

Senior Minutes

Better Quality of Life through Comprehensive Mental Health Care

WORKING ON THE DOCTOR/PATIENT RELATIONSHIP: THE HOLISTIC SIDE OF MEDICINE



We Houstonians justly boast that the Texas Medical Center is in its own class. Not so long ago, if pressed to define its excellence, we described its cutting-edge biomedical prowess.

Today, when hospitals advertise, they claim biomedical excellence and a caring, patient-centered environment. When patients complain about a physician or hospital, they refer at least as often to relational insensitivity as clinical incompetence. Here at the University of Texas Medical School and at other facilities around the country, students are now taught the therapeutic importance of the doctor-patient relationship.

This change has partly resulted from our ability to demonstrate scientifically what the ancient physician Hippocrates understood intuitively: mind and body are interdependent. We can track the weakening effect of uncontrolled stress on the immune system and the power of meditation to lower blood pressure. Researchers have found that the closer the bond between a diabetic patient and his/her doctor,

the less frequently s/he needs an insulin infusion.

Medical students are now taught the relationship between doctor and patient can affect medical outcomes. Biomedical competence is essential to make the right diagnosis and prescribe the proper medications. Students are shocked to learn that the average level of noncompliance in this country is between 20 and 50 percent. If the patient feels the doctor genuinely listens to his/her story, empathizes with her plight and deeply cares about the outcome, she will more likely heed the doctor's counsel.

This emphasis on the doctor/patient relationship has been called the holistic, humanistic, or spiritual dimension in medicine. In a state-sponsored medical school, relational medicine is equivalent of a nonreligious spirituality. It regards the patient – not only as the embodiment of a medical condition – but as a vulnerable, suffering human being whose dignity must be safeguarded and who needs our empathy, deep compassion, and even love.

Sometimes the physician must first be a healer of the patient's spirit before he receives permission to heal the person's body. A woman with a potentially life-threatening abscess persistently resisted treatment until a third-year student physician revisited her room, sat beside her, held her hand and gently asked: "Please tell me

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WORKING ON THE DOCTOR/PATIENT RELATIONSHIP: (CONT.)

why you won't let us treat you?" The student physician asked the question in a way that assured the patient he/she really cared. The patient burst into sobs and declared: "I don't deserve to be treated. I've been HIV positive for 10 years." The third-year student responded: "You deserve to be treated as much as any of us. You owe it to yourself and your family to be treated. Please let us treat you." Only then, did she agree to the treatment.

Medical residents are young physicians with a primary responsibility for hospital patient care. Long hours and considerable stressors make them vulnerable to cynicism and burnout. To nourish their spirits, we created "Scared Vocation." With a promise of confidentiality, they meet with a facilitator in small groups. In one session they each recall a patient encounter when their healing power was both biomedical and relational. Through this sharing they discover that since we are here on Earth to heal, their work has a sacred vocation, an important part of what gives meaning to their lives. The program was well received that it is now an integral part of training for all residents in internal medicine.

Although we teach nonreligious spirituality, by its very nature, relational medicine must respect what

is important to the patient. Studies reveal that most patients, especially in time of critical illness, find their ultimate source of strength and hope in their religious faith. Therefore, both a nonreligious physician who disdains a patient's faith and a religious physician who seeks to proselytize are violating their mandate to heal. Practicing relational medicine is also good for the physician's spirit. Contrary to conventional wisdom, physicians who are most vulnerable to burnout are not those who warmly relate to their patients, but those whose practice is an impersonal, detached exchange of biomedical knowledge and skill for compensation.

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Disclaimer: The information presented in this newsletter is intended for educational purposes only. It is not a substitute for practical medical advice on any specific situation.

About the Author:

For 24 years, until his retirement in 1999, Karff was the senior rabbi of Congregation Beth Israel. Shortly thereafter, he was invited to create and teach a curriculum for the UT Medical School at Houston that focused on the nonbiomedical or relational dimension of being a healing physician. He has retired from his second vocation.