

S O L A C E

Michael Tandlich, Class of 2020

Mr. Jones was a very dissatisfied 55-year-old jaundiced hospital patient when I met him, but it was not the abdominal pain or skin discoloration that bothered him most. A team of doctors frequented his bedside with overlapping questions but little explanation. Mr. Jones felt frustrated and lost. “Don’t these docs speak to one another?” he said. “The one you’re working with asked me the same question I’ve been asked twice before!”

Part of his frustration stemmed from anxiety. My preceptor, an oncologist, was evaluating Mr. Jones for underlying malignancy. His CT scan showed multiple cystic hepatic lesions and biopsy results were still pending. Without answers to a grave question, Mr. Jones could not be discharged or have peace of mind.

Nonetheless, his frustration and confusion was something felt by many other hospitalized patients with whom I interacted. It was during my pre-rounding experience when I noticed this most. Many patients I interviewed were unaware of information in their charts such as significant changes in laboratory values and chest x-ray examination results, simply because nobody with access to the record had communicated these data. Gathering a history from these patients sometimes left them feeling more unaware and frustrated.

Furthermore, patients showed surprise over my encounters. “A doc hasn’t spent more than 10 minutes with me since I’ve been here!” one said. Another patient showed much gratitude after I spent 30 minutes gathering a history, performing a physical exam, and simply talking to him and answering questions. He said, “Nobody has ever done this for me in here.”

As a medical student, I was fortunate to have ample time and a small caseload. This enabled me to fully interact with patients who consistently appeared in need of more bedside rapport. It goes without saying that physicians often have a demanding caseload and merely not enough time to sit with each patient to discuss his or her plan of care and answer every question. But, during my

internal medicine clerkship, there also seemed to be an inpatient hospital culture that lacked patient-centeredness. Doctors had fleeting encounters with their sick patients. Sometimes, they made no more physical contact than stethoscope to chest.

I empathize with those patients who may have benefited mentally from improved physician rapport. Taking an extra moment to address patients’ fears could bring them comfort and eradicate some feelings of helplessness. I know I would have felt a similar dissatisfaction as did Mr. Jones if I was in his position. Between the beeping of hospital machines and devices, there can be solace in feeling cared for by the doctor, something that would bring more peace of mind even in times of uncertainty. ■

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MERCADO - NICARAGUA

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