FROM THE EDITOR

The Sounds of Medicine

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This issue of *Forum* reflects the different conversations that are occurring in medicine today. I am struck by several articles in the national media about the empowered patient, communication, and the continued focus on patient-centered care. Our associate editors and contributing authors have tried to capture these diverse themes. I hope that you will enjoy these articles as much as I did.

All of a sudden it appears that the health care industry is waking up to the fact that "the patient" is important. The medical profession, arguably the oldest (yes, according to anthropologists, medicine existed in aboriginal tribes long before prostitution), seems to have woken up to the fact that we should indeed be putting patients first. All conferences and health care websites seem to be focused on patient-centered care. Any high-level hospital meeting always has patient satisfaction on the agenda (or patient *dissatisfaction*). As chair of medicine, I am now held accountable not only for financial and quality outcomes but also for the fact that "customers need to be kept happy." Our clinic staff, who take care of incredibly complex patients, must smile and adopt the Disney slogan to create "the happiest place on earth!". I am always on the watch for unhappy reviews, and occasionally I feel that I should be spending time performing Google searches and responding to positive and negative comments on all websites—not unlike the hotel industry.

Yet, as I listen to the sounds of health care around me, I am struck by the fact that all through my medical career I have observed the depersonalization of "the patient" without quite realizing it. We are quick to strike up a conversation about weather in an elevator with a stranger, yet it is not always an intern or resident who introduces the patient to an attending or vice versa. Our voices tend to become louder, as if all patients are hearing impaired, the minute we walk into a room. (This communication folly becomes especially pronounced when the patient does not speak English.) We ask the most personal questions of our patients but always refer to them in third person—usually as "the patient." Collectively, we frown, nod our heads, cross our arms, and explain (if at all) what we know about the health concern in the strange language of medicalese—all in less than 10 minutes. And then we wonder why we have such poor patient satisfaction scores. The clinic experience is usually a haze. The 20-minute visit is sometimes spent with the physician facing the door or staring at the chart. God help the patient who has questions! Teaching hospitals are even better; indeed, the patients should be lucky to come to one. After waiting for the physician, an intern or resident walks in, performs an entire H&P, and then walks out. The attending usually repeats the entire process with no acknowledgement of the patient's time.

I have often wondered why, as physicians, we become inured to pain and suffering. When in our careers do we decide that a human experiencing pain and suffering is not worth the courtesy of a simple hand shake and introduction? When does Mrs. Smith become Pancreatic Cancer in Room 562? Or Mr. Jones the pain med seeker with a disk problem? It is usually in residency training that the face of the person becomes the "cool CT scan" under the expert tutelage of the senior resident and the attending physician. Somewhere in our career, we forget to remind young physicians that the lessons learned in kindergarten—about "playing nice" and being polite—apply to the grown up world as well, especially in our world of disease. In addition to providing the best cutting-edge treatment available, we have to ensure that empathy is a basic ingredient of healing both to patients and the profession. As we progress in our medical careers in the midst of relative value units, turf wars, and dashboards, we often subject young physicians to the autocratic system, forgetting that junior faculty like interns take cues from the seasoned ones. The physician assumes the all-important central role and sometimes forgets the importance of the team and the patient.

In the technologically advanced world that we live in, however, no longer are the old patterns of autocratic behavior acceptable. Technical and diagnostic brilliance, in the absence of good physician behavior or systemwide efficiency, are no longer acceptable in and of themselves. Knowledge is freely available; it is the interpretation of knowledge and the humanistic traits that keep our profession vital. This is the century of the patient, and it is time that we sit up and pay attention. It is time that the sounds of health care become more pleasant, muted, and patient centered. The nursing profession has long figured this secret out, but the medical profession seems to have a harder time accepting this. *SGIM*