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Being A Humane Mental Health Professional

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Abstract

This article is an exploratory one that compels counsellors and mental health professionals to pay special attention to ingredients of effective counselling. These are: client and counsellor communication, expression of empathy, use of empathy as a tool, recognizing complaints and compliance as indicators of efficacy of counselling and 'bedside manners' along with the embedded soft skills as well. The above strands are viewed from the perspective of western empirical data and insights from the indigenous health systems. The article explores the notion of healing through the mind as the core idea.

Keywords

Counselling, Indigenous health system, Healing, Being humane, Health professionals

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This article aspires to motivate counsellors to pay special attention to ingredients of effective counselling. It focuses on three aspects of healing relationship. These are: empirical work on bedside manners in the current Western medical practice, desirable Physician qualities in the Indian Indigenous health systems and an illustrative narrative of an effective healer.

Empirical Work on Bedside Manners

Bedside manner in the current medical practice is a rarity. Old fashioned general practitioners are a disappearing breed, yet the family practice in some countries recognises the benefits of the system. However, a review of this is necessary, as the soft skills that are naturally embedded in bedside manners that are equally essential to all kinds of effective counselling.

Researchers at the McGill University have developed a screening tool for screening and evaluating a young physician's bedside manners (Dwyer et al 2014). The study involving orthopaedic residents examined how they handled suspected cases of domestic violence, their ability to manage the operating room and how they communicated with the patients' disgruntled family regarding delays in surgery. The examination called Objective Structure Clinical Examination (OSCE) was composed of 10 minutes simulation stations with scenarios based on real life situations. It tested six soft skills or CanMeds competencies required to be effective physicians. These were: **communicator, collaborator, manager, health advocate, scholar and professional**. According to Dwyer, one cannot be a good doctor if one cannot effectively communicate with patients, their families and functions as a health advocate by persuading the patient to adopt healthier life styles. The physician collaborates with the patient to improve the quality of care and manages the team of health workers to work in tandem. He also needs to be competent in his field and have integrity in his professional conduct. The students found that the tool was effective in providing understanding of the required soft skills. The tool can also be used for other specialities.

Client Dissatisfaction

Complaint prone doctors can be identified before complaints occur. A small group (3%) of doctors accounts for half of all patients' complaints against doctors. A three years study in Melbourne reports 19,000 complaints against 11,000 doctors over a decade (Bismark et al., 2013). Other risk factors are gender and speciality. However, prevention is possible in this risk.

Getting sued for malpractice is very common in the developed nations. It leads to 'defensive medicine' where more tests procedures and visits are ordered. It has been found that if the physicians explained more and related empathically to the patients, the complaints and legal issues would reduce much. Financial gains are reported only in about 25% cases where legal recourse is taken. Carrol (2015) recommends that "to be sued less, doctors should consider talking to the patients more".

In a study (Ring, 2016) in Mass General hand surgery by orthopaedic surgeons, 65% of the patients satisfaction was observed to be linked to patient-perceived physician's empathy, apart from other factors including surgical skills of the surgeons. Enhanced rate of increased compliance and speedy recovery have been reported when empathic bond prevails between the physician and the client.

In an one-year study on nursing care of the elderly (Kostovich & Clementi 2014), empathizing and compassion in nursing orientation leads to lesser and fewer falls, pressure ulcers and also results in higher patient satisfaction.

Patient Physician Communication

The Tamblyn (2007) study at McGill University that followed up 3,424 physicians who were tested for clinical skills between the years 1993-1996, revealed that the higher the scores, less likely was getting complaints. Expression of empathy as a tool is an ability to understand the other person's experience, to communicate, to confirm it with the other person, and then to act in a helpful manner. However, this does not often happen in clinical practice. The Buckman study (2011) of video recordings of two groups of oncologists showed that in one group 22% and in the second group 11% moments were seen as empathic opportunity, that were not utilised. The residents were sensitised to this lapse and loss of opportunity to empathise.

The Tamblyn (2007) study reported that high scoring general practitioners had high patient satisfaction and a larger clientele. The study highlighted that empathy can increase patients' compliance and reduce malpractice complaints.

It is believed that empathy is a skill that can be acquired, taught and improved, thereby producing the changes in the physician's behaviour and patient outcomes.

