

David Cranston shares his experiences of caring for the whole person



PATIENTS ARE PEOPLE TOO

key points

- Having time to interact meaningfully with patients is a big challenge in the clinical setting.
- Taking time to go deeper and wider in our interactions helps us go deeper into the needs of our patients and to see them as rounded human beings, not just clinical problems.
- This attention to the wider humanity of our patients helps us improve our clinical care and support.

A week before writing this article, I was sitting in my urology outpatient clinic with a visiting professor from Japan, when a 93-year-old gentleman came in with his daughter. I debated about whether or not I should ask what is normally my first question to a man over 90, after introducing myself to him, and then, as I had got to know my Japanese friend well decided I would.

‘What did you do in the war?’ I asked.

He replied that he was a submariner and was involved in protecting the North Atlantic and Arctic convoys. My Japanese friend did not mind at all as ‘we are all friends now’. We then proceeded to have a most interesting conversation about what it was like to be a submariner in the Second World War, and the hardships endured not only by him but, by the Arctic convoys they were protecting, where other patients of mine served. On those ships, the ice had to be knocked off the superstructure in temperatures well

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below zero to prevent the ships capsizing under the weight, and life jackets were often not worn as the likelihood of being rescued if torpedoed was minimal and unconsciousness and death came much faster with no life jacket.

One cannot have that type of conversation with every patient in a busy clinic, but on occasions one can, especially, as in his case, it was a follow-up appointment made by a junior and he was symptom free from the urological point of view.

A week later, I received a letter from him saying it was the most pleasant consultation he had ever had in hospital. He enclosed a copy of a handwritten letter sent to his mother by King George V in 1918, on the release of his father who had been a prisoner of war having been captured on the Messines Ridge at Ypres in 1917.

Patients are people too, and one day all doctors will become patients. Woe betide the doctor who lets humanity slip out of medicine. In the current practice of medicine, it is all too easy to look at computers, charts and scans and ignore the patient.

Sir William Osler was a Canadian who trained at McGill University and subsequently became one of the four founding fathers of the Johns Hopkins University and ended his life as Regius Professor of Medicine in Oxford. When he died in 1919, *The Lancet* described him as 'The greatest personality in the medical world at this time.' He was the man who took students to the bedside to learn from the patients and speak to the patients and demonstrated that compassionate medical care and science were not only compatible, but both were necessary, and that careful clinical observation was essential to diagnosis. 'If you listen to the patient he will tell you the diagnosis'. He brought science into medical education and commanded enormous admiration and respect amongst colleagues, students and patients.

Osler never forgot the patient and we would do well to learn from him. He is well known for many quotations but one of the most important is that 'It is more important to know about the patient who has the disease than the disease that has the patient'.

Multidisciplinary meetings have now sprung up around the country where patients' problems are discussed by a group of physicians, surgeons, oncologists, radiotherapists, radiologists, and pathologists and plans for treatment drawn up. In these meetings the most important person, the patient, is not present. In many settings, especially in the management of prostate cancer one ends up with the conclusion 'All options open; discuss with the patient'. While it may not be appropriate for the patient to be in these meetings especially as many different patients will be discussed, it is important for all present to realise that the most important person is missing.

As doctors, we are not only clinicians and teachers, but we are also role models for those around us. When we teach at the bedside or in clinic, we are watched and observed as to how we treat our patients and our staff. It gives insight into our values in life, our goals and beliefs. Our Christian witness in words will be nullified, if our Christian witness in actions do not match those words.

William Osler had no greater accolade than his reputation among the clinical students who said that, 'If you want to see the chief at his best, watch him as he passes the bedside of some poor old soul

with a chronic and hopeless malady, as they always get his best'. Would that that was true of all of us who are in the so called 'caring professions' today. One day we too will be in the bed rather than standing at the foot of it.

One of my former research registrars, now Team Rector of Chipping Norton was recently asked to speak in China at a medical conference on his transition from doctor to priest. He spoke about the great physician, a term well recognised in Chinese medicine. The Greatest Physician of all time chose twelve disciples to be with him in his three years of ministry. Much of the time his disciples lived with him, travelled with him, ate with him, and talked with him. They would have learned from his actions as much as his words. They would have seen how he used his time. They would have seen how when he was stressed, he prayed. He loved to pray. Those three years of his ministry were hectic years, teaching, healing, preaching; with individuals, with friends, with disciples, with crowds and with enemies. The less opportunity he had to pray, the more imperative it was for him to maintain his relationship with the Father. The tighter the tension, the more time was spent in his Father's presence. It is difficult to believe that he went up into the hills determined to pray all night. Rather, as he prayed, he was lost to time in his Father's presence, and scarcely noticed as the sun broke over the hills to announce the dawn. His disciples would have seen him come back refreshed after his time of communion with his Father.

We note how he treated those to whom he ministered. He listened attentively to Jairus and many other individuals, not being distracted by the crowd around him or looking over their shoulder to see who else was more important or more interesting. He offered unconditional love to those in need. He refused to be judgemental to the woman caught in adultery, but did look forwards rather than backwards, to a better future for her and to a change of life and lifestyle. He identified obstacles to spiritual growth in the Scribes and Pharisees, as well as to the rich young ruler to whom money and possessions were very important. He bore patiently with laziness, ignorance, fear and failure, and never gave up on his disciples. He challenged, confronted and corrected. He often operated with a lightness of touch, but could be forceful when the need arose. He provides an excellent model to all those in the so called 'caring professions'.

So, as we go about our daily work on the wards, in the outpatient clinic, in the operating theatre, GP surgery, or in interactions with hospital staff, we need to remember that every patient we look after and every staff member or colleague with whom we interact are people for whom Christ died.

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