

# Hope

*Richard M. Rosenfeld*

Albert Einstein once said, “Learn from yesterday, live for today, hope for tomorrow.”<sup>1</sup> When thinking about Medicine, hope may just be the magic word that makes good outcomes better and elevates Medicine from a profession to an art. Read on to find out why.

## **Letter to the Editor**

As a successful doctor entering my third decade of practice I am disturbed by a simple observation: my approach to patients seems increasingly at odds with that of the students and young doctors with whom I interact almost daily. Let me explain.

My duties include mentoring medical students and resident physicians, who “shadow” me during patient encounters in the office, hospital ward, and operating room. This includes letting them meet patients, introduce themselves, gather information, and formulate opinions regarding diagnosis, prognosis, and management options.

When I enter the room I am bombarded by a cold, relentless, regurgitation of facts that renders me awestruck. The presentation may be flawless and efficient, but the patient is denigrated to a third-party observer of their own personal saga. Here’s a typical example: “The patient is an 8-year-old boy status-post prior surgery who presents with a 3-month history of . . . blah, blah, blah.” This rant begins before any introductions can occur.

My response is to politely interrupt, introduce myself, establish rapport, sit down, thank the patient for coming to see me, and express a desire to help. Then, and only then, am I ready for a factual rant from a young or budding doctor. I still believe in the healing power of care, concern, and hope. Unfortunately, these humanistic aspects of medical encounters seem increasingly unappreciated by young practitioners of the art.

Hopefully yours,

Carla Caring, MD  
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## **Editor’s Response**

This letter raises an interesting question: at a time when evidence-based Medicine reigns supreme, what role—if any— should plain, old-fashioned hope play in a modern medical encounter? Evidence-based Medicine rests on a tripod of patient preference, clinician experience, and best research evidence; hope is never explicitly mentioned. Yet hope would seem of particular value to doctors, as a state promoting the desire of positive outcomes for events and circumstances in one’s life.<sup>2</sup>

Even Osler put evidence first and foremost in medical care, noting, “It is astonishing with how little reading a doctor can practice Medicine, but it is not astonishing how badly he may do it.”<sup>3</sup> Yes, evidence does facilitate better care, but what good is a glib, erudite physician who cannot communicate, instill hope, and garner the trust of patients? And who has not seen a caring, compassionate clinician, adored by her patients, who instills hope and routinely lands on the pages of the “best doctors” listings, but has likely never cracked open a textbook or medical journal since completing training?

A really terrific physician not only knows the best evidence but also knows how to communicate with patients, gain their trust, understand their needs, and above all, engender hope. This begins with realizing that in Medicine, or any profession for that matter, you must first sell yourself before selling your skills, advice, or product.<sup>4</sup> Regrettably, this concept has been overlooked in medical education, focusing instead on more fact-based skills such as history taking, physical examination, interpreting tests, and dispensing evidence-based advice. Declining reimbursement worsens the problem by requiring ever more efficient care, while electronic health records force the doctor to focus more on a computer or tablet screen than the human being in front of them.

Selling yourself begins with a display of basic human decency when entering a patient room: introduce yourself, thank the patient for coming, apologize if you are late, and—above all—wash or disinfect your hands visibly before touching anyone. Sit down, establish rapport, and listen to the patient without interrupting. Other components of selling yourself include an explanation for the illness that makes sense, expressing care and concern for the patient as an individual, and helping achieve an enhanced sense of control or mastery over the illness or its symptoms. Successfully doing this achieves a “placebo response” and better outcomes.<sup>5-6</sup>

Salesmanship and practicing evidence-based Medicine must be supplemented with four H’s, in my opinion. By adding hope, humility, humanism, and humor to the mix, we get as close as possible to achieving the age-old concept of Medicine as an art:

1. *Hope.* Hope means empowering patients to better deal with the road ahead through education, understanding, and the ability to manage their illness and reaction to it. Put simply, the patient should emerge from a medical encounter with optimism and insight, even if the prognosis is bleak. Predictions of doom, gloom, and inevitability have no place in the paradigm of hope.
2. *Humility.* A humble physician conveys optimism while avoiding false hope; they are modest, lack pretense, and partner with the patient in shared decision making. Uncertainty is embraced with the knowledge that everyone, themselves included, may be wrong. Outcomes and events are couched in probability, not certainty, yet explained in a clear, calming manner that fosters realistic hope.
3. *Humanism.* Humanistic Medicine is based on open communication, mutual respect, and an emotional connection between physicians and their patients.<sup>7</sup> The nature of the patient-practitioner interaction can offer relief through clear

diagnosis, assurance of recovery (for non–life-threatening illnesses), opportunity for dialogue, and physician-patient agreement about the problem,<sup>8</sup> and best of all, caring costs nothing.

