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The art of medicine: Using your heart and your head

When I was a PA student, I distinctly remember a comment that one of our more erudite instructors made during an afternoon lecture. This internist was discussing standard medical treatments for rheumatoid arthritis. Classmates fired back questions for clarification on pharmacologic interventions. Each one of us wanted to have a good understanding of what was available for treating this complex disease that we were certain to encounter in future patients. After dealing with each question in turn, the internist finally remarked that, despite his 30 years of experience and expertise, ultimately there was little that he could do for his patients.

I was taken aback by this remark. After all, here we were, struggling to learn the myriad medical information necessary to diagnose and treat patients. Armed with this knowledge and set of skills, we were going to better the lives of those entrusted to our care. At that time in my training, there was no doubt in my mind that I was going to enjoy a life of meaningful professional service. I merely needed to have a good grasp of the available knowledge, hone my skills, and the rest would magically fall into place.

It took several years of general practice as well as a two-year postgraduate residency to realize that that internist's comment was true—despite my years of training and expertise, I arrived at a point where I felt that, at core, there was little that I could offer the majority of my patients. Little, that is, apart from listening to them in their times of distress; perhaps offering a word of encouragement or, when appropriate, a reassuring touch. Although I had become a good diagnostician, it often didn't seem to matter much. You only have to watch a child die to realize that despite your best efforts, sometimes things just don't work out.

It was about this time that a colleague put me in touch with a small group of like-minded individuals who had committed to blazing a trail back to humane medical practice. I met several of them at a conference and found that they were delving into the medical humanities to hone their sensitivity and make some sense of their day-to-day dealings with patients. The experience was uplifting—just what the doctor ordered.

I began to read extensively—not medical journals laden with abstracts and original studies but what I would refer to as works of substance: *Out of My Life and Thought* by Albert Schweitzer; *The Citadel* by the English physician and author A. J. Cronin; *The Death of Ivan Ilych* by Tolstoy; the speeches and writings of Sir William Osler, the great Canadian physician and humanist; the works of the pediatrician poet

from Patterson, New Jersey, William Carlos Williams. Eventually, I started writing about my own patients. Although I didn't realize it at the time, I was discovering for myself what later would be called the *illness narrative*.

These exercises sharpened my sensitivity toward my patients, and they responded in kind. Dr Francis Peabody's words rang true: "Patients don't care how much you know, until they know how much you care."

As I began to listen to my patients' stories, something else happened—many of them began to experience a sense of healing. Here I'm not talking so much about cure from dis-

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ease, but rather healing in the Old English sense of the word: wholeness. *Heal*, *whole*, *health*—each stems from the former; health is rooted in wholeness.

Many clinicians may not see the value in this. In their view, the patient presents with a problem. They, in turn, must gather supportive historical and objective data from the physical exam and laboratory studies to arrive at a diagnosis. Once the diagnosis is established, an appropriate prescription is concocted, be it medication, surgery, or therapy; follow up is arranged, and hopefully the patient can be discharged from care. But through years of practice, many of us realize that this paradigm is insufficient to meet the needs of many patients.

Once, an elderly man stopped by the clinic where I was working. He sat in the chair opposite my desk and proceeded to tell me about his wife when the two of them were young. She had a problem and sought guidance from a deacon in their church. After months of counseling, his lovely young wife announced one day that she was leaving him. He later found out that she ran off with the deacon. At 76 years of age, he told me that he still loved her deeply and still carried the pain of her betrayal in his heart.

As I listened to his story, I realized that there was nothing I could do about the betrayal. That had happened long ago, and I couldn't undo it. But somehow, after the man told me his story, I sensed that he felt better. He needed to talk, and he needed to have someone listen. That day I just happened to be the one. **JAAPA**