

Put on a white coat and listen: Navigating political turmoil with a lesson from medicine

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The country is divided. Whether about immigration policy, civil liberties, healthcare reform, or even the president's use of Twitter, opposing viewpoints and conflicts are more apparent than ever. Social media has opened the door for more instant and global communication, but rather than becoming productive, the clatter has become destructive and polarizing.

People are not listening to one another.

Large numbers of people are quick to judge, categorize, and ignore, instead of hearing the content of the message and trying to understand the basis from which it comes. We are listening in order to reply, not to understand. The result: Well document divides between groups of citizens.

Perhaps we should take a lesson from the doctor-patient relationship that has served medicine for centuries. We know good communication is a foundation for bridges to solutions and progress – as a thought experiment, let us apply our constructs for communication to the political world.

Listen to your patient, he is telling you the diagnosis,” said Sir William Osler in 1884. Paraphrasing the father of modern medicine, the best way to understand someone's problem is to actually listen to them. This may be a simple concept to understand, but not quite as easy to practice. Over a century later, despite the many advances in technology and testing, a detailed patient history - a conversation - is still the foundation of medical diagnosis. Physicians in training are taught early on that over 75% of diagnoses can be made solely based on the patient history.¹ Asking open-ended questions, not interrupting the patient, and repeating back to check for understanding are pillars of a great patient interview.

Can we learn from our tradition?

It's not entirely clear how we arrived at this divisive point in our country's history. But taking lessons from the medical profession that is rooted in humanism and caring may help us to get to a better place. Even doctors struggle with listening. There are countless stories of patients that tried to explain their pain but suffered for years undiagnosed and untreated despite seeing handfuls of specialists and spending thousands of dollars for testing and medications. A major pitfall for a physician is running on autopilot, applying personal biases and assumptions onto an individual patient, and forgetting to actively listen. Imagine a healthy young man, John Doe is back in the Emergency Room for the 5th time this month for the same complaint of chest pain that has never led to any positive testing. Disregarding this complaint as a non-issue would be the easy thing to do, and not without logic. However, there is a core principle in medical communication: Physicians cannot take the easy way when a life is at stake. It is a physician's responsibility to ask questions – why is he having this chest pain? Why does he keep coming back to the ED? Perhaps it goes beyond the chest pain. How can I help him?

Doctors give patients the benefit of the doubt in assuming there is merit to their complaint regardless of how big or small. Patients are understandably limited in their ability to articulate their issues and at times may not even be aware of many of them. Thus, physicians themselves take on the burden of uncovering deep and hidden pearls that ultimately lead to diagnosis.

That responsibility, that burden, on the part of the listener is a key learning – as powerful as the responsibility on a speaker to be clear.

One major cause for the breakdown in the current political dialogue (a loose use of the word) is that before even hearing the “chief complaint”, let alone the entire story, the diagnosis of sick, wrong, ignorant is already being made. The reactions are not linked to the content of what is being said, but rather the political agenda it represents. This is not good communication and this is surely no way to bridge divides and create positive change.

Rather than lamenting how we arrived here and trying to place blame, we should take a lesson from the doctor-patient relationship. The time for mutual respect and free exchange of ideas is not gone; it is now and more important than ever.

The next time I hear anyone sharing a controversial point of view, I'm going to put my white coat on and listen. I encourage you, whether you have an MD or not, to do the same.

¹Peterson, M. C., Holbrook, J., Von Hales, D., Smith, N. L., & Staker, L. V. (1992). Contributions of the history, physical examination and laboratory investigation in making medical diagnoses. *Western Journal of Medicine*, 156, 163-165