Healthcare Today – Does it lack Empathy

Author
Murtaza Rashid M.D
Department of Emergency Medicine, Royal Commission Hospital
Jubail, 31961, Saudi Arabia
Email: dr.murtazarashid@gmail.com
Phone: +966 532588733
Fax: +966133471253

Attention, Attention: Code blue, Code blue, fifth floor. As this strikes my ears, within less than a minute a group of highly trained professionals surface at the scene. One starts providing compressions, another takes the ambo bag, two hold the arms, one attaching the leads…And the ritual begins!

I am reminded of the days during my childhood of a neighborhood physician. Going by the definition of today he was considered less of a healthcare worker and more of a godly character. He knew all the neighborhood very well with almost everyone’s name at his tip. He would treat my cuts, my younger siblings colds and my grandparents hypertension as well. He would put his hand on my head and offer blessings. He would open up his ‘big fat briefcase’ and a full fledged thorough physical exam would follow. He would listen to my complaints patiently and return the replies with a smile and assurance. No matter what the illness and its severity and the availability of the resources, he with his grit, used to make it look easy and simplified. As a goodwill gesture, he was always offered a cup of tea before he would leave. That was the aura connected to the ‘noble profession’.

Time has changed, so has the art and practice of Medicine as well. We have gone through tremendous advances in each and every field. Through the ages we have seen cutting edge technology being used in almost every branch of Medicine, whether be in Clinical Medicine or Research based. Large amount of information is relayed daily through journals and various scientific associations. In a discussion with a highly cited scientist few years back while he was writing a review for a peer reviewed journal, he was of the opinion that while the article will still be in press, another researcher would be submitting a paper in contrary. While many may consider this as an ease and freedom for evidence based medicine, it draws flaws. The current deluge of information puts an already burnt out clinician in an imbroglio. It demands a way to stop this inevitable ‘salami slicing’ and ‘publish or perish’ phenomena prevalent amongst the academicians. It does more of a harm than being beneficial.
The centerpiece of the healthcare - a patient, seems to be at the receiving end presently. It is saddening to hear patients being called as clients and customers. The glorious patient-physician relationship appears dull. Within minutes of triaging he is ‘tagged’. After a brief history and a cosmetic physical exam, a multitude of laboratory work of ‘tagged’ samples begins. The ‘tagged’ patient suddenly finds himself attached to numerous bleeping machines. The overburdened Physician is busy doing the paper work to fulfill the accreditation and the quality requirements. During discussions and endorsements a patient is dubbed as a ‘room number’ or his diagnosis becomes his epithet. A modern day physician spends more time with the laboratory works and the images rather than the patient himself. We get to know the molecular and genetic basis of his disease but hardly put our warm hand over his feeble body. We need to introspect seriously as something is terribly wrong. I am the biggest proponent of the use of technology in the practice of medicine, but the human touch which is equally important, seems to be missing largely.

When it comes to the treatment, things don’t look pretty either. Almost half of our adult population is on long term prescription medication. And unfortunately most of them are on ‘pill-cocktail’. Our never ending battle with the microbes and irrational prescription of the antibiotics only led to the development of the highly resistant superbugs. We are nearing the antibiotic apocalypse as never before; the ‘last antibiotic’ has already been combated. While bidding adieu to the patient he is left with a blend of pills with numerous interactions, an imaging report full of jargons and a consultation paper to an another next door colleague!

Acknowledgement
I would like to thank Zahida Akhtar, Clinical Pharmacist for helping in the preparation of the manuscript.