Peabody's Corner

Waiting

"... for the secret of the care of the patient is in caring for the patient."
— FWP

Mark Scheid, PhD

Submissions for Peabody's Corner should:
1) focus on the interpersonal aspects of a specific patient–doctor experience; 2) be written in storybook fashion; 3) contain no references; and 4) not exceed 5 double-spaced typescript pages.

From: *The Institute for Study Abroad, Butler University, Indianapolis, Indiana 46208*

Address for reprints: *Mark Scheid, PhD, The Institute for Study Abroad, Butler University, 1100 W. 42nd St., Ste. 305, Indianapolis, IN 46208*

E-mail: *mscheid@ifsa-butler.org*

© 2014 by the Texas Heart® Institute, Houston

A number of years ago, I spent several weeks in a hospital—not as a patient, but as the son of a patient. During the course of those weeks, as I waited—outside the operating room, outside Intensive Care, outside my father's room—I talked with a lot of people who were in a similar situation. Naturally, most of our conversations were about what all of us had in common: waiting anxiously for a loved one.

I heard few complaints from my fellow "waiters" about the competence of the doctors, the concern of the nursing staff, or even the food in the cafeteria. But over and over I heard the same problems mentioned: none of us understood very well what our doctors told us about the diagnosis, the medical and surgical procedures, and, most of all, the prognosis.

Admittedly, the patient's recovery doesn't necessarily depend on how well the family understands the medical situation. But I assure you that the suffering experienced during a serious illness is by no means confined to the patient. Often the only weapon that concerned relatives have to combat their fear of the unknown is a blind faith in medical science—an inadequate weapon.

There is no place on earth more conducive to the propagation of half-truths, misunderstandings, and old wives' tales than a hospital waiting room. Here, dimly remembered courses in health science vie with bridge-club gossip and back-fence wisdom as explanations of medical conditions and prognoses. Ignorance flourishes; superstition thrives.

Overcoming this communication gap can be difficult for a doctor. Nevertheless, some are better at it than others.

As the other families in the waiting rooms combined their experiences with mine, we were able to put together an image of the good doctor—good, at least, in communicating.

These doctors felt our sense of helplessness and our need to understand. They were adept at discovering the extent of our layman's knowledge, and their descriptions of medical procedures were clear to the least medically sophisticated among us. They were careful to arrange their discussions to proceed logically from an analysis of the disorder, to a plan designed to manage it, to a conversation about what we could expect.

The good doctors asked us for our questions. The better ones suggested that we write our questions down, so we would remember to ask them. The best proposed something specific that we could do to help, however minor.

Some doctors have an instinctive feel for this aspect of patient care, and some are undoubtedly more extroverted than others. But this communication is too important to leave to instinct or personality trait.

I can see two benefits from emphasizing the importance of doctor–family communication as part of medical trainees' education. First, trainees would learn how to discuss a patient's illness with that patient's family. Second, no matter how good your performance as a student, you do not fully understand a subject until you can convey that knowledge to another person.

One final point. Consciously or not, many doctors appear to agree with Alexander Pope that "a little learning is a dangerous thing." They are reluctant to discuss medical topics with the patient or the family for fear that lack of understanding will lead to needless anxiety.

But the patient and the family already have "a little learning" from their previous experiences with illness. Withholding or suppressing knowledge won't help family members. Communicating it clearly will make our role as waiters a lot easier.

 http://dx.doi.org/10.14503/THIJ-13-3952

http://prime-pdf-watermark.prime-prod.pubfactory.com/ | 2025-02-10