

Lessons From Our Learners

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An Advanced Course in the Basics**Christopher Ebberwein, PhD**

Near the beginning of an assignment during my PhD training in counseling psychology, I remarked during a staff meeting that I would often write several words at the top of my note pad when meeting with a counseling client, one of which was “empathy.” A staff psychologist laughed at the thought that I needed to remind myself to be empathic. I was not reminding myself to be empathic—I was reminding myself that if I gave the client nothing but empathy, the session would be worthwhile.

Fast forward 12 years. While interviewing for my position as a behavioral scientist at the Wesley Family Medicine Residency in Wichita, more than one interviewer was impressed by my predecessor's decision to spend a night on call with a family medicine resident. Trusting that a call night would

teach me something about the life of a resident—if only to witness the stress or fatigue of practicing medicine all night and into the morning—I took a call night with Dr B and Dr D. While I expected to learn something from observing the residents, I expected to be lost when it came to much of the patient care. What I found instead, was more confirmation that empathy is not one element of patient care but underlies all effective patient care.

The first patient we encountered in the emergency department initially caused me to wonder if compassion would be more easily said than done. His first complaints were not about shortness of breath or chest pain but about his wait time and the rotten tomato in his salad. “Here we go,” I thought, imagining the disgruntled patients of old “ER” episodes on NBC causing turmoil in the hospital. What I saw, instead, was the first example of real patient care. The patient's complaints faded away as Dr B turned attention to the matter at hand with a mix of empathy, humor, and skill. Before long, Dr B and the patient exchanged

friendly verbal jabs, and relief set in for both patient and family as the time to transfer to a room drew near.

The next patient appeared good humored from the outset. It was his family who appeared concerned. As I observed the admission interview, the patient's adult son stepped into the hallway and motioned for my attention. He explained that his brother died of cancer 6 weeks earlier and he wondered if that loss could contribute to his father's present symptoms. The patient's wife joined the conversation and shared the same concern. Having identified myself as a psychologist, I guessed that they viewed this information as under my “domain.” I encouraged them to share the information, and with that bit of reassurance, they raised the issue and gave the patient and Dr D a chance to discuss the son's death, a chance to connect in a different way and add to Dr D's overall understanding of the illness.

“Are you just another doctor who won't understand that I just want relief?” This unspoken question

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From the Wesley Family Medicine Residency, Wichita, Kan.

characterized the tone of the next admission I witnessed that night. Labored breathing underscored a sense of desperation for this woman whose symptoms were visible and unpleasant—all a result of pain and inactivity. She conveyed fear of not being heard and understood—again. I remember my own perspective shifting as I observed the patient and her husband answer questions and tell their story. I had judged prematurely. I first wondered how a person could neglect herself so as to be in such bad condition. Her tone seemed cynical, and her requests seemed fatalistic. I don't know what Dr B was thinking, but her interactions suggested simple acceptance as she listened to the patient's story of her illness and the lingering complications from a surgery years before. I don't recall if Dr B suggested a diagnosis or a course of treatment, but I do recall that she learned what treatment had helped before and validated the patient's requests as reasonable. I witnessed empathy in Dr B's words and in her expression. She joined the patient's dark sense of humor, probably shaped by years of suffering. What I first viewed as the patient's cynicism now seemed to be hope—not for long-term change but for moments of relief within painful days. Her few daily joys had been interrupted by this most recent exacerbation of symptoms. My worry that the patient had given up shifted to understanding that she had taken control. She was not here for heroic treatments but simply for help to regain control over the little things that made life

better. I witnessed Dr B fulfill the ideal of “prescribing herself” to the patient. Soon, this seemingly hardened woman expressed relief that she was heard.

Relief had not yet set in for the mother learning of her labor progress from Dr D in her delivery room. The glances to her husband and older daughter revealed her anticipation that her newborn would arrive soon, but the nature of her questions and the sound of her voice revealed her fear. The pleasant surroundings, soft lighting, family support, and reassuring words of physician and nurse may have served to take the edge off, but this mom's fear proved that empathy isn't exactly a cure. She knew that hard work awaited her and that the only path to her joy was through the pain.

Joy certainly does accompany the birth of a newborn child, but the need to later return to the hospital with that same child must be anything but joyful. I arrived too late for an admission on the pediatric unit. Just prior to leaving, however, a nurse rushed over to Dr B with an urgent request. We followed her to the room of a 4-year-old child in the hospital with fluid in her lungs. With parents accompanying her to the bathroom, the tube slipped completely out of her chest. We found the stunned parents holding emotion at bay, trying not to alarm their daughter as they helped her back into bed. I think I joined the parents in their fears of what would happen next. Instead, the parents and I witnessed calm and decisive action. With decisions made and

bandages changed, the parents described the terror they had held back at the site of dad holding the end of the chest tube in his hand. Their relief was made possible by Dr B's calm, matter-of-fact reassurance that their daughter would be okay and that her needs would be monitored through the night and in the morning. The steadiness of the parents, resident, and nurses allowed the little girl to remain calm as well.

I was right to trust that I would learn something on my call night. Rather than learn about things I didn't know, it was more like a vivid refresher course:

- Meet patients where they are.
- Before fixing problems, acknowledge hurts and pains people bring with them—big and small.
- Suffering is often part of the journey, but offering what we have can lessen it or shorten it.
- Sometimes what we offer is treatment. At other times, we offer knowledge or reassurance.
- Still other times, we offer silent expressions of care—a look, a smile, a tissue, a little extra time.

I saw evidence that night of what I know to be true. Health care is most effective when patients do not simply receive treatment but when they experience empathy and compassion.

As a result, healing occurs.

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