INVITED COMMENTARY

On Being a Patient

Pranab Chatterjee, University College of Medical Sciences, Delhi, India

ABSTRACT

Published narratives on doctor-as-patient experiences show that physicians become more empathetic once they have gone through the process of being a patient. In this article, in response to a published doctor-as-patient narrative, the author enquires into the possible reason for such empathy-in-hindsight. The objectified and structured medical education system which puts little emphasis on soft skills, a rapidly evolving technological-diagnostic revolution that is distancing the patient from the doctor and lacunae in development of communication skills in doctors come up as probable reasons for this. Narratives of physician-patients provide good learning points, especially with respect to the lacunae in the teaching of empathy, communication and humanities in medicine.

Keywords: Communication, Doctor-as-Patient Narratives, Empathy, Medical Education, Medical Humanities, Physician-Patients

There are many doctor-as-patient narratives on a similar theme (Bowes, 1984; Kirsch, 1996; Rabin, 1982; Crawshaw, 1992; Anon, 1983; Marzuk, 1987). One of the common threads in all these narratives is that the doctor comes out with more empathy and care for the patient only after he has been subjected to the life of a patient (no matter how privileged a patient one is being a physician oneself). Almost none of them deal with the issue that on the road to becoming doctors, we are brought up by a system that strangely alienates us from the very cause of the existence of our profession - the patient. I hope someday someone shall reflect at the end of such a narrative why it is that they had to become a patient themselves before they could fully identify with the plights of the patients.

Studies based on physicians who have had experiences as patients themselves (Klitzman, 2006), like the author, have gone on to show that physicians who experienced serious illnesses were more sensitive to patients’ experiences and were more likely to realize that the patients’ outlooks differed from those of the healthcare professionals.’

The traditional medical education system demands intellectual learning, which may not always be enough in the clinical disciplines. The process of becoming a patient and seeing the world from the other end of the stethoscope is a chance for experiential learning that is sorely lacking in the medical education system the world over. Although it is true that real empathy for a patient’s plight maybe difficult to be taught in a structured manner, one can still hold it against the medical education system that over-emphasis on the informational aspect of education has dulled the teaching and
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