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The humanisation of medicine

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My mother's battle with paralysis showed me how empathy works as much magic as medicine

Jet-lagged and in shock, I waited on a bright red couch in a small room labelled 'Counselling' right off the Surgical Intensive Care Unit (SICU) at the Christian Medical College & Hospital (CMC) in Vellore. A doctor from a team of critical care specialists delivered the prognosis with an empathy that showed recognition of their patient as a person, and of me as a daughter desperate to hold on to her parent: My mother was irreversibly paralysed from the neck down and was fighting multiple life-threatening injuries.

Twenty-four hours earlier, before I walked into a nightmare as surreal as a Dali painting, my Sunday morning had been upended by a call from my distraught sister-in-law: She, my brother and my mother had met with a road accident on the Bangalore-Madras highway. Mom was brought into CMC without a recordable pulse. My brother and my sister-in-law were, thankfully, not in danger.

Bidding farewell

On the flight from Boston to Chennai, I prayed and pleaded with the universe, anchoring my mother with a love that felt oceanic in its immensity. I would cradle her with fierce tenderness for the next 21 days, at first devising an alphabet system of communication along with nods for yes and no when my mother was conscious — the various tubes down her throat, mouth and nose made verbal communication impossible — loving her, singing to her, making lame jokes, telling her stories, and soothing her. And when she faded into a coma, I talked to her Self, the one with the capitalised S, recalling stories from childhood, pouring into her my gratitude. I whispered prayers and words of love as her systolic blood pressure spiked past 250 and when her heart beat dropped to 35. My hope of bringing her home where we'd sit together in the garden and hear the birds sing as I read poetry to her changed to planning her last rites the way she would have wanted. And at the moment of her passing, my one hand on her heart and the other on her head, I bid her farewell with Ramanuja Acharya's Tirumantram.

By then, CMC had become a second home. I almost lived there, ate there — the staff at the cafeteria gave me extra chips, the doctors let me sit for hours by my mother's bedside, a reverend prayed with me, nurses held me in their arms as I left the ICU in tears. Security officers, who see more than 8,000 outpatients a day, gave directions with courtesy, pharmacists were kind, and doctors served. Authority sat lightly on their shoulders.

One doctor, whom I began to think of as a friend, brought me a pair of unmatched ICU slippers, cracking a joke about two left feet. He watched the monitors carefully as I answered my mother's unspoken questions about where she was and why, and one night he even helped push her stretcher when the hospital was short of staff. Another doctor sent out an attendant to buy me juice after I almost fainted one afternoon from exhaustion and low blood sugar.

The head of neurology spoke to me for nearly an hour about what was going on in my mother's comatose brain. The spine surgeon sounded heartbroken when he told me my mother was no longer moving her fingers. I'd politely ambush people walking down the corridor with stethoscopes around their necks to explain a medical point to me, which they always did with great patience. And I saw these brilliant, top-notch doctors at one of India's leading hospitals extend empathy to everyone alike without discrimination — I had never before encountered empathy as an institutional culture.

The humanisation of [medicine](#) is not just a mirror of our social character, of how we, as a society, accord value to our fellow human beings; research shows that empathy from caregivers leads to better health outcomes while reducing healthcare costs.

Findings from a 2012 study in Parma, Italy, showed that patients of physicians who scored high on empathy had a significantly lower rate of acute metabolic complications from diabetes compared to patients of doctors with moderate and low empathy scores. Research also shows that compassion reduces burnout among physicians and medical students. Almost all of us know someone subjected to unnecessary tests by doctors trying to recover costs on expensive equipment. In the case of my cousin, an angiogram was performed on her father *after* he had died in the ambulance on the way to the hospital. One can only imagine the plight of the poor and the marginalised.

At CMC, paying patients subsidise healthcare for those who cannot afford it. And those of us who do pay are billed at least a third less than what leading private hospitals would typically charge. Dr. Kishore Pichamuthu, who heads CMC's Medical ICU, said that doctors are given the authority to write off expenses incurred by the poorest patients. He pointed out that people are drawn to CMC to serve, motivated by the academic and intellectual rigour, and the opportunity to develop the next generation of doctors — all of which are institution-building factors.

I asked several doctors how everyone showed such a high level of compassion at CMC. Their answer? CMC's selection process for undergraduate and graduate students, and behavioural transference within the system.

The right fit

The 100-year-old non-profit institution has successfully developed a method of admitting students who will fit in and add to the culture of medicine as a service. “We look for character, aptitude and attitude,” said Dr. V.I. Mathan, professor, and a retired CMC director. “Our selection process is central to our culture, and to the profession to which we commit our lives.”

Prior to the now mandatory centralised common counselling for selection to medical colleges — which evaluates applicants on marks, not aptitude, as critics say — up to 45 CMC faculty members extensively evaluated potential candidates over three days. All selected students are required to serve for two years in an area of need — mission hospital, the Army, a rural slum, HIV and leprosy centres. College fees are set at ₹3,000 p.a. so that doctors are not driven by return on fee investment. Fees at private colleges are as high as ₹3 crore.

NEET, the common entrance test, is a welcome move that will hopefully reduce corruption in private colleges. A merit-based exam, it should also help standardise the quality of applicants nationally. But in the case of non-profit institutions like CMC that have a proven track record, some amount of autonomy in the selection process is not only necessary, it is vital to sustaining its culture of medical excellence, which serves as an example to hospitals everywhere.

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