

# Editorial

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## Improving the Physician-Patient Relationship: Take a Lesson from Your Students

Like many of you reading this editorial, I have had the distinct privilege of working in teaching hospitals. One of the most refreshing aspects of working in this setting is the opportunity to interact with medical students who are new to the practice of clinical medicine. I often think that those of us who are more advanced in years and clinical experience can learn a tremendous amount from these young doctors-in-the-making.

Specifically, I'm talking about the freshness and kindness that beginning medical students tend to bring to the clinical encounter. Patients who volunteer to be interviewed and examined by these students almost invariably describe them as respectful, sincere, and genuinely interested in what they have to say. Even if patients are too polite to state it outright, the implication is that more experienced clinicians may not always display these same warm characteristics.

Both my own experience and some objective evidence support this implied judgment. One study, for instance, found that first-year medical students were more likely to have patient-centered attitudes, whereas third- and fourth-year students tended to have attitudes that were more physician-centered or paternalistic.<sup>1</sup> As hard as it may be to admit, therefore, patients probably are correct in sensing a progressive decline in physicians' degree of emotional involvement and level of caring as they advance through their training and careers.

Why is this the case? I put the blame squarely on our training system and its inherent emphasis on the mechanics rather than the humanistic

aspects of medicine. It's understandable, but most lamentable, that while pursuing the necessary task of mastering the huge body of science underlying the practice of medicine, we so often become desensitized to the humanity of our patients. How many times have we overheard a hallway conversation in which one physician tells another that he or she has just encountered a very interesting case of (disease x) or a fascinating presentation of (disease y)? All the physicians' focus and excitement seem to revolve around the scientific aspects of the case, similar to the way two bird-watchers might compare notes on the sighting of a rare species. What is often overlooked is that these interesting medical problems are attached to real human beings who are contending with fear, pain, anxiety, and a panoply of other emotions in addition to—and as a result of—their medical condition. Beginning students, on the other hand, appear to be more aware of and affected by the specific examples of human suffering they encounter in their early, halting bedside sessions.

What is the cure for the emotional hardening that can come with greater medical experience and sophistication? I think the answer lies in recognizing that we can learn (or relearn) a great deal from even the most junior of medical students. Their sincerity, genuine enthusiasm for getting to know their patients, and understanding of the patient's perspective should remind us why we entered the profession to begin with: to alleviate human suffering and comfort the afflicted. I believe this learning is possible. After all, we were once first-year students too. ●

### Author disclosures

Dr. Felicetta reports no actual or potential conflicts of interest with regard to this editorial.

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### REFERENCE

1. Haidet P, Dains JE, Paterniti DA, et al. Medical student attitudes toward the doctor-patient relationship. *Med Educ.* 2002;36(6):568-574.