




2023

Medicine and kindness, a glorious concurrence?

Araya Gautam
Teesside University

Follow this and additional works at: <https://pxjournal.org/journal>

 Part of the [Medical Education Commons](#), [Medical Humanities Commons](#), and the [Social and Behavioral Sciences Commons](#)

Recommended Citation

Gautam A. Medicine and kindness, a glorious concurrence?. *Patient Experience Journal*. 2023; 10(3):21-23. doi: 10.35680/2372-0247.1843.

This Personal Narrative is brought to you for free and open access by Patient Experience Journal. It has been accepted for inclusion in Patient Experience Journal by an authorized editor of Patient Experience Journal.

Medicine and kindness, a glorious concurrence?

Cover Page Footnote

I would like to express my gratitude to Jeyasree Sakthivel from the Department of Medicine in Urgench Branch of Tashkent Medical University of Uzbekistan, who made significant contributions to critical literature review, manuscript editing, and revision of the final manuscript.

Medicine and kindness: A glorious concurrence?

Araya Gautam, *Teesside University, araya.cu@gmail.com*

Abstract

This article unfolds the journey of a 28-year-old junior doctor entangled in the throes of a pernicious anemia diagnosis during her travels abroad, a scenario exacerbated by the grip of a COVID-19 lockdown. Adrift without medical insurance and distant from her family, she found herself under the care of a compassionate on-call resident, emphasizing the crucial role of kindness and compassion in her predicament. Her treatment regimen encompassed a series of CBC tests meticulously tracking cobalamin and ferritin levels, complemented by extensive examinations for iron deficiency and a regimen of vital vitamin B12 injections, all carried out under vigilant scrutiny to ensure the eventual normalization of her lab findings—a process spanning over a week. As the medical landscape continues to grapple with the COVID-19 pandemic, stories like hers underscore the vital need for empathy and understanding within the healthcare sphere. In these challenging times, compassion emerged as a lifeline, bridging the gap between distress and recovery. This narrative serves as a poignant reminder that amidst the complexity of medical science, it is often the simplest acts of kindness that can make all the difference. In the face of an ongoing shift towards policy-centric healthcare, the article advocates a return to a patient-centric approach, one where kindness becomes an integral element of treatment, alleviating anxiety, reducing uncertainty, and promoting overall well-being. It prompts readers to reflect on the profound impact of compassion and empathy in medicine, sparking a dialogue on how fostering a more humane and inclusive healthcare system ultimately benefits us all.

Keywords

COVID-19, pandemic, abroad, kindness, cobalamin, ferritin, pernicious anemia, healthcare

Introduction

In the hectic life of a medical doctor, my day took an unexpected turn on a scorching August day. A massive lorry collided with my car, plunging me into unconsciousness. When I awoke, I was trapped and surrounded by paramedics. My hesitation about going to the emergency room due to financial concerns was met with compassion from my doctor who found a solution.

An hour later, the diagnosis confirmed a B12 deficiency, explaining my troubling symptoms. While my hospital stay was a lonely experience, it turned out to be surprisingly comforting. Despite knowing that my doctor covered the expenses, I received compassionate care. On the final day, I mustered the courage to speak with her. She simply said, 'Dear, you're young and destined to be a remarkable doctor. Always remember to be kind to your patients.' Her words left me overwhelmed. Her simple act of kindness during my time of need profoundly impacted me. It made me realize the vital role of empathy in medicine, a lesson strangely absent from my six grueling years of training.

These experiences have shown me the power of kindness in healthcare and reinforced my commitment to becoming

a doctor who not only heals but also cares for the human being behind the illness.

A Doctor's Wake-Up Call

Hustle and bustle are the themes of the everyday life of a medical doctor, and mine was not any different from the norm. On a hot and humid day in August, driving to my class, I lorry laden with a wrath crashed onto my mini at a crossing blinding my vision as air sacks tucked me in. I neither heard the shattering of glass nor the screeches of those menacing tires. My head exploded in pain as I passed out, a moment of painless pleasant sleep of an unborn child in her mother's womb. I woke up with a sudden rush of adrenaline; fear and panic engulfed me as I hopelessly sat trapped in my car while paramedics performed the acts they knew too well. I passed out again.

I faintly remember being carried on a stretcher, being moved toward the emergency department. Upon gaining consciousness, I found myself inside the van; the bright lights hurt my eyes. Too weak to move, least to enquire about anything, I lay motionless, although my mind raced against the odds to make sense of what just had just unfolded. I could see that somebody was administering intravenous fluids. I felt tired, confused and often delirious; the monstrous lorry, shattering of glass and the

moment of crash played and replayed as I rolled into episodes of shivering bundle.

The ambulance doctors had convinced me to go to the emergency because they suspected that my condition was going to get worse, but I was dubious since I felt relatively ok after a while and the cost of staying in the hospital had terrified me. I just couldn't afford the bills.

My doctor was very attentive and passionate. While she was tracing the risks, I was going to be there without medical care. I was a little afraid, to be honest, but what was I supposed to do? I lived far from my parents, and I didn't have insurance or cash. I refused her offer. As a medical doctor, I knew that I had a choice, but unconsciously, I was still frightened of the consequences.

My doctor was determined, however, and she did not give up on me. After her new interrogations and polls, I finally gave in and explained my dilemma to her. I told her I couldn't bear the cost of the treatment. Upon my disbelief, she made a few calls and asked me to relax, because she had found a perfect solution to my problem, and then she ordered some fluids for me. After one hour, my test results returned positive for Indirect Fluorescent Antibody (IFA) and Gastric Parietal Cell Antibodies (GPCA) thus, confirming the immunological tests of PA. I was given an injection of B12, and asked to use many supplements, as the deficiency of B12 had led to an inadequate supply of my red blood cells, resulting in the symptoms I had previously presented.

