More humanism and less science, that's what medicine needs. But, humanism is hard work, and a lot of science is just Tinkertoy.  Robertson Davies, The Cunning Man

The care of patients
David J. Elpern, MD

Author’s note (July 2015): I wrote this paper based on a study I did in my office in 2000. Originally, I had a number of tables, but the editors truncated the paper, thus confirming the saying, “A camel is a horse designed by a committee.” Still, I often reminisce on the research’s findings: that almost all of our patients need our specialized knowledge and my comfort and caring, while only some require our technical skills. Sadly, a few seconds of cryotherapy are more lucrative than half an hour of sympathetic listening.

An almost unending stream of patients with skin disorders passes through my office. A few of their maladies can be cured. Many can be improved. Some can only be only witnessed.

A 15th century French maxim encapsulates the essence of this paper: Gerier quelquefois/Soulager solvent/Consoler toujours. To cure sometimes,/To relieve often,/To comfort always.

Our calling is a triad: comfort always, relieve whenever we can, and cure when possible. Yet even in this age of therapeutic wonders, how many of our patients require highly specialized knowledge, advanced technological interventions, or both? How many of them need only the kindness of an attentive listener?

I asked myself this question with reference to 100 new and 100 returning patients seen in my dermatology practice. I wanted to know how many of them primarily needed (a) my knowledge of dermatology, (b) personal attention, and (c) my technical skills. I graded these subjectively on a scale of 1 to 5, with 1 being unimportant and 5 being critical.

The median scores for new and returning patients were the same for each category. On a scale of 1 to 5, the median score for knowledge was 4; for personal attention, 3; and for technical skills, 1. The mean scores for knowledge for new and returning patients were 3.8 and 3.7; for personal attention, 3.4 and 3.5; and for technical skills, 2 and 1.9. Although more of my patients needed specialized knowledge first, a large intermediate group
required kindness and understanding. The smallest subset, by far, required my technical skills.

Our professional forefathers knew this, but do the leaders of our specialty appreciate it as well? To address this question, I searched MEDLINE, which contains over 31,000 citations from the 3 major dermatology journals: Archives of Dermatology, British Journal of Dermatology, and Journal of the American Academy of Dermatology. Of these 31,000 citations, only 30 (0.1%) addressed the physician-patient relationship or the philosophy of medicine. In contrast, 708 articles (2.3%) discussed pemphigus, a disorder seen only once or twice a year by most practicing dermatologists.

Although I have long suspected that many of my patients do not require my specialized knowledge or surgical skills, it was enlightening to learn how many required the interpersonal qualities that, in my opinion, our research, training, and continuing education ignore. This theme has been addressed from Hippocrates' time to the present, but in the course of my daily clinic, it is easy to forget.

The practice of medicine is an art not a trade, a calling not a business, often the best part of our work will have nothing to do with potions or powders. William Osler

A colleague, Michael Bigby, recently wrote me:

_I saw a young woman the other day for mild eczema. During our brief encounter I noticed that she was inattentive and really didn't seem to care about her skin problem. I asked about her family and was told that she had a two year old and had “lost” a 7 month old (exactly 7 years ago on the date of our visit). Not knowing what to say, I remarked that losing a child is the most painful thing I could imagine going through. She agreed and we talked a little about how this happened and our all too short visit ended._

I believe that his sensitivity did more to help her than any prescription would have.

In my practice survey, only a small subset of patients appeared to require the technical skills that I learned and honed in residency and continuing education sessions. It was illuminating that many more appeared to need simple kindness and caring.
The emphasis on facts and procedures in our practice is worthy of comment. First, there is a great sense of satisfaction in making a difficult diagnosis and in doing the thing right; that is, our technical skills are gratifying to perform. But doing the thing right can differ from doing the right thing. Second, there is often a temptation, perhaps a compulsion, on the part of physicians and patients to “do something”: to shave, to freeze, to excise, to prescribe. In my rush to get through a busy day, how many procedures are performed to justify the visit, when what the patient may really need is time, sympathy, and understanding?

As specialists we must be repositories of dermatologic knowledge and know how to apply it. Most patients come to us for this, but a significant number need, in addition, a physician who is sensitive to, and has the time to address, the emotional and social aspects of their disorders and their lives. Although much attention is paid to acquiring and maintaining our informational and technical armamentaria, there is almost no discussion about the interpersonal skills we need to practice in a successful and satisfying manner. We cannot afford to assume that these abilities are intuitive or easier to master than cryotherapy or the subtypes of epidermolysis bullosa.

Francis Weld Peabody's article, “The Care of the Patient,” is among the most lauded medical papers ever written. In it he says: “Here, then, is a great group of patients in which it is not the disease but the man or the woman who needs to be treated.”² Peabody goes on:

The good physician knows his patients through and through, and his knowledge is bought dearly. Time, sympathy and understanding must be lavishly dispensed, but the reward is to be found in that personal bond which forms the greatest satisfaction of the practice of medicine.

References

Osler, W. The master word in medicine, aequanimitas, with other address to medical students, nurses and practitioners of medicine. : P. Blakiston's Son and Co, Philadelphia; 1925 (Chap XVIII)

Peabody, FW. The care of the patient. (The complete article is on the Web at:)JAMA. 1927; 88: 877–882