

**Adrian Warnock**  
experiences life on  
the other side.

# WHEN DOCTOR TURNS PATIENT

## key points

- Doctors learn to be detached from their patients, but patients need to know that doctors care.
- Treatment without compassion misses the opportunity to serve like Jesus.
- Compassion is seen in small attention to detail, when looking after a patient.
- Doctors need to take time to rest well so they can show compassion.

*Adrian Warnock graduated from Bart's and the London School of Medicine and Dentistry in 1995. He specialised in psychiatry before moving into pharmaceutical medicine. Adrian was diagnosed with chronic lymphocytic leukaemia in May 2017 and has had several inpatient admissions and two surgeries as a result.<sup>1</sup>*

**F**rom the first experience of anatomy dissection as a medical student, our experiences as doctors gradually distance us from our patients. People who get sick are subtly viewed as 'other'. We are taught, quite rightly, to be professional, calm in a crisis, and to make objective decisions about clinical care.

If we experienced the same emotional impact concerning every dead or dying patient as the first one we saw, then we'd quickly become psychological wrecks. Certainly, when a patient is near death they wouldn't want a doctor or nurse who just sits on the bed crying about the direness of the

situation. They would want one who can figure out what needs to be done and who does it.

This process of professionalism can ultimately lead us away from Jesus' desire that we be known for our love.<sup>2</sup> Busy on-calls, relentless demands, and increasing seniority can lead to an absence of any emotional involvement or humanity. One of the biggest challenges facing Christian health professionals is the battle to retain compassion.

Compassion is defined in the Miriam Webster Dictionary as 'sympathetic consciousness of others' distress together with a desire to alleviate it.' Compassion is when love moves beyond mere emotion and motivates us to action. Medicine must never become merely a career where our reason to work is simply to earn money, or just to get through the day.

Jesus experienced the pressures of dealing with crowds and their demands. However busy A&E is on a Friday night, there won't be 5,000 people there thronging around a single healer and hanging on

their every word. When Jesus looked at the crowds he didn't see a faceless multitude but suffering individuals, made in his image, who he had come to make the ultimate sacrifice to save. On one occasion we are told Jesus 'saw a great crowd, and he had compassion on them and healed their sick' (Matthew 14:14). Perhaps the greatest privilege of being a doctor or other health professional is that we are called to show compassion like Jesus and be involved in his healing work.

We rightly speak a lot about ethical issues at CMF. But if we also forget to emphasise Christian love, we will miss the mark as much as those who compromise biblical truth in a misguided attempt to be loving. As John Stott put it, 'Truth becomes hard if it is not softened by love; love becomes soft if it is not strengthened by truth'.<sup>3</sup>

Having been a doctor since 1995, I am now on the receiving end of treatment. I am very grateful for the care I receive. However, some things happen in a pressurised NHS which never should. Some of these are unavoidable. Others would never happen if health staff always remembered compassion.

I was told on the phone by a haematologist that I 'almost certainly' had chronic lymphocytic leukaemia a few days after my first A & E visit. Such news should only ever be given face-to-face. By then I was an inpatient at a different hospital with pneumonia. The local haematologist refused to meet me for several weeks. When he got the results of the definitive test, he wouldn't even tell the doctors treating my pneumonia they had an immune compromised patient on their hands. I finally got a private doctor to confirm my diagnosis. That night I was crying on a phone helpline with a compassionate nurse, who suggested I get myself referred to a specialist hospital.

When I was admitted to hospital a couple of days later, I was beginning to develop sepsis despite weeks of various antibiotics. At that moment I needed a doctor who could dispassionately work out what needed to happen and do it. As I think back on the many health professionals that have helped me through my admissions and clinic visits, the compassionate ones stand out.

The dilemma faced by all health professionals is how to deal with extreme challenges; balancing the need to be rational, while retaining compassion, which at its core is an emotion. Too much and too little emotion is a problem. A journalist explained this dichotomy well:

*'Doctors, of course, have to be compassionate and dispassionate at the same time. A doctor who was completely indifferent to the sufferings of others would be a public menace; but a doctor who felt every patient's suffering as his own would have a short and miserable career.'*<sup>4</sup>

Compassion is not about time. It isn't what is said, but the way it's said. It's about remembering you are treating a person made in the image of God. It is about understanding the emotions your patient and their family are feeling.

Compassion is the nurse who pauses and

comforts you at a difficult moment during an admission. It's the doctor who appreciates the emotional impact of a diagnosis and gently explains the implications, rather than assuming you understand. You might be overly familiar with the illness you are treating, but to them it may feel like a tsunami threatening to destroy their whole family.

Sometimes the smallest things like managing expectations make all the difference. I remember being told by a receptionist that unfortunately they didn't yet have any radioactive material in the department so there would be a long wait for my PET-CT scan. Many NHS employees wouldn't have explained this, but it was so much better to be told than to be left waiting clueless.

Fellow CMF member Mary Wren described a similar experience during a hospital admission:

*'What I really noticed was that some people really cared and others didn't. All did the job OK. But some didn't look me in the eye, smile, squeeze my hand, or give time. I noticed the one nurse who asked the elderly lady next to me how her husband was getting on at home – it only took two minutes but made all the difference.*

*That hand squeeze, the compassionate look, acknowledgement of the person inside, two minutes to listen... it can make the patient feel good, peaceful, hopeful, valued, warm inside. The doctor who came and looked me in the eye and squeezed my hand as she told me all about what they found inside, made me cry. Good crying. That was real, complete care of me the person, as well as my body.*

*I wonder how much difference that art of medicine, that soft immeasurable care, makes to the recovery of the person. I wonder if that hug or hand-squeeze would result in less pain relief being needed, less pressing of buzzers, patients getting home quicker.'*<sup>5</sup>

How do you retain humanity and compassion in a busy clinical setting? Surely the answer is to consider the words of Jesus, 'Do to others what you would have them do to you.'<sup>6</sup>

If you are about to say or do something that is not how you would want to be treated yourself, it is time to have a rethink.

As much as we like to ignore this, sickness will one day affect every family. When it does, we would like ourselves or our family members to be on the receiving end of compassion.

Let us unashamedly show the love of God in our workplaces, whilst not forgetting to look after ourselves. Even Jesus needed to rest. He withdrew often from the crowds to quiet places to pray and reflect.<sup>7</sup> Too many doctors forget how to really take a break. One clue: true rest requires a pause from looking at any screens.

Be kind to yourself so that you can be refreshed to be kind to others. Remind yourself often why you first became a health professional. Never lose that sense of vocation. Remember, you really are doing God's work of showing love and healing.

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## references

1. Adrian's journey with CLL and the effect it had on his faith is described more here: [bit.ly/2xTFmvG](http://bit.ly/2xTFmvG)
2. John 13:35
3. Stott J. *The Message of Ephesians: God's New Society*. London: IVP, 1991:172
4. Dalrymple T. Doctors must not care too much. *The Telegraph* 10 August 2003. [bit.ly/2kW0kkc](http://bit.ly/2kW0kkc)
5. Wren M. When the doctor went to hospital. *Triple Helix* Summer 2013. [bit.ly/2xTkapt](http://bit.ly/2xTkapt)
6. Matthew 7:12
7. Luke 5:16