LETTERS

R-E-S-P-E-C-T—Implications for Physicians and Physicians-To-Be

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To the Editor:—The study by Quigley and colleagues¹ as well as the thoughtful commentary by Drs. Frosch and Tai-Seale² shine the spotlight on a basic tenet of patient care—the need for the physician to demonstrate respect to her/his patients. While the Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAPHS) survey collects data on five discrete aspects of physician behavior, whether or not a patient perceives that a physician is conducting his/her interactions in a respectful manner is certainly more difficult to extrapolate.

When welcoming college graduates into medical school, we try to impress upon them this notion of respect, of medical professionalism, and the need for humanistic concern for the patients in their care. This is a daunting task for learners to achieve, and an even more difficult challenge for teachers to verbally express. However, the word “RESPECT” might be used as a mnemonic device to help learners remember, and to remind us all of those professional ideals to which all physicians should aspire.³

R is for demonstrating Respect—I would posit that this respect is not only for patients, but also for colleagues, other health professionals, for the profession of medicine as a whole, and importantly, for oneself. E is for Equanimity—this term was referred to by Sir William Osler in his Valedictory Address titled “Aequanimitas” and delivered at the University of Pennsylvania in 1889,⁴ where he exhorts physicians to cultivate “Imperturbability...coolness and presence of mind under all circumstances, calmness amid storm, [and] clearness of judgment in moments of grave peril.” Physicians are expected to be leaders, and equanimity is crucial for success. S is for Sincerity. Clear, honest and transparent communications between physician and patient is one of the expressed items in the CG-CAPHS survey, and sincerity, or perceived lack thereof, certainly impacts score in this fashion. P is for Perseverance. Physicians must continue to try and work harder for their patients, especially when the going gets tough. Not giving up when work becomes challenging, not just settling for a diagnosis when some of the history just doesn’t fit, not acquiescing to, but instead working to improve a system of care that fails to meet your patient’s needs—those are some of the

persevering traits that define professionalism. E is for Excellence. Patients, for obvious reasons, want the best care possible. No one wants a mediocre doctor. And while sometimes it is human nature to “coast,” the better path is to continually strive for improvement. C is for Compassion. This compassion is demonstrated through empathetic communication and through one’s humanistic and altruistic actions—acting for the good of patients and placing this good of patients over one’s own self-interest. Francis Peabody’s oft-quoted line applies here, “...For the secret of the care of the patient is in caring for the patient.”⁵ Osler, in the aforementioned address *Aequanimitas*, urges physicians to, “Cultivate, then, such a judicious measure of obtuseness as will enable you to meet the exigencies of practice with firmness and courage, without, at the same time, hardening the human heart by which we live.”³ And T is for Trust. The professional physician cultivates trust from patients and family. It is not always easy to do, and can be lost very easily, but it is critical for good patient outcomes. The act of taking medications and undergoing invasive procedures is done at enormous personal risk to the patient; no wonder that physicians who effectively and respectfully communicate have gained the patient’s trust and satisfaction.

My belief is that it really boils down to a trust issue, if the patient trusts what the doctor says, everything works better. All you really need to know about being a physician can be learned from Aretha Franklin!

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