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# Correspondence

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## Head, Heart, Hand

*To the Editor:* Dr. Pellegrino's stimulating essay on balanced compassion comes at a time of quiet desperation in my professional life. In entering my sixth year of private solo practice, I have recently agonized with the feelings that the multitude of agencies that now govern, legislate, oversee, license, and regulate the practice of medicine is ideologically mutually exclusive with compassionate behavior.

Having had "disagreements" with the forces of HMOs, PROs, Medicare, DPR, and DEA over what was appropriate at any given time for any given patient, it seems that their decisions and as such subsequent reprimands and punishments, both financial and emotional, are void of consideration for compassion. At a time when society in general is requesting more compassion from physicians, it is becoming more difficult to deliver this needed commodity without fear of some "overseer" slapping our professional wrists. The all too familiar statements of "medically unnecessary" and "admission denied" (of course, in retrospect) ring throughout one's practice now. Social considerations and compassion have taken a back seat to dollars and cents!

Teaching the physician compassion is a complex undertaking as well illustrated in Dr. Pellegrino's fine essay, but teaching the HCFA and the PROs compassion is a monumental task indeed.

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*To the Editor:* One hesitates to challenge a single paragraph in the excellent essay by Edmund D. Pellegrino, M.D., which appears as the lead article of Volume 1, Number 1, of *The Journal of the American Board of Family Practice*.<sup>1</sup> However, the paper contains the following assertion that could be counterproductive in the effort to create and sustain the exemplary level of practice that the author champions: "A third myth is the supposed inherent antagonism between scientific and technical studies and compassion. There is no evidence for such a contention. . . ."

At a theoretical level this statement is correct. There is no reason why a physician should not be simultaneously an exemplary medical scientist and a caring, understanding human being in the model of Sir William Osler. In practice, however, the American medical education system sometimes rewards cognitive performance while imposing negative incentives for the development of desirable human characteristics in future physicians.<sup>2</sup> I have had some illustrative experiences in

recent years while working with first-year medical students in a social issues in medicine course. It was clear on many occasions that we were competing for attention with basic science courses. Students would tell us that they didn't need to come to our class because they could pass our final examination by reading the syllabus and material from the student note service. They felt obliged to spend the time studying for National Boards rather than taking part in our presentations. If we had the temerity to schedule a session the day before a basic science examination, we could expect as few as 15 percent of the class to show up.

Analogous problems arise frequently in subspecialty rotations. Let a student or resident on cardiology service rounds mention lifestyle or family problems that may be important in relation to a patient's myocardial infarction, and the irritated looks on the faces of his mentors will make it painfully evident that they feel he is wasting their time. Addressing "placement problems" is often thought to be beneath a doctor's dignity; these are to be passed off to a social worker. Family members are viewed as pests rather than concerned people to be recruited as allies in a patient's ongoing care.

These and other observations make it clear that our medical education system has some characteristics that tend to interfere with the process of developing in young physicians the personal characteristics that Dr. Pellegrino so properly advocates.

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## References

1. Pellegrino ED. Balancing head, heart, and hand in the physician's education: A special task for family practice. *J Am Bd Fam Pract* 1988; 1:4-14.
2. Cassell EJ. Practice versus theory in academic medicine: The conflict between house officers and attending physicians. *Bull NY Acad Med* 1984; 60:297-308.

*To the Editor:* Edmund Pellegrino's exposition on compassion and humanism in medicine is very relevant for our profession. Dr. Pellegrino has certainly reasoned clearly and written and spoken eloquently. He concludes that the single, most effective method to instill and to develop compassionate behavior in neophyte (and seasoned) practitioners is to be exposed to compassionate, competent clinicians. This conclusion leads to certain consequent observations.

Physicians are inclined to behave and conceive of themselves as different from their patients. Sir William Osler described an attitude that is still prevalent today: "Perhaps no sin so easily besets us as a sense of self-satisfied superiority to others."<sup>1</sup> In corollary, some physicians act as though they themselves are invincible and immune to illness.<sup>2</sup> Often one can observe physician responses to patients and descriptions of them as aberrant members of humankind—that the elaboration of their

illnesses makes these people less worthy of the physician's investment of his/her store of empathy and compassion.

We as physicians need to find a path by which we can acknowledge our own susceptibility to illness. By accepting our own humanity and fallibility, we can learn empathy for others. Honest humility in the course of our lives and in our work will help to remove the emotional defenses that hinder beneficial and supportive relationships with patients.

Perhaps the single best lesson that I learned in patient relations came from a clinical preceptor in medical school—to provide the kind of care to a patient that we would desire for ourselves or for a family member. Pellegrino articulates this as “to enter into his unique experience or illness, to feel something of his predicament.”<sup>3</sup> By transferring to patients and their families the value that we would want for our own families, we take the path toward learning compassion within medicine.