4. *Humor*. Humor can bond teams, convey authority, reduce stress, and help keep problems in perspective.<sup>9</sup> Taking yourself lightly, through the skillful and appropriate use of humor, is a hallmark of successful leadership, showing control, comfort, and self-confidence. In my own practice I always seek at least a few chuckles during every patient encounter. Laughter truly can be the best Medicine.

Considering the aforementioned, we could define an artful physician as one who instills hope and always ensures her patient leaves the encounter feeling better than when they arrived. Think about that simple concept for a moment: feeling better as a result of the encounter. What exactly does that mean and how can it occur after a relatively brief interaction? For the answer let's confine ourselves to office visits and some basic encounter types: fixable problems, feared complaints, routine illnesses, and life-threatening conditions.

Fixable problems are those for which immediate relief can occur during an office visit, such as removing impacted earwax, reducing vertigo through head positioning, and extracting foreign objects that are lodged in the ears, nose, or throat. A brief procedure can effect a cure, but when combined with humility, humanism, and humor the positive effect is enhanced. The patient feels better not just from relief of the problem, but from having a trusted doctor who can help them should it ever recur.

Feared complaints are common in Medicine, so much so that the International Classification of Diseases (ICD-9) includes a formal diagnostic code for “feared complaint, unfounded.” Helping patients “feel better” from feared complaints involves more than simply telling them they do not have the complaint they fear; the patient's values, concerns, and motivation must also be understood. This requires a humanistic approach to fully grasp the narrative underlying the feared complaint and effectively put their mind to rest.

Most routine illnesses can be categorized by their time course as self-limited, acute (less than 1 month), chronic (3 months or longer), or recurrent (multiple episodes). Making patients feel better requires clear communication of the natural history of the condition, the treatment options, what these options add beyond natural history, and how the risks (adverse events) of potential treatments compare to alternatives. Providing this “information therapy” prepares the patient to fully participate and share decisions with the physician, ensuring the best adherence to therapy and chance for a positive outcome. Taking the time for shared decisions shows genuine care and concern for the patient, and their values, an essential part of humanistic care.

Life-threatening conditions require prompt intervention or have a progressive, potentially fatal, course (eg, cancer, some neurologic problems). A patient cannot leave an office encounter physically cured of the ailment, but they nonetheless can leave feeling better. A meaningful explanation, care and concern by the doctor (and staff), and empowerment through an agreed upon course of action

engender a placebo response, based upon the positive effects of the clinical encounter.<sup>10</sup> No matter how serious the condition, an artful physician can educate the patient, prepare them for what is to come, and offer solace in the form of a caring human being willing to help them navigate the course.

In all of the previous scenarios humor bestows additional benefits. Little has been written in the medical literature on humor, but laughter can be the best medicine even for conditions as serious as cancer.<sup>11</sup> As Bill Cosby observed, “Through humor, you can soften some of the worst blows that life delivers. And once you find laughter, no matter how painful your situation might be, you can survive it.”<sup>12</sup> I am not suggesting you seek a doctor with raucous one-liners and a deep belly laugh, but it doesn’t hurt to have someone with a bit of tasteful, self-deprecating, or self-effacing humor, who is adroit at putting others at ease.<sup>9</sup> You’ll recognize “tasteful” medical humor when you experience it and will miss it when replaced by the somber and serious tone of authority.

We could perhaps summarize the previous discussion by stating that doctors and patients are human beings and should treat each other as such. As obvious as this may seem, it may be overlooked when technology, time pressures, and the latest and greatest research take center stage in modern Medicine. Hope, humility, humanism, and a dash of humor are the best antidotes to the sterility of evidence-based Medicine. We all can, and should, be part of the solution.

*Richard M. Rosenfeld. Hope. Otolaryngol Head Neck Surg. 2013 Dec;149(6):799-801. Reprinted with permission by SAGE Publications, Inc.*

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