



Thursday Memo – December 4, 2014

To Shake or not to Shake

My hand is put forth like a million times before. It is a simple enough gesture. An offer of a handshake. I have been told that my shake is too weak. Not denoting confidence, a wet fish kind of shake. I am not concerned with the appearance of power or strength. Confidence brews deeper than my hand.

But in this setting the handshake takes on a different meaning. I am offering it to an inmate.

"We don't routinely shake hands with prisoners. Limit your contact." Something oft repeated during our orientation.

Inmates are very careful not to come in contact with staff as this can result in disciplinary action. As I walk down the hallway, inmates will move to the side to let me pass and to be careful that our sleeves do not touch by mistake and be misconstrued as an act of aggression.

A wise old sage I worked with in medical school who was a product of the generation where the physical exam was everything, would take each patient's hand and make at least 10 observations from that handshake. How was their strength, their temperature, their ability to coordinate a handshake, etc. But furthermore, that simple gesture showed respect, initiated physical contact in a non-intimate manner, and set a tone of partnership and friendliness. (Bates and DeGowin would be proud!)

With the recent increase of infections making the media, studies have shown that a fist bump may be a wiser choice for physicians with patients than a hand shake. There is certainly a place for the fist bump but will this work for all patients?

Not long ago a retired Warden came to speak to us to be sure we were being mindful of the rules. On occasion a staff member has strayed and crossed a professional line resulting in a breach of security. She was on message to remind us to be careful, to be weary, to be professional. However, she felt it important to shake hands. This is a controlled act that will not be misconstrued and it can imply I care but don't take advantage of that caring. It does show respect.

And so here I am sitting with a man who has cancer. He is very aware of his options and has decided not to take the medical treatments which have too many potential side effects and too many potential short comings which will result in false hope. His reasoning is sound. He clearly has done his homework, listened well, consulted with family (including medical types), and is

confident in his decision. The conversation is not an easy one. I explain how I will care for him here, like I would care for someone in the community or a family member.

"There are limits sometimes to what we can get approved, but I will at least ask for and try to get you all the options we would use in the community for maintaining your quality of life."

Pain meds have been started and they need adjusting. An extra pillow has been sought. There will be more little things that will make a big difference.

My friend David Loxterkamp often quotes a thought from those who have come before us: we should be judged by the care we offer to the least of our patients. The words haunt me as I navigate care for the prisoners. Am I measuring up?

We stand to conclude the visit. We shake hands for the second time today. This time his look of astonishment has changed to a look of mutual respect.

"Thanks for listening. Thanks for understanding. Nice explanations, doc."

We are eye to eye for a moment. The embrace is more firm now. It has more behind it. Today I have measured up. Tomorrow, we shall see.

At the recent AAFP meeting, Eric Topol announced that the stethoscope was obsolete. Another low tech tool that connects us with a patient, gone. Let's hope the hand shake can hang in a little longer.