Indigenous Health Systems

While the need for empathy in the healing profession has come back strongly in the medical training in Canada and the USA, it is worthwhile to delve into the insights of the indigenous health practices. The indigenous health systems focus a great deal on desirable healer characteristics and emphasise the need to cultivate them. The western approach is pragmatic as it is based on empirical work. In contrast, attaining knowledge and the right kind of personality is considered essential to be effective as a healer. Some excerpts from below are extensive sections on physician's qualities that indicate the importance of the need for cultivating the desirable characteristics.

Lessons from Indigenous Health Systems

The indigenous health systems such as Ayurveda, Siddha and Tibetan medicine systems emphasize a physician's qualities and it is a common theme amongst them.

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Some excerpts from the treatises are illustrated below.

Ayurveda describes the four pillars of treatment and these are: the Patient, the Attendant, the Drug and the Physician. Healing is not viewed as segmented but, holistically and in a complex manner. A physician, himself is the tool for healing according to the salient point in the indigenous health systems.

Kashyapa Samhita

Children's physician is the one who is mature and a scholar of the *Shastras*. He should treat children with mild and painless medicines. A physician with limited experience, in fact, makes a curable disease of the infant an incurable one. As a consequence, he is likely to suffer mentally all through his life.

Clinical Observation as a Tool in Kashyapa Samhita

As young children cannot report their problems, the physician requires special ways of recognizing their symptoms through good observational techniques. From the variations in the way the child cries, one can discover the source of discomfort and the improvement or worsening of the illness. For example, the child would keep touching the affected body part repeatedly and would cry but, not allow others to touch that part by kicking or moving away. If the child closes the eyes and cries, moves his head frequently, cries at night and has a loss of appetite and sleep, he has pain in the head. The physician needs to be observant of details, competent in his subject and conscientious in his approach to the patient.

Physician in the Siddha System

Apart from the nature of the patient and the treatment, the qualities of the physician are considered to be of utmost importance. Agasthyar, the foremost of the Siddhars says that the physician is responsible for the life and health of the body of the patient. The illness is attributed to the patient's previous *Karma*. If the physician treats the patient and takes something in return, he will also share the burden of the patient's *Karma*.

However, the patient is advised that he should pay for the treatment. This poses an interesting dilemma to the physician.

A physician should be moral and disciplined and have faith in god. He should not be proud and assume that only he could cure all diseases. He should be patient and understand the cause of the disease. He should be knowledgeable about different treatments. He should speak with well modulated voice and in a pleasant manner.

Physician in the Tibetan System

In the Tibetan system, only two types of physicians have been generally categorised: the supreme and the inferior.

The supreme physician is the one who holds a genuine medical lineage, is intelligent, loyal and committed, is well-versed in medical theories, is skilled in employing instructional therapeutic approaches appropriately, is well-acquainted with all

of the practical applications, is fully devoted to spiritual practice and has therefore, forsaken sensual desire, is serene of body, speech and mind; is skilled in producing medicines and making medical instruments, is compassionate to all sentient beings, has unwavering devotion to others' needs and considers others' need as one's own, and is not ignorant in every aspect of medical theory and its practical approaches. The indigenous medical systems are the most emphatic in the role of physician qualities in the healing process; of course, in addition to professional competency.

Having explored the role of soft skills in the current healing practice based on empirical work in the West and the template for requisite healer qualities in the Eastern health systems, the author wanted an illustrative example of a humane doctor. She was fortunate to find a rare person in Dr S who is a very popular general practitioner in Bangalore.

Observations of an empathic general practitioner (Dr S) in Bengaluru.

Date of Visit: 09.05.2015, 5 to 7 PM

Dr S, an elderly physician, who has cut down his practice to only evening hours due to health reasons. He was very cordial and allowed the author and a colleague to observe his outpatients work. These were varied kind of cases such as abdominal upsets, headaches, wound dressing and chronic illnesses. Most of the cases were known to him regarding history, but a few were new, mostly younger people. His fees for a visit were only Rs.70 with some follow-up visits, phone calls being, of course free. His clinic had three cubicles with one small waiting hall.

He was very gentle, kind and attending to each patient listening and examining carefully. He explained the illness, treatments and much more on how to prevent further problems. He also enquired about the family members and other such details.

Case 1: A man in his thirties, who had to work every day to earn his living, had a painful foot wound. The man usually used a scooter, which had a push pedal. As the doctor dressed the wound, he gently persuaded him that he needs to rest his foot, at least on a Sunday keeping his wounded limb in an elevated position; otherwise the wound may not heal and would trouble him further.