Since my hospital was on lockdown and they could do nothing, my mother and father hurriedly dialed an emergency line. I was told that I was alright, but knowing my mother, I knew that she would be worried.

The physicians did not confine me in my room because, by God's mercy, I did not test positive for the COVID-19 virus. My attending, who was gracious enough to let me have the treatment, informed me that I would need to remain in the hospital for the next week because my lab values had not yet normalized. There was nothing my frail body could do at the time despite my desire to cry because I didn't know anyone in the hospital.

Thankfully, my stay was not as bothersome as I had anticipated. Even though I was aware that my attending physician was paying the hospital's expenditures, I still received sympathetic treatment there. I couldn't wait to discuss it with her. On my last day, I finally decided to talk to her after gathering my courage. She simply grinned and told me, "Dear, you are young and will make a wonderful doctor." Please keep kindness in mind as you care for your patients.

Initially, I wanted to cry and give her a hug, but I refrained from doing so. I replied that I would always be grateful to her for looking after me when I was unable to look after myself.

My doctor's actions completely overwhelmed me. Her modest kindness astounded me as I completed my MBBS since I now see how critical empathy is in the field of medicine. Strangely, over those six arduous years, we were never taught this, which seems odd given the urgent need for kindness.

The truth is far different from what is taught to us in our dense medical textbooks about how to treat patients and create treatment plans with intricate flow diagrams. Many doctors are working while disregarding the fact that their patients are also people and should be treated with respect. My thoughts were abruptly interrupted by the ringtone on my phone—it was my mother. When she heard my voice, she began to cry.

Kindness: A Consideration and Criteria

Patients can concentrate on recovering when they feel comfortable. Genuine care for the feelings and welfare of others is demonstrated by kindness. It results from the capacity for comprehending and connecting with the experiences of others, which fosters empathy and compassion. People can help to build a more supportive society by showing kindness and exhibiting their concern for others. Happiness, fulfillment, and a sense of purpose can all be produced through acts of kindness. It fosters a favourable environment and can enhance general well-being for both people and communities. When someone receives kindness, they could be more inclined to extend it to others, creating a cycle of positive feedback. Many moral and ethical systems that support others' well-being are compatible with acts of kindness.

Reviving Kindness

It is very unfortunate that healthcare has moved away from being patient-centric and towards being policy-centric.¹ Perhaps one of the simplest and least expensive tools we have to combat anxiety, uncertainty, and discomfort is kindness.

Kindness encourages a patient-centered attitude toward medicine. Medical professionals who are kind and empathetic prioritize the comfort and emotional needs of their patients. As a result, patients may experience a safe and supportive environment where they are valued, respected, and understood. A positive patient experience leads to happier patients and improved health outcomes.

People can experience stress and overwhelm in medical settings, as is well known.² Kindness lessens fear and

anxiety by creating a comforting and encouraging environment. A kind remark, affectionate contact, or a calming presence can have a major impact on lowering patient dread and promoting a sense of confidence and security. Kindness enhances communication between healthcare providers and patients. It encourages cordial relationships, open conversation, and careful listening. When patients sense that their problems are truly acknowledged and compassionately handled, trust is developed.

Reflection

I might have had greater care inside the hospital room, but due to financial constraints, I was unable to do so. As a result, my doctor treated me as best she could, and I was given the greatest care a human being could have.

I wonder if medicine actually teaches us the core components of what it is to be a human, as I consider the situation as a whole. My parents, who live by Hippocrates' ethical precepts, have always supported my desire to become a trustworthy physician. I was then saved by a hero with a white coat and stethoscope who, guided by her moral values, made the right choice at the right time and helped me live to tell the tale. Kindness in medicine can allow humanity to have the capacity to sustain a better society that provides healthcare to everyone, regardless of their background.

Conclusion

My journey through pernicious anemia during a COVID-19 lockdown underscores the enduring power of compassion in healthcare. From the accident that led me to the emergency room to my physician's attentive care, kindness played a pivotal role in my healing. This experience, absent from my medical training, reminds us that behind every medical condition is a person and kindness elevates healthcare.

Amidst COVID-19 challenges, my story calls for a return to patient-centric medicine, integrating kindness as an essential element of treatment. In conclusion, my journey reaffirms that human connection is the cornerstone of recovery. It strengthens my commitment to becoming a physician who heals both the body and the human spirit, inspiring others in the medical field to recognize the key role of compassion in healthcare.

Acknowledgment

I would like to express my gratitude to Jeyasree Sakthivel from the Department of Medicine in Urgench Branch of Tashkent Medical University of Uzbekistan, who made significant contributions to critical literature review, manuscript editing, and revision of the final manuscript.

References

1. Triffaux JM, Tisseron S, Nasello JA. Decline of empathy among medical students: Dehumanization or useful coping process? *Encephale*. 2019 Feb;45(1):3-8. doi: 10.1016/j.encep.2018.05.003. Epub 2018 Jun 28. PMID: 29960682
2. Majumder, Md Anwarul & Ojeh, Nkemcho & Rahman, Sayeeda & Sa, Bidyadhar. (2020). Empathy in medical education: Can 'kindness' be taught, learned and assessed?. *Advances in Human Biology*. 10. 38. 10.4103/AIHB.AIHB_14_20.