

A Humanistic Approach to Medical Practice

Hugh Riordan

Because it does not seem credible for me to talk about humanism in medicine without sharing some of my own humanness with you, I shall do that very thing.

Many people are more reluctant to let others get to know them because they are afraid, "If you got to know me, you probably wouldn't like me." This is rather tragic because it is not possible to really like someone unless you do get to know them. Therefore, I shall risk your not liking me. Fortunately for me, I learned very early in my practice a very important fact. That fact is simply that I am no more and no less of an S.O.B. as the result of someone telling me I am. Such relative equanimity is possible for me because I have a fair understanding of what my usual S.O.B.* level is.

We can all have a high degree of equanimity with each other because as human beings you and I have a lot in common. One thing we have done similarly is to overcome enormous odds just to be here. If your father and my father had normal sperm counts at the time of our conceptions, approximately 400 million sperm shot out to have a try at fertilization. But, only one got through. Think of that—we have overcome odds of 400 million to one—odds we are not likely to face again during our lifetimes. That might not impress you, but it impresses the hell out of me.

* Sunny Old Bird

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Being aware of the odds we have overcome to be here and the attendant appreciation for life are two of the reasons behind the development of what many consider to be my humanistic approach to medical care: an approach that says the patient is not an abstract symbol of youth or old age but a concrete person before my eyes; an approach that sees the subject as a feeling, thinking human being and secondly as an organism with pathological problems; an approach designed to strengthen physician-patient relationships and thereby to reacquaint the patient with self-responsibility in the maintenance of his or her health.

My introduction to the lack of sufficient humanism in the practice of medicine came very early in my life—so early, in fact, that I must confess my lack of conscious memory for it. My mother, who breastfed me, did so according to a schedule set forth by her fine physician of the day. I was to be fed no more often than every four hours. To strictly hold to this time schedule, she would walk the floor with me to help reduce the intensity of my screaming as my body and soul told me it was time for another feeding. She didn't know what else to do but pace because the doctor said only feed at 10-2-6 and so on. What an amazing nonhumanistic concept. Imagine! The clock, not me, the hungry or satisfied one, should decide when it was time for nourishment. Just think how incredible that is. The medical profession was willing for a prolonged period of time to suggest and occasionally to demand of the naive mother that her infant's feedings were to be determined only by pointers affixed to a mechanical device that had never needed human milk for nourishment. While the rigid clock approach was nonhumanistic for me, it was also nonhumanistic for my mother, whose milk let-down reflex would be automatically activated by my hungry cries. To this

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day I suspect my propensity for being an "oral" individual is related to those frustrating days of my life. Fortunately, we have come a long way and have relearned that infants should nurse from their mothers' breasts when they are hungry.

My first strong conscious recollection of the relation between humanism and medicine occurred when I was a young boy. My older brother was very sick. He had been ill for months with streptococcal throat abscesses.

He had been delirious every night for a period of many nights when the doctors told my father they thought my brother would die in a few days. These, too, were fine doctors who made regular house calls to look in my brother's throat and possibly to lance an abscess or two. When my father heard this news, he asked if they would mind trying a new drug which he had read about in *Time* magazine. The drug was one of the first sulfas which had been developed by the Germans.

The doctors displayed what for today would be considered a high level of humanism. They did not smirk or laugh at or demean my father for his request. Instead, they did agree to see about finding some sulfa if they could. Some 48 hours later they returned with a yellow powder and stirred it into some tomato juice before offering it to my brother to swallow. Within 72 hours he was free of delirium and fever and shortly thereafter was considered entirely well.

The experience had a profound effect upon me then and again much later when I learned that sulfa had been discovered 14 years prior to my brother's need for it. To this day I am constantly seeking out that knowledge which may have been discovered long ago but for a variety of reasons has not been implemented clinically for the benefit of mankind.

Another time of strong influence came to me during medical school days. During that period it was common practice among several of my mentors to convey to the students in front of the patient the concept that the patient was having "imaginary" symptoms ("imaginary" meaning no cause had yet been found).

To do this they would refer to those individuals who had come seeking help for ailments which did not respond to usual medical therapy as having elevated serum porcelains. To be sure this was a sophisticated way of publicly agreeing that the patient was a crock without letting the patient in on the secret. Frankly, I got a kick out of discussing a patient's serum porcelain level.

Not until I practiced with Dr. Fowler Poling did I learn, "Never deny a patient his symptoms." And, that it is much sounder to recognize that sickness of any form is primarily a disadvantage to the sick person, and by some combination of circumstances the patient is in need of help to bring him or her back within the range of adequate adaptive capacity.

At this point, it might be possible for some of us to agree that the concept of humanistic medicine is all won-

derful and pleasant to consider. But, what about the important question, "Does the application of humanistic principles generally benefit people?" To provide a glimpse of my view of the positive benefits of the humanistic approach, I would like to offer some observations directly related to medical teaching and to patient care.

