The fluff of medicine: Intangibles that make the difference

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Ciencia y Caridad (Science and Charity), Pablo Picasso, 1897. Museo Picasso, Barcelona. Public domain

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> Thou shouldst not have been old til thou had been wise
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> —William Shakespeare[1]

> Learning acquired in youth arrests the evil of old age; and if you understand that old age has wisdom for its food, you will so conduct yourself in youth that your old age will not lack for nourishment.
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> —Leonardo da Vinci[2]

Danish philosopher Søren Kierkegaard reminded us that, "life must be lived forwards, but it can only be understood backwards."[3] As someone who just turned 70-years-old, I'm painfully aware of this conundrum. After all, the 70s are supposed to be the decade of disease, disability, and death, but they are also the age of wisdom—hence as Dante put it, a great time "to lower sails and gather in the ropes."[4] Slowing down allows introspection, which, if assisted by wisdom, might help discern patterns. Unfortunately, this is easier said than done.

Life has been compared to a Persian rug insofar as it's blessed with a wondrous design, except that while alive we can only see its back, which is an unintelligible jumble of knots. It's only after we pass that we are finally allowed to admire the beautiful layout on the front. It's a lovely metaphor, but it's also true that the closer we get to the end, the more we manage to glimpse patterns. It's thanks to that view from above, that philosophers of old have always encouraged us to acquire, but that only comes with time. Yet, once achieved, a wide-angle view can soften the passions of youth and thus afford a more clear-eyed perspective. Marcus Aurelius put it simply, "Look at earthly things as if seen from some higher place."[5]

If that is the case, what did 50 years of medicine teach me about our profession? What did I learn about the difference between healers and providers? Can healing qualities be acquired in medical school, or should they be a prerequisite for admission? Can they be passed on to the next generation?

What makes the ideal physician is something we all grapple with since the very first day of medical school. Renowned ethicist Edmund Pellegrino tried to answer that question in a *JAMA* article of 50 years ago, where he boiled it down to three C's: competence, compassion, and culture.[6] We all agree with competence, but what about compassion and culture? It all depends on how we see medicine. If we share the view of Edward Livingston Trudeau, that the ideal doctor ought "to cure sometimes, to relieve often, and to comfort always,"[7] then the last two of Pellegrino's ingredients become crucial for a patient-physician relationship that can be healing.

Despite what the health care industry might want us to believe, patients are neither customers nor consumers, but vulnerable human beings who respond emotionally to their disease and the physicians who are trying to help them. That is something we all understand after finally transitioning from doctors to patients. Seeing the medical-industrial complex from the other side of the fence is terrifying but also clarifies the fundamental role of compassion and culture. There should be six personal qualities:

1. Attentive (active) listening;
2. Physical and visual contact with patients;
3. Empathy;
4. Comfort with ambiguity;
5. Humor (especially of the self-deprecating kind, since it not only lifts others but also prevents narcissism); and
6. A philosophy of life that by bordering on stoicism can provide resilience, which is key for the well-rounded physician who will have to spend a lifetime dealing with the most difficult and unpleasant aspects of the human condition.

Resilience may be the metaphorical load-bearing wall of medical education that prepares physicians to bend but never break. Unfortunately, resilience may be difficult to teach in a world of overprotective parenting, risk-averse schools, addictive devices, and social media, all of which have contributed to increase students' fragility.[8] Hence, adversities in life should not be rejected but actually welcomed since they are the *sine qua non* for character development. As always, the task of a good educator is to "prepare the child for the road, not the road for the child."[8]

All six of the aforementioned traits can be summed up into just one quality: wisdom. In contrast to information and knowledge, wisdom does not require rote memorization, but a mix of heart and mind that has always been the hallmark of the ideal physician. That mix

Una Sala del Hospital Durante la Visita del Médico en Jefe **(A Hospital Ward during the Chief Physician's Round), Luis Jiménez Aranda, 1889. Museo del Prado, Madrid.** Public domain

is also crucial for patient care too, as information and knowledge without wisdom can be dangerous. Socrates said in *Menexenus* that, "all knowledge, when separated from justice and virtue, is seen to be cunning and not wisdom."[9] Not surprisingly, Osler's closing wish in his last address was wisdom.[10]

