learn from patients, through setting a positive example of patient care. Next time a clinic is cancelled, a lecture is postponed, or a consultant is too busy, walk straight to a ward where you can find a teacher on each bed.

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1. Kalanithi P. *When Breath Becomes Air*. London. The Bodley Head; 2016.



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Journal DOI

[10.18573/issn.2514-3174](https://doi.org/10.18573/issn.2514-3174)

Issue DOI

[10.18573/bsdj.v5i3](https://doi.org/10.18573/bsdj.v5i3)



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