Patient care means listening to the patient

There’s little excuse for doctors skipping over basic compassion.

by Peter W. Marty in the May 5, 2021 issue

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Tim Hanson had a rough encounter when he met his oncologist for the first time. Being diagnosed with a glioblastoma is a weighty burden for anyone to bear. But having your assigned physician treat you like a piece of chuck roast only deepens that burden.

Tim and his wife, Brooke, told me how disturbed they were by the physician’s impersonal manner. “Did we make a mistake by going to a university research hospital?” they asked. I didn’t think so, but I wanted to learn more. They gave me a verbatim report of their first meeting. Doctor: “Have you been told what kind of tumor you have?” Tim indicated that he was aware he had a glioblastoma. Doctor: “You know that’s the worst kind to have. It’s the fastest growing and most aggressive. Yours is grade IV. You do know that, don’t you?” They hadn’t been told the stage of the cancer yet, but they were too stunned by his brusqueness to

respond. Doctor: “Do you want to know what your prognosis is?” That’s when the couple looked each other in the eye with a knowing glance. They were ready for a new oncologist. “No,” Tim replied calmly.

To care for a patient, you have to care about the patient. It’s not unusual to expect physicians to approach patients with vast clinical experience and medical knowledge that patients can’t possibly match. But to treat patients without wanting to understand even the outlines of their values is to practice arrogant medicine. Even if the bureaucratized and regulated character of medicine today leaves less time for doctors and patients to bond, there’s little excuse for skipping over basic compassion.

Sherwin Nuland (1930–2014), onetime teacher and practitioner at the Yale School of Medicine, liked to remind medical students that physicians sometimes believe more in their own beneficence than in their patients’ desires. He could speak confidently of this possibility because of his own self-acknowledged guilt. His treatment plans had sometimes centered on his own goals instead of the patient’s needs or goals, especially early in his career.

In his book *How We Die*, Nuland recalls once having talked a 92-year-old woman into a surgical procedure she wasn’t interested in undergoing at her age, only to see her die two weeks later of a stroke brought on by the procedure. “How can you let someone die when you think you can save her?” he reasoned at the time. Later introspection allowed him to conclude: “Had I the chance to relive that episode . . . I would listen more to the patient and ask her to listen less to me. . . . My treatment in this case was based not on her goal but on mine. I pursued a form of futility that deprived her of the particular kind of hope she had longed for—the hope that she could leave this world without interference when an opportunity arose.”

Tim Hanson is a gentle soul who longs for a particular kind of hope of his own. It’s the modest hope of having a skilled medical practitioner with compassion and empathy walk beside him in life-giving ways. Tim isn’t in denial that his seasons may be numbered. He just knows those seasons will be much better if the one charged with his care knows how to listen really well.

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