



Thursday Memo – September 17, 2015

Neglected Kindness – by Mike Ennis (presented at U Mass Medical School White Coat Ceremony September 2015).

Greetings to all. Welcome to UMass and welcome to Wuss-staah. And thank you for joining us on this special day. I will be directing my remarks to our first year students, many of whom will soon be donning their white coats for their first patient care experiences as physicians-in-training.

In the doctoring course you are learning how to interview patients. Soon you'll be practicing how to perform physical examinations, and later in the year you'll start training to counsel patients about health and disease. Your longitudinal preceptor's office is the venue where you'll get to practice these new skills.

Wearing your white coat is something you can do to engender your patients' trust. But what I want to share with you today is that the most important way to build a relationship with your patient is to avoid making the most common of medical errors.

Medical errors? Perhaps you're wondering.....at my longitudinal preceptor's site...

“Will I be accused of rendering the wrong diagnosis” or “Could I end up participating in giving a patient the wrong drug?” or “Might I be assigned to work with a surgeon as my preceptor and get involved in cutting the wrong leg off?”

No need to worry as fortunately such errors are rare. So what is that most common of medical errors? Regretfully, this is an error that virtually all physicians make sometimes: it is.....neglecting to be kind. **NEGLECTED KINDNESSES.....**

Kindness is not a separate skill like interviewing, examining, or counseling. Instead kindness is the emotional energy that you infuse into the application of these skills. Take the physical examination for example. As a doctor or doctor-in-training you'll have the unique privilege of touching patients' bodies. Such touch can be done in a gentle, caring, and sensitive fashion or in a hurried and kinda rough way. Or, thinking about interviewing and counseling, we all know how devastating a careless word can be. Think of your own stories when a doctor may have inadvertently upset a family member with a misplaced word or more often no words at all – a forgotten call when someone died; a terse comment when someone did not understand the jargon; or a lack of eye contact during bad news.

Although the topic of kindness will come up in many of your courses and clerkships, we don't have a formal curriculum focused on kindness. I think the assumption is that all of you already know a great deal about kindness. You've had a lifetime to experience the impact of the kindness of others toward you. My suspicion is that the person whom you have invited to come up onto the stage today is someone who has taught you much about kindness.

There are many different ways to convey kindness. Unfortunately, there are an equal number of ways to neglect to be kind. Perhaps I can illustrate this by sharing a couple of examples of what I have learned from the many ways that I have made this most common of medical errors. Among the reasons that doctors sometimes neglect to be kind is being distracted due to the pressure they are under. There are time constraints, the gravity of making an accurate diagnosis or correctly performing a procedure, and stress of intense emotional encounters, and many other unforeseen pressures.

I have learned the hard way that when I believe that a patient visit is over and I have my hand on the doorknob ready to go to the next exam room and the patient says "just one more thing Dr." - I have learned to stop, turn around, sit down, and give that patient my undivided attention. Because that "just one more thing" is likely the real reason the patient came in to see me in the first place. In its most basic form, giving of oneself by giving patients the time they need is a manifestation of kindness - you're letting the patient know that they are worthy of your time. The next patient may need to wait a little longer, but over time, they too will know that you will do the same for them in their time of need.

As a physician you will encounter patients and families who are angry. Many times they are angry because they've lost their health and they often redirect this anger at their health providers. Where I grew up in the Bronx one learns to meet anger with anger, especially if the anger is perceived as undeserved. But such an approach in the medical setting almost never works, proving Gandhi right when he said: "An eye for an eye and the whole world is blind." Instead, I would submit that nothing is more effective in diffusing patient anger than kindness.

Even at your early stage of training there is much you can do for the patients you will soon meet. It is the rare encounter indeed when the patient can be genuinely cured, but every encounter is an opportunity to minister to the sick and the bereaved. To help with the patient's healing, kindness is the core ingredient.

Of course, to get good at anything you have to practice. The best way to exercise your kindness muscles is to practice being kind to yourself. This is especially important considering the rigorous demands of medical education and all too often neglected. Think for a moment, when did you last offer yourself some real kindness?

I'd like to close with a quote. Perhaps no one has captured the spirit of the enduring power of kindness, or the impact of neglected kindnesses, better than writer Maya Angelou when she said: "I've learned that people will forget what you said, people will forget what you did, but they will never forget how you made them feel."