

Perspective

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I was still years away from seeing my first patient when I realized the power differential that exists between physicians and their patients.

My junior year of undergrad, amidst studying for the MCAT and the calculus-based physics that come with being a pre-med student, I took a class within my Biomedical Humanities major: “Narrative Bioethics.” It was in one of the stories that we read for this class that I came upon this realization. In the story, a grown son asks the physician not to tell his mother about her new cancer diagnosis, believing that not only will she be unable to handle the news but also that it is beyond her understanding given the dementia that was accompanying her previous diagnoses. The story was intended to show us that line where “Do no harm” tends to cross: does it do more harm to tell the patient of her diagnosis than to leave her in the dark? However, what I saw and what has stuck with me for years after reading those words was the power that that physician, and all other medical providers, have over their patients. The physician knew better than his own patient what was going on inside her body. He had the power to keep from her knowledge of the physical processes that were happening to her at that very moment.

In what other occupation does a relative stranger hold so much more knowledge about one of the most intimate processes that one can go through than the person who is experiencing it?

At that point, I made a promise to myself: I would always tell my patients what they needed to know about their diagnoses in the way that they needed to hear it. I would make sure that my words were appropriate for the education level of the person to whom I was speaking and that I used the language that they would best understand—even though that would probably always mean speaking through a translator if that language wasn’t English—and I wouldn’t leave the conversation until I was confident that we had reached a mutual level of understanding of the problem at hand and the way in which we, together, were going to address it.

I’m now the program manager for the Disease Epidemiology Program at the Army Public Health Center. This means that everything that makes soldiers sick or that has the potential to

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make soldiers sick goes through my office. What this really means is that there are emails and phone calls daily from soldiers, retirees, family members, and civilians, asking questions about their health and the health of their units, hospitals, installations, and country. These populations are all now my patients.

It was my medical school education and residency training that taught me what to say to answer these questions, but it was my Biomedical Humanities classes that taught me how to say it.

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