

Gloves on Hands

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written by Henry Schneiderman | June 3, 2016

When my internal medicine residents put on gloves to examine a patient's normal abdominal skin, I see red. Don't they know that the easiest way to make our patients feel dirty and repellent, leprous and untouchable, is to deny them the skin of our hands?

So I challenge, "Why do you do that?" and I get back a litany of nonsense.

"It's good for infection control," claims one house officer. To which I reply: "So is telemedicine."

International graduates often tell me they didn't wear gloves for normal exams in their home country, but, "I thought it's required in the U.S." That sounds like a good excuse, but it isn't, because it's not true.

Another common response: "What if there's an open sore?" I don't say it, but here's what I think: "Yes, and if this man had a cancerous ovary, he'd need surgery to remove his ovary, but he doesn't and he can't (because men don't have ovaries!) and why are we are crossing bridges over abysses that don't even exist?"

Of course if we touch a wound or the inside of the mouth or other orifice, we wear a glove. Or if there is a pathogen for which infection control demands gloves. Patients understand that that's a different situation.

But otherwise we're sending a message—a distancing, hurtful and bitter message—to a person who already feels vulnerable and diminished. Why not instead show acceptance of the earthy reality of our mortal patients, whom we consent to touch with our own human, non-robotic hands? Why not convey that we are not afraid of catching mortality or humanity from our patients. Isn't that why we shake hands, skin to skin? To set the tone?

There is no evidence base for the superiority of the ungloved hand, but the mind and the heart know it is so. Ask any nurse. Ask any patient. Ask anybody who loves the patient and observes the interaction.

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