LETTER FROM NEW ENGLAND  David Loxterkamp

Relationships—the water that doctors breathe

How many degrees of separation are needed between patient and doctor to deliver the best care?

In a speech at a graduation ceremony shortly before his death, the author David Foster Wallace told a parable about two young fish. As they swam along they met an older fish swimming in the opposite direction, who nodded at them and asked, “How’s the water?” The younger fish swam on a bit, then looked at each other and shrugged, “What the hell is water?”

Wallace was challenging the graduates to consider their “default mode”—the autopilot that generates our biases and opinions before we consciously consider them. Most of the world relies on stored memory to make its decisions and take action, foregoing the failsafe of critical appraisal. The purpose of a liberal arts education, Wallace believed, was to open the storehouse windows and let in the rational light of day. And to remind us of the need to constantly air it out.

Relationships are the water that primary care doctors breathe. Earlier this year, Abigail Zuger, writing in the New York Times, cautioned doctors against becoming too close to their patients. She suggested that social connections with patients (as family, friends, coworkers, or constituents) could cloud objectivity and result in “too little medicine or too much, the care becoming instantly substandard.”

“How many degrees of separation are needed between patient and doctor for effective medical care?” she asked. “The correct answer is ‘many,’ or even ‘as many as possible.’” She continued: “Medicine is filled with difficult decisions … These shoals are rocky enough without additional complicating relationships.”

Competing pressures

Indeed, dependency weighs heavily upon the clinical calculus. Our need to be liked, needed, and in control, and the fear of being judged a failure or fool, can corrode the clockwork of our instrumental minds. But other pressures compete. Though we were slow to admit it, doctors’ judgments are swayed by gifts from the drug industry. The diagnosis and treatment of heart disease are influenced by race and sex. Body weight—the physician’s own as well as the patient’s—can affect the way we regard and counsel patients.

Clinical practice lags years behind evidence based guidelines, because doctors, like everyone else, are averse to change. Personal lifestyle choices influence our professional recommendations, and the ability to convey warmth, interest, and reassurance to our patients can change health outcomes.

Feeling close to our patients is just one factor in the complex dynamic of the therapeutic relationship. I am a GP in a rural community that my family and I have called home for 30 years. My neighbours don’t need Facebook to know where or how I live. Over the years I have dispensed more than enough bad news and awkward advice to patients who became friends and to friends who became patients. Relationships get complicated.

But there is no escaping a small town’s web of interdependency, and our work as doctors places us at the centre.

In becoming close to our patients, doctors learn that people are much more than a list of problems or a set of data points. Suddenly we are watching old friends age and die. We can name the ones who cannot control their weight—the physician’s own as well as the patient’s—can affect the way we regard and counsel patients.

The really important kind of freedom involves attention and awareness and discipline, and being able truly to care about other people and to sacrifice for them over and over in myriad petty, unsexy ways every day.”

Real education, he said, “has almost nothing to do with knowledge, and everything to do with simple awareness; awareness of what is so real and essential, so hidden in plain sight all around us, all the time, that we have to keep reminding ourselves over and over: This is water. This is water.”

David Loxterkamp is medical director, Seaport Community Health Center, Belfast, Maine david.loxterkamp@gmail.com

Cite this as: BMJ 2015;351:h4185