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EDITORIAL

THE WEIGHT OF WORDS IN WHOLE PERSON CARE

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Human beings use language to exchange ideas with one another. How this is done in clinical settings is crucial to whole person care. When the person-clinician talks with a person-patient and/or family member, this can be helpful or harmful given the weight of words.[1] *How* we communicate includes tone of voice, cadence, diction, body language, time allotted, as well as spaces between words enabling integration of information. We may have inclinations such as: premature closure, interrupting, formulating mental answers rather than listening, holding biases, using frightening metaphors (e.g., a time bomb in the chest). These learned ways of communicating may or may not be conscious.

Dr. Wright and Mr. Kaleka, a seasoned physician and medical student, respectively, highlight that the *way we talk* with strangers (who happen to be patients) can be pivotal. Dr. Wright notes, “We are often missing vital pieces of our patients’ back stories that could help us understand their beliefs and behaviors. Asking about such particulars can help to establish rapport, shows genuine interest, and can convert stranger to friend.” Mr. Kaleka, a trainee, inherently understands, “We assume that what we perceive to be important is what the patient would or should like addressed, a form of paternalism. Yet, if we step back and view ourselves as human beings interacting with other humans, our considerations may change. We begin to see the patient’s perspective; this, in turn enables us to better understand and help them. Such is the power of humanism...”

Dr. Berkani and her colleagues describe a program offered to seniors who were isolated during the COVID-19 pandemic that transformed cold calls into warm encounters with strangers. They trained more than 300 volunteers to provide friendly phone support to more than 600 older adults offering social support along

with ways to access community resources. The experience was described as “heartwarming and facilitating enriching life experiences for seniors, volunteers, and clinicians alike.”

Dr. Dobkin reminds us that like music, the space between the words (like notes) can reveal as much as spoken words, if we are attentive. Campion’s poem, while less straightforward, employs words to evoke emotions related to both the patient and caregiver’s hospital experiences. Strikingly, in Ms. Lewis’ essay no mention was made about what the various doctors she encountered in the emergency rooms said to her. Were their words lost in the commotion or simply buried in her memory?

How can we be mindful of speech? It is often automatic, conditioned, and culture dependent (e.g., in medicine, battle-field comparisons). There is a Buddhist saying, “When meditating, watch your mind. When in the world, watch your words.” Buddhist psychology recommends that we ask ourselves these questions before we speak:

“Is it true? Is it kind? Is it useful? Is it timely? Is it conducive to harmony?”

Mindful congruence[2] involves being aware of the self, the other, and the context such that we pause before speaking, consider our intentions, examine our habits of mind before responding to a situation. Moreover, we need to consider the patient’s state of being (e.g., agitated, lonely) and the setting (e.g., emergency room or private clinic). While it may seem idealistic given the hustle-bustle of clinical work, it can be learned[3]. Perhaps this volume will inspire you to reflect on the power of words recognizing that have the potential to weigh heavily on others.■

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