

## ***“Treating the Patient, Not Just the Disease”***

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***Sir William Osler wrote many years ago: “the good physician treats the disease; the great physician treats the patient who has the disease...”***

***When I was asked a couple of months ago on submitting an article for this publication, I initially wanted to write about a particular disease process. But I quickly came to realize that we as physicians often forget the most important part of the picture, the patient, their lives, and their families. I believe that the difference between a mediocre doctor and an outstanding doctor is the ability to treat the whole patient. Good doctors should consider the entire elaborate combination of factors that make each person unique. Realizing this, I give you the reader my own personal view on “treating the patient, and not just the disease.”***

***What makes someone a good doctor ? Knowledge ? Compassion ? Interaction ?***

***I will share a personal story that changed how I practice medicine. In the year 2000, I started my first transplant rotation, a month into my cancer training. There I met John, a healthy 20 something year old undergoing a bone marrow transplant for his lymphoma, that had relapsed twice before. As I entered his room gowned, gloved, and masked, I could easily sense a level of anxiety that set in his face. It was like he knew that I would be one of many residents that would go through the “routine” of asking him the same series of questions and going through the same rituals of examining him.***

***A week and then two went by, and to my failure, I was unable to get him to talk, except for the ‘yes and no” answers to my questions. Every day I left the hospital with the same feeling of emptiness and despair. Then on a Monday morning, I came in to see a new attending physician on the transplant service. Unlike his predecessor, he appeared quite laid back, dressed in jeans and had a ponytail with scruffy hair. He introduced himself as “Dr. Selby” and we started on our routine of rounding on the patients. John was first, and I gave a quick update including what I had interpreted as depression after watching John over the last two weeks.***

***Together we went into the room, and then and there, for the first time I saw a glimmer of hope in John’s eyes. For twenty minutes Dr. Selby questioned John, and to my surprise, full sentences and explanations came***

***as answers. I realized that all this time, John just wanted some sort of normalcy in his life. None of the questions asked of him had anything to do with his treatment or its side effects at all, instead the questions all were about sports and current events, and his family.***

***Humanism in medicine is defined by moments such as these, in which it becomes clear that treating a patient's spirit and dignity goes hand-in-hand with treating the illness. In pursuit of a more humanistic service to the community, it often becomes necessary to step out of the white coat and into the patient's world and the impact that this type of selfless service has on medical care is as invaluable as extensive clinical knowledge and cutting-edge therapies.***

***Taking a personal interest in each and every patient and working with them to alleviate the fear is the biggest challenge that I face in treating patients with cancer. To inspire hope, and then backing it up with the knowledge to treat the diagnosis secures the relationship between the doctor and the patient. As physicians, we need to foster the patients' inner strength and courage to prevail the feelings of sadness and hopelessness.***

***One of the most frequently asked questions that I face is: "quality of care?"***

***Quality of care is difficult to measure and even harder to define. In my practice I incorporate three basic principles when it comes to deciding a treatment plan: Is the right treatment being given? ; Is the treatment being given well? ; Is the patient being treated?***

***Is the right treatment being given is easy to answer, yes, because in today's world, the art of evidence based medicine has guided our treatment decisions. Thousands of patients have gone into clinical trials that essentially define what we call "standard of care."***

***Is the treatment being given well? Here comes the trust that a physician must have in the nursing staff, and the volume of patients that a particular center treats. Another way to improve quality of care may be to recruit patients to clinical trials. Several studies have suggested that patients treated in clinical trials have a better outcome than patients who receive similar treatment but who are not in a clinical trial.***

***In my field, outcome is generally judged by what we call "overall survival." In trying to achieve this goal, we often forget what the patient is going through to buy him or her a few extra weeks. This is why "quality of life" is equally being addressed along side the survival benefit in today's clinical trials.***

***Lastly, a few words on delivering the treatment. I often find myself altering the way the treatment is given, so that the drugs have an opportunity to work, at the same time not destroying the patient's quality of life.***

***Physicians are so often "protocol" driven, that they often forget the toxicity of the drugs. A couple of years ago, I saw a patient who was seen by three other oncologists, two of them belonging to "large institutions." He was told that his performance status was too poor to even administer any treatment at all, and he was told to go on to hospice. In my evaluation of the patient, I learned that the patient's poor status was largely due to his disease burden. I came up with an alternative and modified treatment plan to deliver smaller doses of therapy, but in more frequent intervals. Within a couple of weeks, the patient started to improve and now two years later, the first words that the patient says to me every time we meet are: "thank you."***

***The drugs that are available to treat the disease are relatively standard across the country, but in treating the patient, we all have to break the mold of how we were taught and learn that the patient comes first.***

***The above being written as a reflection on how I approach my taking care of the patient will always come first, and the disease second. We must remember that the question of "quality of life" is just as important as "quantity of life," maybe even more so, when we as cancer specialists deal with months rather than years to make a difference in our patients' lives.***