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Doctors Are Patients Too

Daniel Mangels

As soon as the door shut, everything became quiet. The silence of the room quickly sharpened my awareness to the fact that it was now time for me to interview my patient. Before entering, I was instructed by my resident to obtain a focused history. As a newly minted third year medical student, I was eager to put my long hours of practice history-taking to good use.

I introduced myself to my patient and proceeded to take her history. As I began asking her questions, I could see that she felt uncomfortable. Then again, why wouldn't she be? I was a medical student and was far from the physician she had intended to meet that day. I might as well have been a complete stranger. Furthermore, my questions probably seemed formatted and dry because, well, that was what they were. In fact, much of my history taking up until that point had consisted of regurgitations of written scripts I had been taught to ask during medical school. How could this patient ever open up and share her story with a stranger reciting rehearsed lines? Something had to change.

As we continued our conversation, I relaxed from my standard history taking format and simply asked her about herself. I wanted to get a glimpse into her life so that she could see that I was not only interested in extracting medically-relevant information from her. When I asked about her hobbies, I was delighted to hear that she was an avid moviegoer. We chatted about the current movies playing in the box office, then talked about the weather, my journey as a medical student, and finally back to what brought her to the hospital in the first place. By the time I returned to the focus of her visit, she felt more open about sharing her story.

As it turned out, she had initially complained of right arm and bilateral breast pain. When I later asked her about her home life, it became clear that her pain was likely the result of domestic violence, which she later confirmed. Looking back, I realized that her discomfort at the beginning of our conversation likely stemmed from her feeling vulnerable about such a sensitive and personal issue. Ultimately, we were able to coordinate the care of her injuries, as well as the support for her safety at home.

On that day, I learned that to be a good physician, one must realize that the human qualities of medicine are just as important as the clinical aspects. I believe that my patient's willingness to disclose her issues with domestic violence stemmed from a level of mutual trust that we were able to develop over the course of our conversation. I could have simply stuck with my rehearsed lines and tried to extract as much information from her as possible, but that would have reduced her to mere numbers and facts.

Instead, what my patient sought was the sense of knowing that I truly cared about her as a human being and not simply as a set of vital signs and lab values. When we as future physicians lose sight of the fact that we are simply fellow human beings, we begin to forget how important it is to pay attention to the human qualities of the doctor-patient relationship: empathy, compassion, and understanding. Though my lesson that day was simple, it is something I believe many healthcare providers still struggle with each day.

Every patient is unique, and each is deserving of the same autonomy, understanding, and respect we would like to be given ourselves. After all, doctors are patients, too.