

## Guest Editorial

*In the present health care debate and environment, analysts for outcome assessments and practice management gurus for large health care organizations (HMOs) as well as for smaller operations seem to be losing sight of both the patient and the doctor. This essay, copyright © 1994 by The New York Times Company, reprinted by permission, addresses this problem and is an appropriate wake-up call. Translate it to our dental profession and it seems to make so much sense for all of us.*

## The Human Touch

The formal title of the course at New York University School of Medicine meant to teach first-year students how to deal with the human needs of patients is Behavioral Sciences. According to Mack Lipkin, Jr, it's known familiarly as BS.

This is unsurprising to Dr Lipkin, an internist and a professor at the school. He remembers in sharp detail one day when he was a third-year medical student at Harvard, on rotation in the wards, and he and his compatriots stood around the sickbed of one of their own professors and discussed his case without even acknowledging the man beneath the sheets.

"Most of the incoming students are very idealistic," says Dr Lipkin. "But by the end of medical school, they have learned to look at symptoms, not people. The role models they see are inadequate in this domain."

Perhaps at no time in American history has health care gotten the sort of scrutiny that it has received in the last year, since the Clintons decided that its overhaul would be the linchpin of this Administration. Cost, cost, and more cost, we've heard over and over again, and anyone who's gotten a bill from the intensive care unit in the recent past can tell you that there's good reason for that. But underlying the question of money is the question of how doctor and patient see one another, in a relationship that has been transformed since the heyday of the general practitioner.

The yen in our Internet world for the personal touch, the human contact, is not particular to medicine. It's apparent in the push for community policing as a way to repair the often distant relationship between cop and civilian, in the boom in small liberal arts colleges because of the large, sometimes impersonal lecture classes for undergraduates at research universities.

But in medicine the yearning by consumers to be seen as individuals is particularly poignant because the relationship between doctor and patient is in many ways so intimate—and, too often, so distant. "Tell them to treat the patient, not the file," a man with AIDS told me when I was going to speak to a group of doctors. The doctors responded to that message, not with ire but with a surprising assertion: People skills had played no significant part in their training.

If this sounds a little like letting students leave journalism school without working on interviewing, it is nonetheless accurate, according to Dr Lipkin. Fifteen years ago he began an organization, the American Academy on Physician and Patient, which champions

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more and better education for doctors in simple human relationships. Although more medical schools now cover such material in their curriculums, Dr Lipkin believes many still give it cursory treatment.

Besides, medical students learn much about being doctors from watching veteran physicians, some of whom think such training is, in Dr Lipkin's words, "fringy and soft." By contrast Dr Lipkin would like to see it suffuse medical-school curriculum, from classroom instruction on common problems, questions, and issues to hands-on training in which medical students would tape patient interviews and give advice on technique.

But the surprising part of Dr Lipkin's crusade is that learning to see patients as people apparently also benefits doctors who, polls show, have become hugely disenchanting with their profession. Dr Lipkin's group runs seminars for practicing physicians, and many of those who attend report increased satisfaction in their own work.

One internist, Robert Rowntree, finished a three-day seminar and wrote afterward in the magazine *Hippocrates* of how, despite his initial skepticism, he had learned anew to listen to patients and to put himself in their shoes. "By concentrating again on why I went into medicine in the first place—to help people—I have regained a sense of purpose that balances the darker side of practice," he concluded. "I have decided I may be in the right profession, after all."

If there are many other such born-again doctors, it will be welcome news for those patients who have felt like a collection of symptoms or a pile of paperwork. God bless the physician who warms the speculum or holds your hand and looks into your eyes. Perhaps one subtext of the health care debate is a yen to be treated like a whole person, not just an eye, an ear, a nose, or a throat. A yen to be human again, on the part of patient and doctor alike.

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