

# Therapeutic Listening



“. . . for the secret of the care of the patient is in caring for the patient.”

—FWP

**Shinya Ulysses Amano, PhD**

**A**s an MD/PhD student, I have always been fascinated by the basic science aspects of medicine. Throughout my preclinical years and PhD training, my focus was largely on the technical details of the inner workings of the body. I thought that understanding the structure and pathophysiology of the human body, and knowing how to fix it when it was broken, were the most important things about being a good medical student and future doctor. However, my first year of working with patients in the hospital has changed my perception.

Before my 3rd-year clinical clerkships, I had never really interacted with people who were dying. During my rotation on the hematology/oncology service, there were 4 patients in particular with whom I made a special connection. I had met them when they first came to the hospital. I saw them first thing each morning, sat with them every afternoon to talk, and said good night to them and their family members in the evenings before I left the hospital. I was with them when they underwent invasive procedures. I saw their faces when they first learned about their diagnoses. I met their spouses and children, learned about their favorite places, and heard their most cherished life stories. All 4 had metastatic cancer, and all died within 2 months of my having met them.

As a medical student, I knew that I couldn't cure these terminally ill patients. However, I discovered that I could help to guide them and their families through a dark and uncertain time of life. Doctors become so accustomed to medical terminology that even the best will sometimes confuse patients with words that the patients don't understand, and sometimes doctors simply lack the time to explain everything as thoroughly as they might like to. When patients faced grave prognoses, it was of highest importance to me that they fully comprehend each bit of news. I made it my job to go back to see the patients after rounds, to ask them if they understood what had been discussed earlier in the day. I had the time to help explain what kind of cancer the patients had, how far it had spread, and what it meant for their future.

I'll never forget the paralyzing fear that I felt the first time I was alone in a patient's room and heard, "So am I going to die from this?" Some patients realized the gravity of their situation right away; as for others, it took days for the news to sink in. Some patients remained in denial. Some stoically accepted their fate. There was something in their eyes that changed when they understood. Sad though the news was, my patients all appreciated my simplified explanations of the test results and their prognoses.

Medical students are often the only team members in the hospital who have enough time to sit with terminally ill patients and listen to them. For some of the patients, I was the only person who would visit every day. I would pull up a chair, sit by the bedside, and let the patient talk. Sometimes, when patients know they're dying, they want to tell their story. They want people to know all about their lives so that part of them will live on. In a way, it's a kind of proof that they were here and that their lives mattered.

I soon learned that the patients enjoyed talking about their favorite things. I would ask them what their favorite place was, and "why do you like it so much, what does it look like, who have you been there with, and what do you like to do there?" "Tell me about your favorite movie, your favorite food." "What was the craziest thing you've ever done?" Often the question would prompt a deep breath, a long sigh with a slight smile, and a gaze far into the distance as the patient relived a treasured memory. The patients loved telling these stories, and I will remember what they told me.

When these patients were discharged from the hospital, I made sure to say goodbye. Each expressed genuine appreciation for all I had done. This seemed a little strange to me, because I hadn't really done anything at all, at least not in the medical sense.

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I had administered no medications and performed no procedures. I had only explained, listened, and cared.

Although it is essential that doctors provide the best possible medical care, these patients taught me that treatment is only a small part of what doctors ought to do. Patients who are very ill need doctors who can clearly, gently, and effectively communicate bad news, take the time to explain everything, and listen to their questions, concerns, and stories. This caring communication helps to guide patients through the most difficult time of their lives, and it has a strong impact on how they perceive their condition. Indeed, I have come to understand that *all* patients, whether they have metastatic cancer or the common cold, have these same needs.

These experiences made a profound impression on me. I think that caring for my terminally ill patients was somehow therapeutic for me, as well as for them. It put the struggles of my training into perspective and made me consider what is truly important in this world. In fact, being involved in the care of dying patients has changed the course of my life.

Before this year, I had planned on a career in laboratory science and research. Although I still love basic science and still plan to pursue research, I am now preparing for a clinical career so that I can continue to interact with patients personally.

Medical students are in a unique position: we understand tests, procedures, diagnoses, treatments, and prognoses, and we have time to spend with patients who need help. My advice to the students who follow me is to take full advantage of this opportunity to help patients by listening to their stories. It doesn't sound as though listening has anything to do with medicine, but it has everything to do with being a good doctor.

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*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.*

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## Editorial Commentary

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### Deaf to the Patient

“It is the disease of not listening . . .  
that I am troubled withal.”<sup>1</sup>  
—*William Shakespeare*

The disease of not listening strikes everyone from time to time. Although this malady is prevalent in medical practice today, it rarely receives the attention it deserves. That is why this article by Amano—a junior medical student—is so fitting.

In eloquent prose, and with insight and maturity beyond his years, Amano shows that listening can be a powerful therapeutic tool, no matter how trivial or seri-

ous the patient's illness might be. Those of us charged with caring for patients would do well to heed his message and dispense liberal amounts of listening to all of our patients.

*Herbert L. Fred, MD, MACP,  
Associate Editor,  
Texas Heart Institute Journal,  
Houston*

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### References

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1. Shakespeare W. King Henry IV, Part II, Act I, scene II.