HEALING ARTS

Six Words

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How does that make you feel?

Six words, said the lecturer, to be delivered to the patient with empathy and compassion. I stared back at him, blankly, in disbelief. This was the centerpiece of my pre-clinical training?

How does that make you feel?

Questions raced through my mind: What about the chief complaint? Surely that would guide the history and physical exam, I wondered aloud. Inquire about the time of onset, aggravating factors, any associated symptoms. But the lecturer smiled and gently shook his head. He had heard it all before.

How does that make you feel?

The class was dismissed to practice asking standardized patients why they had come to the clinic, what they thought could be causing their symptoms, and, quite literally, how they were feeling. I repeated the phrase as instructed, trying my best to demonstrate empathy through my words. Yet even though I had never had trouble comforting my friends or articulating my own emotions, I found that phrase impossible. Despite its modest length, I felt encumbered; despite its simplicity, the words came awkwardly. I wondered why, faced with a patient who had pain that I could quantify and murmurs I could auscultate, armed with pressure cuffs and ophthalmoscopes and reflex hammers, I was instead struggling to make my questions open-ended and echo the patient's sentiments without sounding naive. Surely she was waiting for me to do my job: make a diagnosis and identify the treatment. What upset me the most was that I felt inadequate, that no matter how smooth those six words sounded or how often I remembered to use them, I would not be any closer to providing the answers my patient was seeking or the care she trusted me to give.

A few months later, on a summer research fellowship to South Africa, I was interviewing men at a rural community clinic, part of a project to address low rates of male HIV testing. Seated across from me in a supply closet that had been hastily rearranged as an exam room was Mpo, dressed in gray sweats, a baseball cap pulled down to his eyes. He fidgeted nervously as I explained to him the purpose of the study and the types of questions I would be asking. He nodded, eyes focused intently downward. I started in on the questionnaire: age, place of birth, educational attainment; he mumbled in reply: 26, born in the next village over, one year of high school. So it went, as I proceeded to more personal questions about HIV testing, intimate partners, and high-risk behaviors. His gaze remained fixed on the floor. I tried gesturing, changing my tone—anything to engage him, to let me know that he trusted me, that I had not said something wrong or offended him. He offered me only terse responses.

Finishing the questionnaire, I put down my pen and leaned back, the floor creaking under me. Was there anything else he would like to tell me, or any part of the interview that had been confusing? The men often wanted to know how their information would be analyzed, or why I was doing this research, or whether I was working for the government. Closing the interview this way helped me reassure them about their privacy and gave us both the opportunity to feel that we had had a meaningful encounter.

Mpo raised his head and brushed his cap off, catching it in his lap. He took a deep breath, pausing as I looked up expectantly, then exhaled.

I saw him...

His voice cracked. Another deep breath.

I saw him dying. I saw him suffer. He was very ill.

He cleared his throat.

We tried, we told him he must get tested, but he was too scared. He said it cannot be HIV.

He pursed his lips tightly.

That is when I start to get scared, too. I start to think it could be, it could be HIV.

A tear fought its way down his face.

I did not go to his funeral. I was too sick. I wanted to go, but I could not!

His voice was trembling now.

Can you imagine: wanting nothing more in the world than to rise up from your bed so you can go to a funeral!

Now it was I who inhaled deeply, a familiar lump rising in my throat. Mpo closed his eyes and muffled sobs with his hands.

In an instant, I was no longer the investigator, the medical student, the white coat and clipboard; and he, neither patient nor subject. We were simply, and only, two people sharing the narrative of humanity. All that mattered, it seemed, was the bond that had been forged, one that bridged two lives that were otherwise universes apart. Despite the chasm of language and culture and nationality, of what constitutes health and illness, there had been convergence, and born from it a fragile truth with which I had been entrusted. And all that I could think to do—indeed, all I knew how to do—was to be a person and respect the honesty of what he had shared. This time, for the first time, the words just came.

How did that make you feel?

He moved his hands from his face and our eyes met.

He was my best friend. It hurt me so much.

I reached my right hand across the table and he grasped it tightly. Tell me about your friend, I said. Mpo was a wonderful historian, recalling with vivid detail the memories of their childhood together, of how they had survived that winter when there was no money, of why they had grown apart. As we talked about the personal impact of this tragedy, I sensed that this was the first time Mpo had spoken to anyone about his grief, and I began to wonder why he had opened up to me. Was it my white coat? The reassuring stethoscope around my neck? The privacy of an exam room? Yet as he stood up, shaking my hand twice, and closed the door behind him, I knew none of those things could substitute for the comfort and trust of a caring listener.

Our patients come to us for many reasons, with many different illnesses. We can treat most and cure some; in a few cases we are outmatched. But what every patient seeks but may not state, and what we are always able to provide but may not recognize, is a willing ear and a compassionate touch. Mpo needed someone to give him a chance—just time and space—to be liberated from the burden of his loss. I could not prescribe him medication or order any tests, but I did not need to; for if our goal as physicians is to heal, then perhaps six little words are the strongest medicine.

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