

# POLICY FORUM

## *A Truly Therapeutic Visit*

### Introduction

I imagine almost all clinicians think they engage every patient at every visit. After all, we wait about 13 seconds before interrupting their story (after which we quickly place their complaints in convenient categories of differential diagnosis). We touch their bodies with our hands and instruments to confirm our assessment. We speak about different therapies—prescriptions, tests, or referrals—and then we use our best judgment to provide the treatment we believe will be most effective.

We are in constant, intimate contact with patients' complaints, patients' bodies, and patients' expectations—aren't we? Or are we? Perhaps more realistically, we are charming and accessible and empathic, so long as the visit goes as we expect. But what about when the patient seems discontent or reluctant to agree with our diagnosis and treatment plan? Then we launch into our canned talk about compliance—oops, adherence—and why he or she needs to follow our advice.

This stereotype is unfair. Certainly it doesn't describe all clinicians. It is, though, our fall-back strategy throughout the day, no matter how we start the day. For professionals trained so well to see, hear, touch, and speak, we are sometimes still blind, deaf, clumsy, and dumb.

This issue of the NCMJ explores, explains, and explicates—from the patient and families' view—how far our approach is from engagement and how important engagement is to a truly therapeutic visit. Sometimes the physician's presence and attention relieve more symptoms than do our prescriptions.

My mom, just last year, taught me a lesson in patient engagement. Of course, I wasn't her doctor, but her son. A son concerned about falls, injuries, frailty, safety, and whether her hospitalization was long enough to spur Medicare to pay for rehabilitation services. I protected her and increasingly invited strangers into the home of a very independent woman who no longer met my definition of independent.

But then I truly heard my mom, saw her world-weariness, disengaged my head, and let her touch my heart. Then I helped her to go home, where, as she wished, she died. At home, in her bed, in her sleep, just as she wanted—just as I had prevented for too long. NCMJ

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