The scenario is of a doctor’s office. An anxious looking middle-aged lady sits opposite the physician, trying to relate her challenges, expecting reassurance and sympathy. This is a normal feeling, expecting encouraging words from the health care provider, to address the fear of an unexpected, unwelcome illness. The doctor is busy: she has a long waiting list of patients. She curtly informs the patient: “I have written your prescription; how you handle your domestic problems is really not my concern. Wish you success.”

Such a picture is played out daily in countless health care systems across the world. It is an arduous task to make a person accept a diagnosis of diabetes mellitus, a lifelong metabolic disorder which demands a complete change of lifestyle, learning about the subject and regular checkups. There may be significant loss of personal freedom. The family and workplace may be affected, too, as diabetes can impact interpersonal and professional relationships.

The physician’s responsibility is not just limited to prescribing investigations and medication alone. The doctor has to provide continuous moral and spiritual courage. To achieve success, the physician needs to have an understanding mind, a sympathetic attitude and most important, TIME. It is not just experience and eminence which counts: rather the most essential component are the feelings which can be translated as the ‘Human Touch’ or ‘Empathy’.1

**Human Touch**

What is the human touch, and why is it important in the world of medicine? Human touch is a God given blessing which applies to all human beings. The word ‘touch’ is not limited to physical touch: we can touch each other through thoughts, speech and physical gestures. A physician’s human touch can be defined as a friendly way of treating our patients which makes them feel relaxed.

**Empathy**

Human Touch can be translated to empathy, which is what the patients need from their treating physicians. Empathy is imagining how it feels to be in another person’s situation.2 Empathy develops trust and helps the patient to open up his/her feelings which facilitates treatment. At times the physical symptoms may not be related to a disorder but are due to the difficult behaviour of a teenage daughter. This mode of treatment requires time, patience and a sympathetic attitude, besides depth of knowledge.

It is difficult to empathize if one is short of time. A physician taking a hurried history can miss out on many aspects. Patient listening by the doctor provides many clues to the ultimate diagnosis. Senior teachers have a responsibility to set an example of empathy to their students.

Empathy is an important component of successful treatment by a physician. It not only satisfies the patient but is a source of a sense of achievement for the doctor. It is a great satisfaction when the patient whispers before leaving the office, “Doctor I already feel half cured”.3

This doctor–patient relationship is known to have an important healing effect much beyond the therapeutic effect of drugs.4 The concepts of ‘therapeutic patient education,’ ‘diabetes therapy by the ear’ and ‘words of comfort’ are not just theoretical exercises in semantics: they are practical, pragmatic ways of treatment, backed by evidence and experience.5

**Person Centred Care**

The patient’s confidence has to be earned, and earned the hard way. This is a necessity for all illnesses, but more so for chronic disorders as diabetes mellitus, hypertension and coronary artery disease. For many years now, the mode of treatment has changed to patient centred care, an essential component of doctor–patient relationship.6 This method of therapy allows the patient to have an open discussion on the proposed treatment, especially when injectable therapy like insulin is involved. The patient does not feel a sense of being left out or being subjugated by external forces. Rather, person centred discussion gives the patient a sense of empowerment.

**Empathy in Modern Medicine**

Unfortunately, in today’s digital world we are losing our human touch. Telemedicine is a new way of treating patients.7 Does it have the same effect as having a patient sitting in the room with the doctor and being examined? In some centres, a tele-rounding scenario can be witnessed, where doctors maintain regular rounds without being
physically present. The patient therefore sees the doctor on-screen for three to five days at a stretch. Is it the same as having the doctor in person when the patient can put up questions about his/her illness?

Simple etiquette, such as greeting the patient warmly, enquiring about general well being, sleep, mood and appetite, can have a therapeutic effect. While palpation is not possible remotely, one can inspect hands, nails and the tongue, to pickup tell-tale cues of health. These simple gestures instill confidence in the patient. One should not conclude an e-consult without giving the person a chance to voice her concerns. It is difficult to empathize from a distance or if one is short of time.

Fulfilling the emotional needs of the patients is an important requirement. A physician in a hurry having other worrying thoughts in the forefront of the mind, can never get the true feeling of empathy. One has to be in a state of emotional equipoise oneself, to understand the feelings of the patient. Negative emotions of the patients need to be overcome. This requires the physician to have a broad and forgiving mind. Anger at a non-adherent patient can create a barrier to patient-provider communication, which has to be overcome by empathy.

Conclusion
In the era of evidence based medicine, it is easy to lose sight of the basic tenets of good clinical practice. Empathy, and expression of empathy, remain cardinal characteristics of an effective physician. The human touch, though verbal and non-verbal gestures, delivers a message of concern and caring. Communicated with competence and confidence, human touch heals the person seeking medical care. Let us restore the human touch, empathy, and human behaviour, to our noble calling.

References

Table: Features of human touch.

- Confidence, regarding one’s ability
- Concern, for the person’s well being
- Caring, for the person’s needs
- Competence, in the therapeutic field
- Communication, both for enquiry and explanation

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