Residents' page

Jennifer Yau, MD

In seeing patients every day, day in and day out, it is easy to forget that our relationship with patients is like no other human relationship. In what other context could you walk into a room, meet people for the first time, ask them personal and often embarrassing questions about themselves, and expect them to undress so that you can put your hands and other instruments on (or in!) them? This month, Dr Stacie Weber reminds us of some of the privileges we are given as physicians.

Don't just look; touch!

Stacie Weber, MD

> The patient-doctor relationship is arguably the most extraordinary social contract in human history. Two strangers meet in a confidential, unobserved setting that emphasizes their differences: the pain and subjective needs of one contrasted with the professionally defined availability of the other …. Yet within minutes and precisely because one is there as a healer, an incredible evolution occurs. The physician is granted an access, an intimacy, and a candor that the patient would not extend to another human being. A remarkably intense bond is forged, within which information is obtained, analyzed, and exploited for therapeutic advantage.[1]
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> *—Dr Daniel O. Federman*

One aspect of being a doctor is central to the practice of medicine, but yet is often overlooked; the importance of touch. There is great power in human touch. We often forget how privileged we are as doctors that we are not only *allowed* to touch our patients, but that it is *expected* of us.

Sitting in a chart review session late one Friday afternoon, after a busy day of clinic, a comment from my supervisor struck a chord. After listening to the extensive list of "chief complaints" a patient had recited to me, he asked me, "So what did you find on exam?"

I was thinking, "Exam? After 25 minutes of listening to and listing problems, examine what? It was only a 15-minute fit in!" My supervisor then gently reminded me that, even when physical examination is unnecessary for proper diagnosis, patients still expect that we perform an examination. As doctors, we are in a unique position where our patients have a right to expect us to touch them, and they consider that touch an integral part of their visits.

People like to have contact with other people; they shake hands, they offer greeting kisses, they hug. We all want to be accepted and reassured that others care about us. When a doctor holds a patient's hand or arm while the patient relates a tale of physical or emotional suffering, the doctor provides more relief than a Prozac poultice.

As a child I remember looking forward to annual visits with my family doctor. One salient memory is not of painful immunizations or of the lollipop I would receive before leaving, but of the tapping motion that he would do all over my back, which I equated to a type of diagnostic or therapeutic massage. Even at that young age, I had developed the expectation that this was a routine and absolutely necessary part of my physical examination to determine that I was physically fit. Around the age of 14, when I paid my first visit to an "adult" doctor, I remember feeling disappointed that he had not performed any back tapping. Didn't he know that he was supposed to tap my back? Where had he received his substandard medical education?

In medical school I learned that chest percussion in a healthy individual, with no respiratory symptoms, is not an evidence-based maneuver. In fact, the likelihood of finding any relevant disorder was close to zero. But to this day it is still what I remember most about my childhood physician.

To further illustrate this point, just look at the recommendations set out by the Canadian Task Force on the Periodic Health Examination and consider what you and the other physicians with whom you work routinely do during these examinations. Even though most of our actions are not evidence based, many people tell me they would be upset if their doctors did not check their ears or look at their throats. It seems obvious—how else would physicians know patients are not suffering from some dreaded illness?

When patients seek our advice, they have given implied consent to enter into the patient-doctor relationship. They invite us to breach the privacy barrier. They show us their trust by answering very personal questions and allowing us to examine them. They measure the success of an encounter by whether they felt cared for.

For these reasons I feel privileged to be a doctor and cherish the unique bond of the doctor-patient relationship. I realize that being a physician does not mean I will be able to cure or even temper every disease I encounter, but a truly good doctor can always treat the patient's soul. When kindly touched and listened to for only a few minutes, patients are no longer alone with their physical and emotional suffering. The practice of medicine is not an inheritance of secret cures handed down from Aesculapius. Rather it is a noble profession in which we are not always able to cure, but we can always provide a *laying on of hands*.

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Reference

1. Billings JA, Stoeckle JD. *The clinical encounter. A guide to the medical interview and case presentation*. 2nd ed. St Louis, Mo: Mosby Inc; 1999. p. vii.