This essay by Pellegrino may become a landmark in medical philosophy to join those of William Osler and Francis Peabody. All students of medicine, whether early, mid, or late in their careers should be encouraged to read this article.

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#### References

1. Osler W. Chauvinism in medicine. In: Osler W. Aequanimitas and other addresses. Philadelphia: Blakiston's Son & Co., 1923:270.
2. Marzuk DM. When the patient is a physician. *New Engl J Med* 1987 317:1409-11.
3. Pellegrino E. Balancing head, heart, and hand in the physician's education: a special task for family practice. *J Am Bd Fam Pract* 1988; 1:6.

#### “Pro Family”

*To the Editor:* I think both family practice educators and residents are confused about what we mean when we talk about the “family” in family practice. The practitioner is not. The role of the family physician has been clearly stated by the Willard Committee regarding our continuing relationship with the patient, our responsibility to the patient within the context of the patient's family, and our ready availability and accessibility to that patient. In practice, of course, we advocate the care of families; however, a good percentage of our patients are seen in isolation from their families, and often we take care of relatively few members of an original family and even fewer of an extended family. This, of course, varies whether the physician is practicing in a rural, suburban, or urban community and whether a practice like my own focuses on a particular ethnic group.

I have learned during these past 25 years as a practicing family physician and as an academician that much can be learned about patients by just listening to them

about their mothers, fathers, or siblings. Having them describe who their parents are, what they are like, and how they have related to them over time offers me much insight about my patients' characters and personalities. It helps me to understand their behavior, vulnerabilities, and support systems.

I could not agree more with Dr. Stephens in maintaining our “pro family” stance, and that includes appropriate concerns and attention to our own families. As family physicians who understand fully the power and influence of the family as the critical social unit, we need to support endeavors that will strengthen the family in our society.

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## Books Received

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*Books that appear to be of particular interest will be reviewed as space permits.*

**ACLS: Certification preparation and a comprehensive review.** Second edition. By Ken Grauer and Daniel L. Cavallaro. 466 pp. St. Louis, The C.V. Mosby Company, 1987.

**Critical Care Obstetrics.** Edited by Steven L. Clark, Jeffrey P. Phelan, and David B. Cotton. 528 pp. Oradell, NJ, Medical Economics Books, 1987. \$52.95.

**Cutaneous Side Effects of Drugs.** By Konrad Bork. 422 pp. Philadelphia, W.B. Saunders Company, 1987. \$95.00.

**EKG STAT! Hospital Electrocardiography in Urgent Situations.** By John H. Edmonds, Jr., 189 pp. Philadelphia, Lea & Febiger, 1987. \$16.50.

**Endocrine Pathophysiology: Patient-oriented approach.** Third edition. By Jerome M. Hershman. 365 pp. Philadelphia, Lea & Febiger, 1987. \$19.50.

**Endometriosis.** By Emery A. Wilson. 248 pp. New York, Alan R. Liss, Inc., 1987. \$39.50.

**Family Medicine: The maturing of a discipline.** Edited by William J. Doherty, Charles E. Christianson, and Marvin B. Sussman. 236 pp. New York, The Haworth Press, Inc., 1987. \$34.95.

**Flexible Sigmoidoscopy for Primary Care Physicians.** Edited by Sudhir K. Dutta and Edward J. Kowalewski. 151 pp. New York, Alan R. Liss, Inc., 1987.

**Medical Complications during Pregnancy.** Third edition. Edited by Gerard N. Burrow and Thomas F. Ferris. 616 pp. Philadelphia, W.B. Saunders Company, 1987. \$70.00.

**Neurology: Problems in primary care.** By James L. Bernat and Frederick M. Vincent. 656 pp. Oradell, NJ, Medical Economics Books, 1987. \$39.95.

**Questions and Answers on AIDS.** By Lyn Robert Frumkin and John Martin Leonard. 208 pp. Oradell, NJ, Medical Economics Books, 1987. \$19.95.

**Stroke.** By Clark H. Millikan, Fletcher McDowell, and J. Donald Easton. 341 pp. Philadelphia, Lea & Febiger, 1987. \$48.50.

**Textbook of Diagnostic Medicine.** Edited and with contributions by A.H. Samiy. 900 pp. Philadelphia, Lea & Febiger, 1987. \$69.50.

**Understanding the Alcoholic's Mind: The nature of craving and how to control it.** By Arnold M. Ludwig. 188 pp. New York, Oxford University Press, 1988. \$16.95.