CASE REPORT

Everyone is valuable

Dan Crowe

SUMMARY

This case highlights the therapeutic value of valuing our patients as people. It starts with a common challenge we can all face as doctors both in primary and in secondary care. It is the challenge of facing a situation where both patient and doctor are ‘stuck’ where no progress is being made in patient care. A different approach was made to the situation and both patient and doctor could move on. It highlights an issue that is relevant for ‘stuck’ patients and all of our patients.

BACKGROUND

Above the desk, in my room, I have a poster stating ‘Everyone is valuable’. I put it up there because I think that that if we value our patients and we value one another simply as people, we can have a big impact on our effectiveness in our work as health professionals. We know it is good to respect our colleagues and patients, but I think we underestimate just how much difference it can make to our patients’ lives to have human value as our starting point for care.

In our practice, we have another saying; ‘Traditional Values, Modern Medicine’. My concern is that we see traditional values or respect for patients as something that is good ethically, which it clearly is, but we are losing sight of the fact that these things have a significant impact on patient care. I think we need to remember again that there is therapeutic benefit in valuing people.

This case helped me see at a patient level how this can work and how this helped this particular patient of mine.

CASE PRESENTATION

Once I was seeing a patient and struggling to make progress. He had been suffering for many years. He seemed to be overwhelmed by his history of suffering and his symptoms on that day. He also seemed frustrated by the lack of progress from help by the medical profession. I did not seem to be able to find the right words—everything I said seemed to make things worse. Then I caught sight of the words above my desk. At that point, I chose to make my patient’s value my starting place rather than attempting to persuade him of how the medical profession could help him. I told him that even though he may have lost hope that I would hope for him on his behalf and that I believed he was valuable and significant whether he had pain or no pain. He started to cry, shook my hand and left.

OUTCOME AND FOLLOW-UP

Patient more able to manage his difficult situation. Follow-up in General Practice and in the Pain Clinic.

DISCUSSION

We know we have a responsibility to respect patients, but may it also be the case that valuing all our patients and communicating this to them in various ways will actually have a significant therapeutic effect?

Usually, the effect might not be as dramatic as in the story above, but if we were to consistently do this, would it not still have a significant effect on patient health?

Every patient we see comes to us because they are experiencing some kind of pain, whether physical, emotional or both. The surgeon Paul Brand wrote about five different challenges that can have a clear impact on how we process pain. He was writing about physical pain, but it would seem reasonable to apply them not just to physical pain but to all suffering. They are loneliness, helplessness, anger, guilt and fear. He gives a good overview of studies and anecdotes on how these things have real impact on patient care.

When a patient sees that we value them and when we work to recognise a patient’s value, it has potential to address all of these challenges. This case demonstrates a couple of ways we can communicate to patients that they are valuable, namely empathy and hope, but there will be many other ways of doing this.

In conclusion, valuing our patients needs to be at the core of what we do. We cannot just perceive it as ‘icing on the cake’ on top of our practice but rather as the starting point for excellent patient care. If we consult in a way that communicates to our patients that they are valuable on a regular basis, we are providing a service and creating a culture where doctors and patients are better equipped to manage the distress of illness.

Learning points

► Having a starting point of valuing people is not just a good ethical position but has therapeutic value.
► There are several factors that affect our patients’ ability to live with pain. Communicating value to them will help reduce these factors.
► This case highlights the value of communicating hope to a patient to help them to move on.
► There are many other ways that value can be communicated to patients that are not covered here, but the starting point for them all is to approach our patients as people of value.
Myth exploded

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