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COMMENTARY

Health care, health caring, and the culture of medicine

*H.M. Chochinov OC MD PhD**

At first glance, "care" and "caring" hardly seem distinguishable. Add health into the mix, however, and the differences are striking. We readily speak about a system of "health care," but no one talks about "health caring." The former refers to the delivery of evidence-based medicine and how it can be provided in a fashion that is efficient, equitable (this being a Canadian perspective), and cost-effective. Health care is designed to provide for the medical needs of patients—a designation primarily based on the specifics of a diagnosis and treatment.

However, despite its considerable merits, health care can sometimes be emotionally abrasive or harsh. No one wants to be seen just in terms of their particular ailment or to have their needs reduced to little more than a treatment algorithm—which is why no one likes to be a patient. Being a patient means having to yield to the whims of a medical condition and to bend to the regulations and rigidities of the health care system. The word "patient" comes from the same Latin derivative as "patience." Clearly, it takes great patience to be a patient, and the sicker a person is, the more that patience is put to the test.

Over and above an illness or concern, health care pushes people further into patienthood. That push can be as subtle as a plastic identification bracelet, as annoying as being kept waiting to be seen, as demoralizing as thoughtless violations of privacy, and even occasionally assaultive, wherein patienthood seems to eclipse personhood entirely.

Mrs. J was a 47-year-old woman, mother of three teenagers, with metastatic breast cancer. Despite the various complications of her illness and treatment, she had managed to cope relatively well. However, that changed when, during the process of simulation, her radiation oncologist failed to warn her that he would be using a felt pen to mark her treatment fields. Without knowing why the marking was happening, she felt "like a slab of meat," "a piece of paper." She was so distraught that she considered withdrawing from treatment altogether, and she remained distrustful and frightened throughout her ensuing course of radiation therapy.

To be sure, Mrs. J's management was technically accurate and empirically based. Little doubt that it was also carried out with the best of intentions, designed to guide the delivery of optimal radiation to mitigate the effects of her progressive breast cancer. Her experience, however, typifies the point at which health care often fails to realize its full and humane potential, the potential of "health caring."

If health care is designed to address the needs of patients, health caring is ever mindful that patients are people with feelings that matter. Those feelings almost always include a heightened sense of vulnerability, dependency, and loss of control, which can be internally driven by the underlying condition, but also externally imposed (depending on the quality and tone of the health care encounter), resulting in threatened self-efficacy and personhood.

Health caring must always ask the questions "How might this make a person feel" or "How does it feel to be kept waiting, examined, drawn on," or questions addressing the multitude of experiences that patients are asked to endure. Asking the question shifts the frame of reference, changing the way in which clinicians perceive and respond to patients. It also shifts the care tenor—that is, the emotional and empathic qualities of a clinical encounter as shaped by the health care provider. Health caring insists that attending to the needs of the patient goes hand-in-hand with sensitivity to the feelings of the person. To be sure, that approach will not eliminate the toils of patienthood (case in point, radiation fields still need to be marked). But applying the lens of health caring—"How might this make a person feel?"—changes the tone of care, eliciting clear explanations, perhaps a gentle touch, a kind word, or an understanding look. Those are ways of acknowledging personhood, and they are critical elements of any clinical repertoire.

Finally, although the term "patient" is generic and applies to a broad clinical designation, the term

"person" denotes completely opposite qualities. "Person" and "individual" are synonymous. Knowing someone means having some understanding of who they are as an individual. Where health care asks about a problem, health caring asks "What do I need to know about you as a person to give you the best care possible?" Those questions are not mutually exclusive, and yet one without the other is simply not good enough. Health caring elicits trust, fuller patient disclosure, and accurate assessment of the goals of care. It heightens patient satisfaction and decreases the likelihood of complaints or litigation. Health caring might even enhance job satisfaction. By putting personhood on the clinical radar, health care providers can reconnect with core values that likely attracted them into their work in the first place. Realizing the differences between "health care" and "health caring" could go a long way in transforming the culture of medicine.

CONFLICT OF INTEREST DISCLOSURES

The author has no financial conflicts of interest to declare.

Correspondence to: Harvey Max Chochinov, 3017–675 McDermot Avenue, Winnipeg, Manitoba R3E 0V9.
E-mail: harvey.chochinov@cancercare.mb.ca

* University of Manitoba; Manitoba Palliative Care Research Unit, CancerCare Manitoba; and Canada Research Chair in Palliative Care, Winnipeg, MB.