There is an additional ingredient that Pellegrino left out of his cocktail, probably because it's related to a more societal kind of healing. The Hebrew imperative of *Tikkun Olam* demands of each of us that we try to make the world a better place.[11] One could even argue that such a commandment might be the best definition of the ideal doctor, who in addition to relieving individual suffering is also mindful of his/her social responsibilities. The Hippocratic Oath spells it out:

> "I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm."[12]

Virchow put it simply, "medicine is a social science," and "physicians are the natural attorneys of the poor."[13] Thus, physicians ought to be socially involved.

The most important of the six interpersonal traits (but probably the most difficult too), is the capacity to attentively listen to patients. Dr. Jerome Groopman wrote an entire book on this fundamental, but endangered, art.[14] Italian movie director Nanni Moretti even lamented that, "Doctors are very good at talking, but very bad at listening."[15] That is actually true, since we typically interrupt patients after only 11 seconds.[16] The reason for such counterproductive behavior is that like all other aforementioned traits, the art of listening can't be assessed by single-best-answer, black-and-white, multiple-choice tests. And, since testing drives curriculum, we neither teach it nor encourage it. In fact, we might not even select for those six traits at the time of medical school admission. And since we only pay them lip service,

students conclude rather quickly that they are unnecessary. They might even see them as fluff.

Fluff comes from the old Flemish *vluwe,* which in turn indicates lint, i.e., that fuzzy and useless part of cloth that has to be discarded. In this regard, the fluff of medicine is what many students see as the touchy-feely residue of times bygone, something to be viewed with suspicion. The reviewer of a paper I recently published on the demise of one of these skills, summed it up by saying, "My concern when speaking about these matters is that some people (particularly younger physicians) may see it as a nostalgic but impractical call to the halcyon days of Osler. I encounter it in my own practice quite a lot."[17] That would be a misguided approach, since the fluff of medicine is ultimately what separates healers from technicians. It might even be the catalyst for healing itself.[18] The irony is that patients can tell rather quickly which doctors have it, and which doctors don't. Yet, students find it difficult to see it.

When I was a medical school student, I was absolutely convinced that what separated good physicians from bad ones was their outstanding amount of knowledge. No one would argue that competence is a must—without it we are not doctors but quacks—but there are other softer traits that characterize healers. Curiously, visual artists were the first to warn us against the risk of losing them.

"Science and Charity" is an 1897 painting by Picasso—just 15-years-old at the time. It juxtaposes two different modes of care: the cold and detached science of the physician (who's counting the patient's pulse without even acknowledging her), versus the humane and loving care of the nun, who offers a cup of milk to the patient while tending to her child. Picasso painted that canvas after losing a young sister to diphtheria. Her death had been particularly painful, since it could have been averted by the recently developed diphtheria antitoxin, which the family could not afford. That is why the painting contrasts the costly coldness of modern medical science with the inexpensive warmth of compassionate care.

Picasso was also inspired by "A Hospital Ward during the Chief Physician's Round," which Sevillian artist Jiménez Aranda had painted a few years before, and that shows how the new scientific medicine dehumanized patients to mere sources of clinical information. That thought horrified other painters too.

"The Doctor," which Sir Luke Fildes completed in 1891, reminded Victorian physicians of the importance of always relating to patients as fellow human beings in need of help. Fildes had intensely personal reasons for painting that canvas, since on a Christmas morning 14 years prior he lost his one-year-old son to typhoid fever. Fildes emerged from that ordeal deeply touched by how the caring physician stayed at the bedside throughout the night, even though he could offer very little. And so, he offered himself. Of interest, the doctor in the painting shows none of the accoutrements that the public associates with the medical profession (white coat, stethoscope, reflective mirror, and black bag), but has instead compassion and gravitas. And so, within a few years the *British Medical Journal* hailed the painting as showing "the typical doctor, as we would like to be shown: an honest man and a gentleman, doing his best to relieve suffering."[19]

