

HUMANISM IN MEDICINE

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Humanism in medicine is commonly thought of as the outward expression of compassion and caring that is shown by a physician for his patients. What is often overlooked is the expression of humanism in much more subtle ways and in even the most mundane of tasks, even those done when the patient is not around.

I learned this lesson all too well during a 4th year acting internship at another institution. It was my first week on a new and exciting surgical oncology service. I was working feverishly to stay on top of what was an incredibly busy service with the sickest patients I'd ever cared for. By the end of my first week I found a routine that worked. My days started at around 4:00 AM which gave me enough time to write down numbers, pre-round, and write notes on my 7-8 patients before the intern got there to do her pre-rounds at 6:00 AM. My morning was going very smoothly until the chief texted me with a consult on a possible pancreatic head mass to see before rounds at 6:30 AM. By now, this ominous diagnosis was not a shock to me on this service. I

pulled up the patient's CT scan at my workstation and saw for myself the pancreatic head mass and what looked to be obvious liver metastases. I entered the patient's room to find a middle aged man in terrible pain accompanied by his sweet wife. They were very kind despite my 5:00 AM intrusion. I proceeded to take a quick history and physical and explained to them that he would be admitted to our service to undergo further evaluation of his findings and that I would ask our chief to write for some pain medication to help until we saw him later that morning.

As usual, after our cases finished in the OR we made afternoon rounds with our attending. An incredibly gifted surgical oncologist with great attention to detail, he demanded the same from those working on his service. He preached to us that these complex cases in surgical oncology are only successful in the operating room if the work is done to make them successful outside of the operating room. And because of this philosophy, he took meticulous care of his patients. As we came to the end of rounds, it was time to see our new patient.

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We entered the room to find a still very pleasant, but obviously uncomfortable man lying in bed. As I quickly glanced at my notes to prepare to present the patient to my attending, it dawned on me that in my rush earlier that morning I had not yet learned enough about my patient to confidently report a comprehensive history and physical. I was missing labs. I had neglected key components of his history; all minor details, but details that would be essential to formulate a comprehensive plan of care for this patient. As I fumbled through my presentation, the attending stopped me when I could not report a particular detail and looked to the intern who could not offer the answer either. Finally, he looked to the chief, with the same result. Our attending concluded the exam and apologized to the patient. As we left the room, we all offered our apologies to the patient and followed the attending into the hall for what we knew would be a harsh admonishing of our actions in that room.

As we prepared for the tongue lashing we were about to receive, I think we were all surprised by what the attending said first. “How dare you?” He yelled. “How dare you? That man is dying and deserves a hell of a lot more than what he just got in there.” We were all stunned. We knew that we had all fallen short. We knew we were going to deal with disappointment and punishment from our attending. What we did not think of is how disrespectful we had been and how we had failed this gentleman, our patient. The attending didn’t say more, he didn’t have to. It’s easy to show compassion and care in front of patients, to do the things in their presence that we feel is our way of being compassionate

physicians. It’s when we are scrolling through numbers at 4:30 in the morning and going to see this “consult” that rolled over from the night service that we often forget that we are caring for *people*. It’s difficult to see how I am being a compassionate physician by paying attention to how much this drain put out overnight, or what this potassium has crept up to, but when we stop to think that the greatest show of compassion we can offer is to be the best stewards we can of someone’s life and health, then we realize that to be great humanists, and to show these traits in medicine, we must think far beyond what happens in front of the patient.

I had the great pleasure of getting to know this patient and his wife over the course of my rotation. I unfortunately saw his decline over those several weeks, to the point where on my final day he was being discharged home with hospice care. I was able to thank him that last day for all that he had taught me during our time together. And as I prepared to leave that room, saying a very different and very real goodbye, I knew that I would never forget the incredible lesson in humanism he bestowed upon me in his waning moments of life. ■

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