For more than 10 years, I have taught courses dealing with the skillful placement of a needle or catheter within the human vein. The goal of the course is for each participant to develop the capacity to perform a venipuncture blindfolded and clinically to only have to stick a person once per procedure. During these 10 years, I have been aware of some of the clearest examples of nonhumanistic comments that pass to patients from technicians or nurses in relation to venipuncture procedures.

Actually, the most revealing comments occur among those who have difficulty in precisely penetrating the human vein. Just listen to the reasons expressed by intravenous specialists or nurses who have missed a patient's vein and you will understand what I mean by nonhumanistic comments. Some are expressed directly to the patient; some are discussed with colleagues.

Here is a typical list of "I missed your vein because"—

Your veins are too small.
Your veins roll.
Your veins are sclerosed.
The patient is too young.
The patient is too old.
The patient is too black.
You are too thin.
You are too fat.
You have bad veins.

How preposterous and demeaning it is to tell a 65-year-old gentleman that he has bad veins—when those veins have been carrying his blood for 65 years.

It would be more humanistic toward the patient and more growth producing for the person who misses the vein to acknowledge possible personal reasons such as "I'm not as sharp today because"—

I had a fight with my spouse.
or
My feet hurt.
or
Maybe I don't know how so good.

This brings us to one benchmark that can be used to determine if you and I are humanistic in our approach.

The humanistic benchmark is based upon this premise: Does the action I am engaging in enhance my humanness? Two considerations determine that fact:

1. My humanness is not enhanced when others are demeaned through my activities.

2. My humanness is not enhanced when I am demeaned by the actions of others.

How can humanistic concepts be applied to other teaching/learning situations? Several years ago, in one of my consulting relationships, I was asked why one person in a working situation would be an absolute star while another person with similar or identical training and experience would be relatively nonproductive. After a process of observation, testing and analyzing, an equation was developed to try to answer that question about varying performance levels. The equation which we refer to as the performance equation is:

$$P = \frac{PSI}{NSI} (K+S) \text{ or}$$

Performance equals positive self-image divided by negative self-image times the binomial knowledge plus skill.

By placing numbers in the equation—

$$P = \frac{2}{1} (5+5) = 20$$

$$P = \frac{1}{2} (5+5) = 5$$

it is easy to see that with a constant level of knowledge and skill, performance dramatically shifts in relation to the ratio of positive to negative self-image.

That is why in any learning situation as much attention should be paid to the learner's self-image as is directed toward specific information acquisition. By doing this, teachers will find they are able to help their learners multiply performance.

This can also be related to the performance of a routine physical exam. Unfortunately, too few physicians (who are also teachers) enumerate the normal, healthy findings and characteristics of the people they are seeing. Just consider how image building for a patient it would be to hear from the physician each positive, normal aspect of body morphology and function. How different it is to hear, "You're all negative except for your ingrown toenail and hemorrhoids."

Another readily usable humanistic concept deals with the injured child. The humanistic medical approach requires seeing patients not just as they are but *such* as they are. By recognizing that any injured child feels that his entire being is injured, we can develop a plan of

attack to reduce the level of discomfort. Assume a young male child presents in the emergency room after having cut his right forearm with a broken window pane. The usual scene would reveal screaming, pain, blood and anguish among all those who have brought the boy. To restore calm, it is necessary to reduce the area of involvement in the mind of the child. This is done by acknowledging the area of injury as hurting and then quickly proceeding to ask about other nonhurting areas beginning at a point as far removed from the injury as possible. Does your left foot hurt? (no) your right foot? (no) your left hand? (no) head? (no) etc. This total person-humanistic procedure narrows down the area of injury to where there is actually injured tissue and tends to eliminate all screaming and agitation. It is then possible to continue the same humanistic approach by asking the boy if he has strong blood (every child wants to have strong blood) and indicating if the blood is strong it will turn the water pink when the wound is washed. The cooperation with this type of approach tends to astound anyone who has not previously used it.

There is another area in medicine which can vastly benefit from the humanistic approach. That area is how medical colleagues interact with each other. Particularly when there is strong disagreement, there often is an absence of the humanistic approach among those medical colleagues who hold disparate beliefs. Hence there is wrangling. Each denies what the other affirms and affirms what the other denies.

Let us do better than that. In this writing I have said something about what I discovered to be valid for me, fully knowing that it is not valid for everyone. Should you and I disagree on the concept of humanism in medicine, let us enjoy that freedom.

Rather than wearing out our minds, stubbornly clinging to one particular view of things, refusing to see a deeper agreement between this and its complementary opposite, we should recognize a simple but profound truth. The truth is that although we may align ourselves into differing "we" and "they" groups, there cannot be a "we" without a "they," and "we" cannot exist except in relation to "they." By understanding that, we shall also discover a most important truth: "WE" plus "THEY" equals "US." □