



How Doctors Can Address Suffering



Doctors can play a pivotal role in addressing suffering if they can expand how they work with patients, according to an opinion piece published in *JAMA* by University of Rochester Professor Ronald M. Epstein, MD, and oncologist Anthony L. Back, University of Washington. "Patients suffer. Yet clinical care has moved away from addressing suffering", they write. Suffering affects the whole person, and includes not only the physical, but also the emotional, social, spiritual, existential, and financial domains.

While most physicians need training in how to respond to suffering, "this kind of training is painfully lacking," note the authors. To show how doctors can address suffering more effectively, the authors cite a story of a patient who went years without a diagnosis, despite pain and disability. Surgery and medical treatments were not enough. Only after her physicians became truly curious about her experience, listening to her, looking at her, and bearing witness, were they able to help the patient heal.

The article offers two clinical approaches to suffering to complement the familiar "diagnosing and treating." These are referred to as "turning toward" and "refocusing and reclaiming," and the authors suggest that doctors use these approaches routinely.

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Turning toward suffering means to, first, recognise it. It requires physicians to ask patients about their experience of suffering, through questions such as "what's the worst part of this for you?" Sometimes doctors feel helpless in the face of suffering, and in those situations their own discomfort can be a useful wake-up call, the authors point out.

To refocus and reclaim involves helping patients reconnect with what is important and meaningful in their lives, especially when suffering and its underlying causes cannot be eliminated. Sometimes that requires physicians to be supportive of a patient's efforts to become more whole. In the story described, the patient separated from her spouse and re-established a professional identity. By making those changes she saw past her suffering and again viewed herself as a complete human being.

Asking physicians to engage as whole persons in order to address patients as whole persons "is a tall order," the authors write, "yet, it strikes us as more feasible than ever because of evidence that programmes promoting mindfulness, emotional intelligence, and self-regulation makes a difference."

Source: [University of Rochester Medical Center](#)

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