Communication as the heart and the art of person-centered medicine: making a case for qualitative research

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Communication is both at the heart and constitutes the art of person-centered medical care. Communication is also a paradox of our time. With the proliferation and increased sophistication of communication media, communication has become confusing and disrupted. Certainly, the difficulty to manage a barrage of information, the absence of mechanisms that control truthfulness and prioritize relevance, and the marketing “pop ups” that intrude and invade our internet searches are partly to blame. Just a few minutes ago, as I Googled the DSM IV definition of depression, I had to navigate through the advertisement of alternative medications, children and adult psychiatric clinics, pet psychiatrists, and the forecast of economic depression by conservative politicians. Yet I believe that the source of confusion is deeper than the flood of wanted and unwanted information; it may be found in what Michael Tobin referred to as “disincarnation” [1].

Disincarnation is the pretense to share objective facts in lieu of personal experiences. In the case of medicine, it is the management of the disease instead of the care of the patient, as if the medical, social, emotional, and spiritual dimensions of the patient were irrelevant to the course of the disease or to the adherence to treatment. Decrying the current trend to call the patient “a client” one of my dearest mentors, Dr. Alexander Spiers, used to state: “lawyers and prostitutes have clients, doctors and nurses have patients,” to underline the special relation of patients and providers. I am not sure, however, that lawyers and prostitutes have clients either, as I cannot conceive a human relation without some form of personal engagement. In the movie “Belle du Jour” starring a young

Catherine Deneuve, Luis Buñuel made the point very clear. All the professionals and business men patronizing the brothel where Catherine worked during the day were looking for a delusional personal relationship to compensate their emotional vacuum. Representative of this attitude was one of the best known gynecologists of Paris who hired a prostitute to act as if he were her servant. Clearly, he needed to balance the sense of governance his profession allowed him on women bodies. Catherine herself, the wealthy wife of a physician, moonlighting as a prostitute tried to suppress the nightmares that had tormented her lifelong and that stemmed from having been sexually abused as a child.

Most likely disincarnation is the quintessential delusion of the enlightenment.

Disincarnation, or the seeming absence of a human engagement in the relationship between parties, is the main cause of the mounting dissatisfaction of patients with their providers and modern medicine, despite the undeniable progresses of the last five decades [2]. Learning to communicate, to privilege the real entity patient over the theoretical entity disease, to use a language congruent with the patient’s own emotions is essential in making the person the center of medical care. While learning communication techniques [3] is an important and necessary step toward effective communication, they are not sufficient to convey empathy and compassion. In this issue of the Journal, a report by Ellen W. Klein, MS illustrates how communication needs to be creative, adapted to all personal circumstances and mostly charged with and guided by affection and care [4]. I wish that the reader obtains a good cry while reading this riveting story. I renounce to summarize the outcome not to pre-empt the reader’s reaction. This is a story of a dying child and of how her heart-broken mother has transformed her agony into a play through

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which the child learns to face death with awe and confidence at the same time.

Ellen Klein is a hospice nurse in the state of Washington and a doctoral candidate in Communication at the University of South Florida in Tampa. This story, that she witnessed personally, is drawn from her doctoral dissertation. For communication scholars, her discussion of the case is crystal clear, but health care providers may find it from time to time complicated. The thrust of the article is an invitation to overcome established patterns of communication and to become creative, which is consistent I add, with the construct of a human being as a creature: any human relationship may be seen as an ongoing creation. A word of caution is in order. Klein is a researcher, not an inspirational writer, though her writing may be inspirational. She proposes to go behind the codified patterns of communication that have been described as vertical (paternalistic) or horizontal (buddy to buddy) that she finds inadequate to encompass the drama of the human condition. Her proposal to do so is based on the awareness of human potential, and should not be constructed as a generic invitation to “change.” Finding creative solutions means to live our humanity in full rather than trespassing human limits. A loving mother accompanies her daughter to death with a play. A play is part of the human repertoire of experiences. The use of the play for the purpose of preparing a young child to her own death is a creative form of communication. Klein invites all of us to explore all the potential combinations of the “Lego” building blocks that represent our human endowment (intelligence, emotions, professional talents). Her article is a masterful example of how qualitative research may complement and enhance medical research, too often stifled in preconceived paradigms. Qualitative research injects into medical research those elements that are real but not measurable, such as emotions and human interactions.

But qualitative research may do more than that: it may provide the reader with the very instruments necessary to affect interpersonal communications, those elements that no textbook of medicine can teach. I said before that nobody can read the history of the case without crying. That is without participating in the compassion for this heart-broken mother and her daughter. This article is literally a transfusion of compassion, the essential instrument to communicate with people who suffer. Unlike classical research, where compassion is most often spurned, qualitative research may endow the reader with compassion. I do not know whether Klein has any religious beliefs. To a Christian believer like myself, she provided a religious experience, the work of the spirit that transforms death into a creational opportunity.

Another article in this issue, by Dr. Pelizzo and her team describes the management of children’s pain [5]. Klein and Pelizzo’s articles complement each other. Pelizzo provides a very clear and exhaustive description of the environment in which Klein’s proposal may be effected. She also describes the important medical and environmental instruments available to sooth a child’s pain. Appropriately, these caring practitioners refer to the pain of an innocent child as the ultimate human outrage, the worst stumbling block to the belief in a benign deity. While this question has no answer, both Pelizzo and Klein suggest a way to circumscribe this vexing dilemma. Human creativity in the practice of medicine and in the practice of communication may transform this pain in a meaningful human experience, as suggested by the 1990 Nobel Prize Octavio Paz, an agnostic Mexican philosopher. In his masterpiece “The labyrinth of solitude” he wrote: “Human history has the atrocious connotations of a nightmare. The greatness of humankind consists in making beautiful and durable works of art with the material of this nightmare.” Health care providers are in a unique position to heed this advice, and Klein and Pelizzo show to us how to do it.

Germane to this editorial is the introduction of the new associate editor, Christina Puchalski M.D. Christina is professor of medicine at the George Washington University in Washington DC, a Geriatrician and Palliative Care physician and director of the George Washington Institute of Medicine and Spirituality (G-Wish). A pioneer in this field of research she has become a world reference as editor of the most authoritative textbook: “Oxford Textbook of Spirituality and care.” Despite her numerous commitments, Christina has accepted to join the journal as associate editor because she has discovered in her lifelong research that medicine is meaningful only when it is centered on the person.

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