Case 2: When a woman came with three children, with two of them down with fever, the doctor attended to both the kids for high fever and cough. He asked them about eating out and encouraged them to avoid it. He advised the kid who was not sick to take care of them. "Eat idli/sambar but, not raw items like chatni" he continued. He knew that young families went out to Fun world and ate everything available and came back with such symptoms. His treatment was mostly symptomatic and that too only for two or three days.

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Case 3: A woman came in with a severe stomach upset. He prescribed medicine for immediate relief. He was advising her not to eat outside food. Her 75th birthday was being celebrated in a hotel the very same day. He said smilingly “Eat as little as possible!”

Case 4: A diabetic woman with a wound in the palm, which he dressed but she could not tell how she happened to get it. Strangely, she had no memory of it. He asked, “Did you faint and fall? Did you hurt yourself?” Even jocularly asked the husband if he did it! Both the husband and wife had consultations with him. Dr S wondered if it was a neurological condition, where she had no sensation despite a deep wound. Asked her to check her blood sugar levels and indicated possible neurological consultation.

Case 5: A small girl was creating a ruckus howling and refusing to take on an injection in the next cubicle. With a few family members, the lady doctor, everybody around tried to persuade her offering her all kinds of goodies. After 10 minutes of the ruckus, Dr S simply got up and went in for two seconds and gave a jab and came out. The girl went out smiling sheepishly! He was very patient when patience was needed and was quick to take action when necessary.

Case 6: An elderly woman having severe arthritis came and sat on the chair with great difficulty. He examined and advised her a bit of sunshine along with the prescription of Vitamins. She said “That is the problem; there is no sunshine anymore around my home as too many tall buildings have come up. Earlier I used to sit out in the sun!” Thus the home situation is looked into. He checked with her daughter who had brought her, to take her mother for a walk whenever she can. ‘You could do with a walk as well’, he said smilingly to her plump daughter (health advocacy).

Case 7: A woman who had come for consultation belonging to the Jain community was asked by the doctor if she had her meal at 5 PM in the evening (sensitivity to cultural practice of early evening meals) while telling her when to take which tablet.

Case 8: A girl came with persistent cough. The father said that the girl is stubborn and doesn’t drink water. “Like her mother” Dr S said. They all laughed at this. Perhaps he was subtly suggesting that parental behaviour often gets reflected in the child’s behaviour. In between, his physical consultations, he was talking over the mobile and telephone as well, consulting as if he had his case records of the callers in his head. He gave medication for couple of days to the girl and said she would be okay and should come back if it did not help.

Only one person was prescribed antibiotic among about 20 cases, and all of them were satisfied with the quality time he gave them. The author asked him what made him tick? The doctor replied:

1. One needs to have passion for what one does.
2. Role modelled teachers from his medical college days.

3. He is interested in each of the patients.
4. He listens to them.
5. He is able to answer and explain questions any number of times till the patient is satisfied.
6. He has great sense of humour.
7. He cares about his patients.
8. He physically examined patients when needed or not, because the patient appeared to want it
9. Takes blood pressure sometimes just to assure his patients.
10. Asks details and examples from patients. For example, when a young man came with neck pain as a complaint, Dr S asked him about his travel details, sleeping habits, precipitating reasons with elaborate stories, and then advised the patient to sleep without pillow, wear crepe bandage... 'bring it, I will show how to bind it'.

'Devil is in the detail' goes the saying. However, here God is in the details that are empathically communicated. We could consider Dr S as an embedded doctor! He was totally on the side of the patient.

Conclusion

There appears to be empirical proof that empathy is the key to healing in the realms of body and mind (dualism is an old Cartesian dichotomy, which is negated) adopting a holistic approach. The soft skills of counselling including empathy not only reduce negative aspects of client complaints, legal recourse, non compliance, but, also enhance effective healing process, promote compliance and facilitate a speedy recovery. This appears to be a new element in the current medical practice, with Canada adding 'bedside manners' as a skill to be accredited. In the indigenous healing practices not only the competency of the healer is strongly advocated but, also his personality and the healing relationship are deeply delved into. It can be concluded that empathy is a key tool in the healing relationship and healing through minds of the healer and the healed goes beyond the barriers of body, mind and outside world and the healer is a part of it. Soft skills in counselling should be, thus, an essential aspect of effective counselling. It can be learnt, by astute observation, role modelling and training.

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