



When Physicians Understand

Mayleen Jeniffer L Laico*

Assistant Medical Director for Continuing Medical Education, Chong Hua Hospital, Cebu City, Philippines

In our daily encounter with patients, physicians are often confronted with symptoms that our patients experience from their disease. In fact, as medical students and trainees the first thing we are taught is to ask for the chief complaint. The symptom that is most bothersome for the patient. Aside from the chief complaint, part of medical education and clinical skills development as medical students is being able to obtain a complete narration of other symptoms the patient is feeling. We are taught to perform proper patient interviews such that we get all the symptoms the patient has and that these symptoms are properly described. This is important in how we will eventually manage the patient medically. Although medical management is the main goal of clinical practice, other aspects of being a physician must also be considered important. One of these is empathy. Empathy is being able to understand how the patient feels.

Symptoms no matter how well described by a patient would be quite difficult to imagine unless we have personally experienced it. Yet part and parcel of our day to day practice is hearing statements such as “My stomach hurts!”, “It is painful to urinate.”, “I can’t taste my food.” From our clinical experience we can clearly explain to the patient the why and the how of what they are feeling, but do we actually really understand how it feels? A physician can empathize better with a patient, if he himself has experienced what the patient feels. After all we all learn from experience. I know this for a fact because this is exactly what happened to me.

Ten years ago, I was just fresh out of my nephrology fellowship training and was practicing as a young nephrologist. Like any young physician, I was enthusiastic with seeing and helping patients, and trying to let patients understand their illness. But one thing that had always made me uncomfortable is explaining to the patients why they feel the way they do. I had to make the conscious effort of not disregarding or minimizing their complaints simply because I have never personally experienced it. There was always the temptation to think

that the patient was just exaggerating how he felt. It was quite difficult to imagine how a particular pain or discomfort felt, or how having no appetite felt. I could not imagine how a urinary catheter could be causing a patient so much discomfort all day long and always with the constant urge to void. I could not imagine how the patient with a Double J stent would feel discomfort to the flank. I could not imagine how a patient feels a spreading warmth during intravenous infusion of contrast for a CT scan. I could not imagine how extreme thirst is felt by a patient who is dehydrated.

Until one day, I myself became ill. I experienced severe abdominal pain in the right lower quadrant. This turned out to be an ovarian cyst which needed to be surgically removed. I underwent surgery however postoperatively I developed a pelvic abscess. I needed to have a pelvic-laparotomy five days after the original surgery. I developed sepsis, developed bilateral urinary tract obstruction, and somehow after all this landed in the intensive care unit.

As I was having my acute illness, I did not have appetite. A whole day would pass without me having looked for any type of food. Now, I understand why our patients would say they have no appetite and no matter how much we force them they will not regain their appetite as long as the cause of their illness is still present. I experienced relentless vomiting and was often so extremely tired after a bout of vomiting. Now I understand why a patient says they are just so tired of their illness and why giving up is an attractive option. Because of the infection,

***Corresponding author:** Mayleen Jeniffer L Laico, M.D., F.P.C.P., F.P.S.N, Assistant Medical Director for Continuing Medical Education, Chong Hua Hospital, Cebu City, Philippines, Tel: 0639176252426

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I developed anemia that needed a transfusion of packed red cells. Unfortunately for me, I developed chills during the blood transfusion, chills so bad I was afraid for my life. Now I understand why our patients on dialysis become very anxious when they develop chills during the procedure. There is nothing pleasant about it, it is like going through hell. During my illness, there were episodes when there would be no urine in the Foley bag. My physicians felt that I was just not mobilizing fluids thus I was given an IV bolus of furosemide. Thirty minutes later, indeed there was almost a liter of urine in the Foley bag, but my tongue felt as dry as sandpaper. Now I understand what the patient feels when they feel extreme thirst especially those that we over diurese. I was slowly improving, was very well alert and oriented, but I was still stuck in the intensive care unit. Five minutes in the ICU for an awake individual is like an hour. The boredom one feels is indescribable. I have counted the screws in the ceiling fixtures and I was constantly asking for the time. Now I understand why our patients would want to leave this very special unit that was set up to save their lives. They are bored because they are better! I went home with a Double J stent. There was a constant ache in my flanks, and there was a constant urge to void. It was very uncomfortable, and I was constantly begging the urologist to remove them, immediately! Now I un-

derstand why patients constantly hound me to have the urologist remove their Double J stents.

We as physicians, encourage our patients to tell us how they feel or what they are feeling. This is important to help us diagnose and manage their illness. It is important that we do not disregard or minimize these complaints. Most of what we do for our patients is for them to get better and get healed, but it is unavoidable that undesirable side effects or complications can happen. Medical training allows us to extract and recognize these symptoms from our patients, but it is actual clinical practice that will allow us to develop empathy. A personal experience of illness is actually for me the best teacher of empathy. The experiences I had as a patient, made me understand as a physician not to ignore what a patient feels, to be always be on the lookout for unwanted side effects and complications of medications and procedures, but most of all to understand how the patient feels. Understanding how our patient really feel is important. It allows us to fully and really empathize with our patients. We all do not wish to be ill, but for the chosen few who are given the opportunity, we should all look at the experience in a positive way. We have been given the chance to feel what are our patients feel so we can better understand.