

Through The Eyes of An Ophthalmologist.....

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Since times immemorial, medicine has been considered a most noble profession and practicing medicine has been a prestigious career. Doctors alone know that practicing medicine has been an art of a quintessential balance of initially learning then unlearning and thereafter relearning, over several years of focused efforts.

I am reminded of a David Lean classic I watched while in medical school. In a particular scene, Alec Guinness, was playing the role of a distinguished war hero, yet, for me, his presence paled in comparison to a doctor who was seen percussing a patient. I didn't recognize the actor but was impressed by his impeccable percussion skills. In those days I was in the initial stages of picking up the technique myself. By the time I graduated, to my great sorrow, percussion had become an outdated skill. Technology in the form of ultrasonography by then was considered a more significant tool.

Practicing medicine is a beautiful balancing act between opposites. While one needs to be brief one still needs to have all the relevant details. There is no time for idle chit chat yet one needs to build a rapport with one's patients. One hopes to give each patient quality time but is acutely aware of the many waiting outside in a jam packed OPD. When the description of symptoms and the statements of patients are repetitive one really needs to be patient. However, you yourself need to be repetitive in explanations about disease and treatment, especially with inattentive or less educated patients who have difficulty reading prescriptions. One will require technology to differentiate between diseases or to narrow down the differentials and yet needs the clinical acumen to decide what technological parameter to really ask for. Bedside manners are the sound foundation on which the clinical practice should proceed

The Hippocratic oath mentions the word 'art' several times but the word 'science' not even once in reference to medicine. This is astute, for the cure of the patient lies in efficient team work between patient and physician more than the patient obeying a 'know it all' doctor. Many nervous patients are visibly put at ease if a doctor knows what to say as well as what to do medically. A patient, an old grandmother from the village was acutely conscious of her illiterate status. I simply commiserated with her about the unavailability of schools in her village. This ice-breaker had a magical effect. Visibly at ease she air drew English alphabets from Snellen's chart and not only listened attentively but felt safe enough to ask me a barrage of questions too. It was gratifying when she blessed me by touching my head before leaving.

Illustrative language can help the patient firm up their decisions. Cars and driving are well-used metaphors. We let the patient know that all cars can take you from destination A to B (the crux) but some have a better pick up and some plush leather seats. Lenses, similarly, help you reach 6/6 vision (other factors being in place) but the expensive ones may have additional features. The car allegory also helps when explaining a complication in a surgery. A high-end car with a careful driver on a good road cannot guarantee that there will never be an accident – for a child may dart across or the road may cave in a bit (on a rainy day in Delhi this is not unusual!). I recall how there was a patient with mature cataract who needed immediate surgery but was keen to postpone it to the 'winter months'. When I painted the geographical picture of how several warm places in South India have a winter 'in name only', yet have centers of excellence with very high surgical numbers, it helped him make up his mind to go ahead with the surgery.

When working in the OT, loose words are as impermissible as loose hair. An air of calm and quiet is highly desirable with the occasional murmurs of encouragement or just some pleasant music. In the OPD, an electronic hospital information system has now become an important tool of modern medicine. One needs to juggle one's time between patients in first talking, diagnosing and then noting the details and management. One has to toggle one's gaze between the patient and the computer screen. Listing ICD codes, generic names of drugs, investigations and all steps of surgery does become fairly time consuming.

Several published studies have brought out the strong link between physician burn-out and electronic medical records, even to the tune of over 40% in some of the studies. The doctors feel this is insurance driven 'clerical work' which reduces the efficient use of their time. Patients can feel that the doctor is not engaging directly with them when they repeatedly look at the screen. All this underlines to us that while technology shows us the way into the future, we can never automate the human touch.

The importance of this was starkly demonstrated during the Covid Pandemic. With little knowledge of the disease, treatment was more trial and error. With distancing being an important facet, the sufferers were at the mercy of strangers whose faces they couldn't even see and voices that were at best, muffled. Yet compassionate medical staff came up with innovative ideas to recreate the 'human touch' and boost well-being. One such method was to fill gloves with saline and put in in the hands of semi-conscious patients on ventilators who felt they were holding a human hand. This must have been a tremendous psychological boost.

This sacred connection, the intangible thread of healing between doctor and patient sometimes undergoes various trials and tribulations. When the outcome of a surgery or treatment goes wrong, one should not try to avoid or even slightly abandon one's patient. That's the time the worried patient needs us the most. The patient should be robustly hand-held through the temporary state of discomfort that he is undergoing. His fear and depression should be empathized with. There was wisdom when we were told that each patient maybe thought of as if he were a family member.

Outside the twosome of doctor and patient, we have supporting players. It can sometimes be jarring when medical representatives appear after you have just finished with a hectic OPD. But for a weary bike traveler highlighting his products at every doctor's door, it can give a very pleasant edge to a dull, repetitive job when a doctor looks beyond the eye drops at the person itself and engages warmly and possibly remembers his name or his products.

The golden rule to be followed in medical practice is not to take one's compliments too seriously and to learn to take brick bats in your stride. Time and again I have witnessed how the particular patient who screams loudest in OPD has some underlying depression. It has always paid to swallow one's anger and pacify a quarrelling one. He will then be in a better position to hear you out as well.

Finally, what does one do on a day when one loses one's own cool? The answer is ridiculously simple - drink a glass of cold water and feel the anger dissipate in the fluid wave (God knows we have been dealing with bigger waves of late) going down your throat. Our technical knowledge helps patients heal physically but it is our small personal gestures that makes the world around the patient truly peaceful.

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