

February More Voices: Cold

Category: Cold

written by Paul Gross | February 1, 2024

Dear readers,

Warren Holleman, one of our *More Voices* editors, suggested Cold as a theme for February. (Warren lives in Houston—recall the winter storms of February 2021 that crippled the Texas power grid, subjecting millions of households to freezing temperatures and killing hundreds.)

Dana Grossman, our other *More Voices* editor, jumped on board with Warren's suggestion. (Dana lives in Vermont—no further explanation necessary.)

As I work in the Bronx and live near there, I was skeptical. Our power grid, while not perfect, seems sturdier than Texas's, our temperatures generally stay above zero degrees, and my patients rarely present with cold-weather-related health concerns.

So what was there to write about?

But Dana was persuasive. Cold can be angled a number of ways, she wrote:

Quite literally as cold weather (i.e., frostbite from outdoor activities to the more dismaying impact of cold on the unhoused), the rhinovirus kind of cold and its changed position in the illness pantheon since COVID, a cold manner on the part of either a patient or a caregiver and its impact on the care relationship, or even the use of cold therapeutically (as in cryotherapy).

Given all that, how could I give Cold the cold shoulder?

Of Dana's ideas, a cold manner in a medical setting—cold doctors, cold patients—is the one that resonates most with me.

As a doctor, I think of the practice of medicine as an internal collaboration between the head and the heart: Not enough head, and you get an incompetent physician; too much head, and the heart can starve, producing a doctor who comes across as cold.

I recall a medical-school classmate who did brilliantly on exams. One day a classmate friend of mine was teamed up with this student to care for a patient. When our high-achieving classmate moved out of earshot, the patient leaned over to my friend and said, "He needs to learn to love his patients more."

I don't think of cold physicians as having no feelings; rather, I imagine them burying their feelings in order to cope. Everyone does this at times, but it's particularly unhelpful in a professional whose responsibility is to comfort as much as to cure.

On the other side of the coin, the coldest patients I've met are those whose iciness I've earned by running late. When I rush into an exam room ninety minutes after the appointed time and encounter tight lips, crossed arms and a frosty glare, it doesn't take a medical degree to make a diagnosis: The ice is a thin layer atop a bubbling rage, and I need to address that rage if we're to have any hope of a congenial visit. (I don't always pull it off. Success can be thwarted by my own defensiveness or my frustration at a schedule seemingly created for a doctor who's not in touch with his own heart.)

What about you? What's your experience with [Cold](#), this month's *More Voices* theme? Cold health professionals or patients? Cold weather? Catching a cold? (Do you have the sniffles at this very moment?)

Share your story using the [More Voices Submission Form](#). For more details, visit [More Voices FAQs](#). And have a look at last month's theme, [COVID Redux](#).

Remember, your health-related story should be 40-400 words. And no poetry, please.

We look forward to hearing from you!

With warm regards,

Paul Gross
Editor