

September More Voices: Bedside Manner

Category: Bedside Manner

written by Paul Gross | September 1, 2023

Dear *Pulse* readers,

I was a medical student, nearing the end of my very first clinical rotation—surgery—and I'd had enough.

I'd made a breast-cancer patient weep as I'd unsuccessfully tried to extract blood from an artery in her wrist.

I'd watched a surgical attending matter-of-factly stick his finger deep into a man's chest wall to adjust a poorly placed chest tube, poking around as the patient screamed and writhed in pain.

I'd seen a woman repeatedly plead with my surgical team for something to relieve her lower abdominal pain—until finally, in desperation, her family snuck her downstairs to the emergency room, where doctors there determined that her bladder was about to burst because of an obstructed urinary catheter.

Now, walking past the room of a patient with pancreatic cancer, I saw a physician crouched by her bed, his face a few inches from hers. Fascinated, I stopped to listen.

"It could be," he was saying, "that your illness is part of what's causing you to feel depressed." His voice was soft and warm. He paused.

In my weeks on surgery, I'd never seen such a thing. I'd become used to bursting into a room as part of a seven-person team, hurriedly asking whether a patient had passed gas, poking at a post-operative wound, then dashing out before the person in the bed could formulate a question.

Who was this doctor, speaking so kindly and gently to his patient?

I looked closer. This was no doctor. It was a classmate of mine—a medical student—reminding me of how it could be done. Reminding me of the kind of doctor I wanted to be.

How important is bedside manner? It's important to me when *I* go to the doctor. Many years ago, my thoughtful, attentive family physician left her practice. For several years, I was adrift, shopping around for another doctor and finding them wanting.

Then, on a colleague's recommendation, I visited a young internist. At our first encounter, before ordering a particular test, he asked me if I wanted to have it. When I said no, he went along.

At my third visit, he walked into the exam room, plopped down in his chair, turned to me and said, with genuine warmth, "So how *are* you?"

I can't convey how good that felt. How are you? The kind of question, with the same tone, that a friend might ask.

My biggest challenge as a primary-care physician is how to be the doctor I want to be—with a bedside manner to match—in the time allotted. It takes time to sit quietly and listen to a patient. It takes time to ask about that recent trip to visit family in Vietnam. It takes time to inquire about the grieving for a lost spouse. It's hard to be patient while a patient fumbles through their cell phone looking for a photo of that back-pain medicine a sister-in-law uses that works so much better than the pill I prescribed.

Regrettably, the powers that be judge me not by how well I listen but by how quickly I see patients and by how many boxes I've checked off—by how many questions I say I've asked, not by whether I've paid attention to the answers.

Over the years, I've discovered, to my joy and chagrin, that being the doctor I want to be means I will take more time than I'm supposed to. My patients will have to wait. Some will get impatient. Most get used to it. And I will suffer the discomfort of falling behind as the morning progresses—giving my patients my best bedside manner while losing my battle with the clock.

What about you? What's your experience of [Bedside Manner](#), this month's *More Voices* theme?

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

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