How to enjoy your patients

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We all want to be remembered for something – a major contribution to science, or a political triumph bringing peace to a beleaguered world, or perhaps you would like to be honoured with an eponymous syndrome? Or, more modestly, as one committed housewife said, "I would like simply to be remembered for making good gravy." She held on to this humble desire until it was pointed out to her by some wit, that such a wish was really taking cannibalism too far. So what do we boil down to? If not exactly gravy, then perhaps a juicy bundle of conflicting desires encased in a will for pleasure. No philosopher, artist or scientist has been able to come up with a better reason for doing something than pleasure (giving it, and receiving it).

A world without pleasure is pointless. We may sense this pointlessness on a bad day as we go out to work, fighting stolidly to save impossible lives. But if we accord taking pleasure in our patients as a primary aim, all may not be lost. Of course we know that patients' welfare and the relief of suffering should be our first concern. But this wears thin after a decade or two (or a week or two) at unpromising bedsides. Pleasure is the only motivator that lasts a professional lifetime. Like it or not, there is no alternative to pleasure. Just as the sex therapist must "give permission" to inhibited clients to enable them to partake of the full range of sexual pleasures, so medical authors have to give permission to fellow doctors to sample clinical pleasures. We are so conditioned by our objective scientific training that we tend to put pleasure last in the list of tasks we must accomplish - if it ever gets onto the list at all.

So what are the pleasures we are talking about? I was once told by a connoisseur, who happens to be a judge, that all pleasures are sensory (as he refilled my glass with a sumptuous wine). So "enjoying our patients" does sound rather cannibalistic in this context. While we do not exactly endorse this approach, it reminds us that swallowing is the vital precursor of many pleasures. And in the clinical context, this means swallowing the whole patient – hook, line and sinker. For those who do not fish, it may be necessary to point out that the sinker is what is relied on to get to the bottom of anything deep, dark, and likely to be prowled by predators. We doctors are such predators. So on this view, patients lower their symptoms into the depths of our minds and if they catch our attention, we swallow them, and regurgitate a diagnosis or two. So straightaway we have learned something important: the judge was wrong. Not all pleasures are sensory; making a diagnosis is an intellectual pleasure – albeit a delicious one, we grant. If you accept this logic, you may be tempted to assume that because it takes brains to make a diagnosis, the brainier we are, the better. Nothing could be further from the truth, because with brains comes the facility for self-doubt. And this is the enemy of pure pleasure.

Are there any sensory pleasures our patients can offer us? Yes, I can report from a consultation held when I was eighteen. I was on the receiving end at a clinic of a revered ophthalmologist. I had been over-using a microscope, looking at how wheat-shoots grow in different wavelengths of light. I used a prism filled with sodium metabisulfite to create a fabulously beautiful spectrum, and I watched down the microscope how wheat-shoots grew towards different parts of the gloriously-gleaming spectrum. I did this for days on end, not out of loyalty to the hypothesis I was testing, I was riveted by the beauty[i] - we have to enjoy our science as well as our patients.

As a result, a minor problem might have been developing in my eyes. I don't now remember what the problem was or whether it had a diagnosis (let's call it "monochromatic monomania"); all I remember is the ophthalmologist peering into my eyes with his ophthalmoscope at the end of his busy cataract clinic. "Beautiful," he said. "Simply beautiful…" "Beautiful?" I queried. "Yes, I hardly ever see healthy young retinas, and I never tire of their beauty." Pleasure…lasting a lifetime. There really is no alternative. And as we trace the tortuous paths of our clinical lives, with some AV nipping here, some copper wiring there and a fundus of knowledge that can beat an encyclopaedia, we realise

[i] *Humans have always revered the beauty inherent in spectra. For example, Dorothea in Middlemarch being hypnotised by these "little fountains of pure light" or Isaac Newton dividing the spectrum into seven fragments of heaven. Seven to match the beauty of musical scales (filling the seven intervals between the eight notes of the scale). Even for Newton, beauty could trump scientific rigour. If it's beautiful, must it be true? So thought Albert Einstein and John Keats, and what is good enough for this pair will serve for the purposes of this essay.*

that we can revisit the pleasures of our lost youth only in memory. So the judge was wrong yet again. Memory is a pleasure, and memory is not purely sensory. And eliciting memories in your patients is a sure-fire way of augmenting pleasures for both the patient and her doctor.

Vicarious pleasure is another non-sensory modality of pleasure that we suspect our erring judge did in fact know all about. He got as much pleasure seeing me enjoy the wine as he got from his own glass. The synchronicity of pleasures is something to marvel at. Pleasures come not as single spies, but as battalions, defeating all that is humdrum in our lives. So when we see a beautiful retina, and exclaim as much to our patient, the chances are that the patient who had no idea that he or she contained something perfect, will volunteer some amusing or interesting aside, which further adds to the pleasures of the consultation.

Kindling is a good term to use here. This term is sometimes used in seizures: according to this model, one seizure kindles the next by lowering the threshold for subsequent seizures. This may be why you should not let seizures go untreated. Kindling also explains why grumpy doctors stay grumpy; they have never given pleasure a chance. Just a small commitment to pleasure may be all that is necessary to transform such a doctor. Once started, kindling will see to the rest. Have you been grumpy lately? Maybe there is something to learn here. Of course nothing is guaranteed to make a grumpy doctor grumpier still than hearing laughter emanating from a consultation going on next door. This is the surest sign of pleasure being imparted, and overhearing it is sure to set the grumpy doctor's teeth on edge, or in my case it incites me to think up some pretext ("Where is my ophthalmoscope?") for bursting in on the consultation to find out exactly how this marvellous trick is done.

In conclusion, there are five ways to enjoy our patients more:

1. Don't try to minimise or ignore patients' foibles. Bask in their absurdities and variations.
2. Give patients the benefit of the doubt. Don't be over-ambitious. Simply patching up our patients so they can go on doing what made them ill in the first place may be enough. Anything else risks all-out war!
3. Let patients like you. Be equally prepared to receive and initiate acts of gallantry. Remember: this consultation may be your last or your patient's last, so make it vivid.
4. Trim your ego; slash your ulterior motives; and sever forever any tendency to self-pity. Whatever the provocation, refuse to be grumpy! Laugh more, especially at yourself.
5. Encourage your patients to take their doctor's pronouncements with a soupçon of salt, especially if the doctor is an Oxford author whose logic is circular and whose angle of approach borders on the obtuse.