



## Patient-centred care in a self-centred world

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**T**he first patient I saw after coming back from Africa had floaters.

I had just spent several months in the war-torn region between Chad and the Sudan, staffing a Médecins Sans Frontières project doing its best to keep up with the demand: a hundred youngsters with malaria every week, malnourished infants, shrapnel wounds, and worse. I knew it would be tough coming back to the routine grind of practice in Canada, but I didn't think it would hit me this soon.

### A disappointing truth

My first patient said she couldn't take it any more. She said the floaters were driving her mad and was demanding some lorazepam. I said that floaters were benign and that lorazepam could make her fall and break a hip—or worse. She said she'd rather be dead than have floaters. After all I had seen, I was stunned by this statement. Thankfully, I remembered the training in patient centredness that had been drilled into me during residency; but I admit, I had momentarily thought of prescribing a visit to Africa.

I have since seen some genuinely sick patients, but at the end of every week, I tally them up and can usually count them on the fingers of one hand. Many of the patients I see aren't really sick, certainly not in global terms. One man wants a referral to a dermatologist, "just in case." Another woman is unhappy with the postprocedural scar we left on her

face, though we have trouble finding it with a polarized, magnified light. And then there are the complaints for all manner of modern existential wrongs, from isolation to separation, which interest me in their own right, except that as a professional I can do relatively little else but listen.

So I listen, but I wonder more. I wonder whether our health care system is set up to maximize the use of our skills. I wonder what our role should be with patients whose very attitude toward disease has become a disease itself. I wonder what we can do about an all-too-common undercurrent in the modern medical visit, at least in the West: a sense of entitlement and a never-ending search for perfection.



### Is everything relative?

I recently realized that I failed to make a single diagnosis of depression in Africa. There we were, in the middle of the desert, rebel groups maneuvering around us, families displaced and left with nothing more than 3 straw walls covered by a standard-issue, blue UN tarp, and yet people carried on with their lives. Women waited for water around our communal tap, clutching their new babies. Children made toys out of paper bags or bits of plastic that had gathered with the wind. And during market days, when families from the entire region would converge on our little village, you could walk around, look at people smiling, and almost feel happy.

## Reflections

I am sure I missed some depression. I had to use a translator, and in any case, people don't usually get full-blown depression until the immediate danger is behind them. The patients I saw in Africa had more pressing concerns on their minds, such as surviving. But I do see much more depression in Canada than I did in war-torn Africa.

I do not mean to suggest that patients here do not have reasons to be depressed or that we should treat them with any less care when they do suffer from genuine depression. But the question remains: what is it about our society that, despite having the most secure material and public health conditions in recorded history, encourages such a wide variety of existential complaints?

### Reality check

I think of all the time and money I waste clipping off skin

tags and removing unsightly moles, or writing prescriptions for all manner of lifestyle drugs meant to pathologize normal changes in human function. If there is one thing I learned in Africa, it is that the human spirit needs to learn to overcome adversity in order to thrive.

I know that it is a mistake to remove my patients from their own contexts—it is just as unfair to transport my patient with floaters to Africa as it is to assume that people in Africa will be comfortable opening up to a stranger. This is one of the tenets of patient-centred care: to be aware of context and to never impose a different reality on patients. The fact that the patient suffers, regardless of whether this suffering registers on a global scale, should be enough ... right?

There is a question, however, that hangs on my lips as I resume work in Canada, a question I utter quietly at the end of particularly taxing days. Should we

still be patient-centred when a patient becomes overly self-centred? Or do we have an obligation to point out to them (as practitioners wanting to help them develop their own sense of well-being) that things actually could be so much worse? ❁

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**Competing interests**  
None declared



▲ The "wadi": The sole river flowing through the Dar Sila region of eastern Chad.

► Human cargo: Refugees fleeing the Darfur border.

