The International Journal of Whole Person Care

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Volume 9, numéro 2, 2022

URI : https://id.erudit.org/iderudit/1089927ar
DOI : https://doi.org/10.26443/ijwpc.v9i2.353

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Éditeur(s)
McGill University Library

ISSN
2291-918X (numérique)

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Citer ce document
https://doi.org/10.26443/ijwpc.v9i2.353
EDITORIAL
LEARNING FROM ONE ANOTHER IN MEDICAL ENCOUNTERS
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Opportunities to learn from one another in medical encounters may crop up in unexpected places and in surprising ways. While students and interns/residents expect to learn as they progress through their training, we all can become life-longer learners by attending to the moment and attuning to others. This is one of the privileges and rewards of a career in medicine.

Fabio Galli’s paper highlights the need to translate technical terminology using a language that patients can understand while they are in treatment for eye disease. How easy it is to use jargon that the clinician has become familiar with over the years of training and practice. How crucial it is to remember to adapt language to enhance patient education.

Howard Chang, a medical student, gained insight by listening to his patients. He wrote, “Both Mr. C and Mrs. Z taught me an indispensable lesson: while we cannot immediately mitigate the external forces warring against our relationships with patients, we can always seek to resolve the internal impedances within ourselves that interfere with the hard-won trust that patients place in us.”

Dr. Millstein teaches us how to prepare patients for the unexpected. He concludes his commentary on preparing patients with, “Screening and preventive care must seek to balance population based and individual patient concerns. Tracking metrics of success in screening at-risk populations may overlook opportunities to improve health literacy, provide guidance and emotional support. Clearer explanations of the purpose of screening, testing for understanding, and assurance regarding follow up will go a long way.”
Dr. Ingram, a seasoned palliative physician, shows how he guided an intern in helping a family come to terms with the impending death in a relatively young patient whose wife and children were “hoping for a miracle.” Via descriptions of a series of clinical cases, he shows us how he embodies what he is teaching. He poetically sums this up with, “My experience is that geriatrics and palliative care are a little like peeking through the old skeletal keyhole into a living room. You must get up real close to peek inside and if you dare to go through and enter in, a whole new world opens. It is often a sacred space.”

Ahmed Imcaoudene, another medical student, learned key lesson from a terminal patient and her partner. He wrote, “Not through complex medical intervention, but with simple kindness.

Prioritizing wholesomeness.
Sharing a laugh, and the burden of ambiguity.
Lending a helping hand, and a shoulder to cry on.
Taking the time to do things right.”

The poem, “Must Keep Going” composed by Ms. Metersky, teaches us all just how harrowing working through the COVID pandemic has been for nurses who took care of patients despite their fears of contagion. We are humbled by the lesson.

Finally, in “Alteration”, a poem by Campion, we all learn from a patient’s perspective of suffering.

Can we remain open minded, curious, and humble enough to learn from one another no matter who we are and where we find ourselves in the trajectory of our careers? This volume of our journal encourages us to do so.