The Doctor, by Sir Luke Fildes, 1891. The Tate Britain Museum, London. Public Domain

Unfortunately, today's visual arts (i.e. movies) often portray physicians in a negative light,[20] thus reminding us of how Picasso's warning went unheeded. Doctors like Jed Hill (Alec Baldwin's masterful rendition of a "Doc with a God complex" in the 1993 thriller *Malice*) epitomize how the public has come to see us as "uncaring technocrats," a term introduced 25 years ago by Oxford Regius Professor, Sir David Weatherall. The loss of our "pastoral role…in the frenetic pace of modern practice and its increasingly high technology"[21] is a problem long overdue for redressing.

And so, if we want medicine to remain an art that uses science, we'll need to encourage students to acquire those traits that are fundamental for a more rewarding, effective, and humane profession. To that end, it's paramount that they connect with patients. This might even have a magical impact, both diagnostically and

therapeutically, since empathetic connection can unleash the patient's self-healing energies. This requires not only attentive listening, but also non-verbal ways of communication, such as physical and visual contact. The latter is particularly important today, since "screenagers"[22] are much more likely to interact virtually than in person.[23] Real contact may even cause them discomfort.

This is concerning, since in contrast to digital communication, face-to-face interaction not only promotes well-being,[24] but also allows us to read people's emotions, and thus to create empathy.[24] If virtual communication is proritized from a very young age, empathy circuits might not even develop. This may actually explain the erosion of empathy in college students.[25] Loss of face-to-face interaction is a problem in medicine too, since trainees now spend half of their time looking at computer screens and only 9.4 percent looking at patients.[26] This is regrettable, since lack of empathetic connection can hinder patient care. In a large study of diabetic patients, less empathetic physicians had higher rates of complications and worse outcomes.[27] Hippocrates intuited this truth 2,500 years ago, when he wrote that, "some patients, though conscious that their condition is perilous, recover their health simply through their contentment with the goodness of their doctor." [28]

Touch is another asset in the physician's skillset. It might even be our "professional secret,"[29] since it facilitates trust and communication, and triggers a wide array of beneficial effects, both emotionally and physiologically. That is why the demise of physical examination is such a loss for the profession, because it deprives us of our main chance of touching patients.[30] As Nobel laureate Bernard Lown is said to have observed that physicians today, practice the laying on (of) tools; instead of the laying on of hands." [31] Thus, we should always remind students of the need for compassionate physical contact.

There is empirical evidence that all of the aforementioned six traits might translate into better care. For instance, tolerance for ambiguity correlates with more positive attitudes towards difficult patients, lower use of resources, and a primary medicine career. Some scholars have even suggested it should be a requirement for medical school admission.

Humor is another great way to connect with patients. It fosters care of the other, and care of self, since cheerful pessimism (the quintessential humor of the stoic), can be a powerful balm against hardship. An example was Dr. Osler, a compassionate prankster whose sense of humor delighted patients. Osler was famous for whistling at the bedside, and when asked why he did so, he replied, "I whistle that I may not weep." [32] Osler also reminded students that, "It is an unpardonable mistake to go about among patients with a long face." [33] Unfortunately, humor is unappreciated in today's medicine. We are very serious people. But that approach is counterintuitive, since self-deprecating humor combined with *aequanimitas,* might be the state of mind of the ideal physician. Hence the need to laugh more at ourselves. It promotes catharsis, wisdom, and healing.

If there is something I've learned in 50 years of medicine, is that its practice…is an *art* based on science. Yet, it is much harder to acquire the art than the science. This is because "the practice of medicine is an art in which [our] heart will be exercised equally with [our] head." We should therefore cultivate equally well hearts and heads, so that we can care more "for the individual patient than for the special features of the disease." [34] These are not my words but Osler's, and they are still valid for our high-tech times. Maybe even more.

Hence, medical educators should remind students that these soft traits are not fluff, but the distinguishing features of a well-rounded physician.

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