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
learning of soft skills. This is to be emphasized even more in a milieu where through dramatic improvements in technological and investigative protocols, the patient-physician contact is losing its human element very rapidly. Interestingly, physician-patients are more likely to admit that there remain lacunae in the teaching of communication skills and content of care of the patients, which form an important part of being empathetic care-givers.

Coming back to the paper, it has a certain Gawandesque1 quality to it and is written in such a captivating manner, that it literally is an unputdownable read. The narrative is lucid and flows easily, connecting the dots in a logical sequence and comes to a soft ending where the technophile-minimalist doctor ends on a note which leaves the reader musing about the inadequacies that dog diagnostic medicine despite rapid advances in relatively short time span.

About the Blaise Pascal quote, there is some ambiguity about its translation from the original French, and hence its interpretation. Interestingly, a thought that was originally used to emphasize the need for a “God-sensitive” heart is being used in a scientific connection. The original passage in French reads (Wikipedia, n.d.):

Le cœur a ses raisons, que la raison ne connaît point. On le sent en mille choses. C’est le cœur qui sent Dieu, et non la raison. Voilà ce que c’est que la foi parfaite, Dieu sensible au cœur.

The Project Gutenberg has translated the original French passage as (Pascal, 1958, p. 277):

“The heart has its reasons, which reason does not know. We feel it in a thousand things. I say that the heart naturally loves the Universal Being, and also itself naturally, according as it gives itself to them; and it hardens itself against one or the other at its will. You have rejected the one, and kept the other. Is it by reason that you love yourself?"

The first half of the sentence, thus, maybe interpreted in another way. The heart has reasons which “science” knows nothing about. The Project Gutenberg translation thus has dichotomous tones which is not heard in the more commonly used translation that the author has used here.

Interestingly, the Google Translate (http://translate.google.com) version reads:

The heart has its reasons that reason knows nothing. You feel a thousand things. It is the heart that feels God and not the reason. That’s what faith is perfect, God felt by the heart.

This is closer to the commonly used translation, and also mirrors the one used by the author, although the spiritual overtones are preserved.

The author uses the more colloquially accepted (and also less controversial) version of the quotation, which, by dint of wide usage, has become accepted in most cases. Although the quote does have a linguistic or semantic quirk, there is no doubt that it does bring the article to a logical and philosophical ending, so one cannot contest its appropriateness.

At the end of the day, narratives like these just point out the lacunae in the medical education system which causes medical professionals to have empathetic epiphanies only after they have been on the bed instead of at the bed.

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