



*Love Your Patients!*





Love Your  
Patients!

*Essential Behaviors That  
Enrich the Lives of Patients  
and Caregivers*

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*PART*

*I*

*What's Love  
Got to Do with It?*







CHAPTER

1

*Introduction:  
What's This All About?*

*"Love is an act of will—  
namely, both an intention and an action."*

—M. Scott Peck

**W**hat is this book anyway, some kind of touchy-feely new age handbook? Who is this author, some kind of self-proclaimed prophet? Who does he think we are, a bunch of heartless robots, who need to learn about feelings? Is this guy trying to fix healthcare with some finger-wagging guilt sermon?

No, no, no, no.

I am a physician. I practice emergency medicine. I see lots of patients. And I have discovered, through trial and error, as well as by reading the literature, that our behaviors, our *attitudes*, have a profound impact on our patients. Every one of them.

This book is full of reminders. Reminders on how to be nice, so our patients get better faster. Reminders on what we can *say*, so our patients stay better. Reminders on what we can *do*, so our patients don't sue us. Reminders on how to *act*,



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so our patients tell our boss that we are great. The purpose of this book is to organize some of these reminders, and lay them out so they are easy to remember, while we are at work.

Our job in healthcare today is a lot harder than it has ever been before, and it looks like it's only going to get harder. It seems that we are always caring for more patients, who are sicker, with less help, while we work longer hours. You know the drill. Just one more... .

I wrote this book to make our jobs easier, and at the same time, to make our patients happier. I have tried to make it easy to read, and easy to remember. I hope you enjoy it.

And, I hope your patients enjoy it, too.

To begin, let's review the story of Ms. Case.

#### **Ms. Case's Weakness**

"This isn't happening," Ms. Case thought to herself. "This can't be happening. It's all a dream."

Ms. Cindy Case lay on the stretcher. She is naked except for a sheet covering her. Her clothes are cut off and on the floor. She is in a resuscitation room at the trauma center. She is staring up at the ceiling. She doesn't remember the accident that brought her here.

The staff's excitement at her arrival has evaporated. She is stable. She has had her chest, pelvis and cervical spine X-rayed. She has been to the CT scanner and back. She has two large-bore IVs, a Foley catheter in her bladder, and an NG tube through her nose and into her stomach.<sup>1</sup> The floor is a mess of sterile wrappers and IV fluids. But Ms. Case can't see the mess. She can't move. She is paralyzed. She is now a quadriplegic.<sup>2</sup>

<sup>1</sup> Standard trauma resuscitation includes IV fluids which can be given rapidly ("large bore," usually 16 or 18 gauge, peripheral), a bladder catheter and naso-gastric tube to suction.

<sup>2</sup> Quadriplegic: Profound weakness of all four extremities (arms and legs).

“What’s happening to me?” She cries out. Her mouth is dry and thick with old blood. She can’t feel her hands or her feet. She tries to look around, but she can’t move her head because of the bulky C-collar.<sup>3</sup> Terror and panic begin to smother her. Nurse Malouf starts to come toward her, just as a doctor enters the room.

The nurse’s attention immediately shifts from Ms. Case to Dr. Flemm.

“She’s a quad,” says the nurse. “The trauma surgeon is in with a gunshot next door. He told me to tell you her CT is done.”

“What level?” asks Dr. Flemm.

“C5.”<sup>4</sup>

“No,” he says, with some disbelief.

“Yeah, watch. Ms. Case, shrug your shoulders.”

Ms. Case struggled, but she could bring her shoulders up a little, despite the C-collar. She bent her elbows a little, too.

“See? Now watch.”

“Ms. Case, squeeze my fingers.”

Ms. Case struggled as hard as she could, but her fingers would not move. Her eyes begged for some reassurance from the people staring at her.

She began to cry. “What’s happening to me? Why can’t I move my fingers?” She imagined trying to feed her baby at home without her arms.

“Ms. Case, you’ve been in an accident,” Nurse Malouf said. “You are badly injured. This is the neurosurgeon. He has some questions.”

“Can you feel this?” Dr. Flemm was sticking her chest with the sharp end of a broken wooden Q-tip.

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<sup>3</sup> C-collar or cervical spine collar. This stabilizes a patient’s neck (or cervical spine) and is applied at the scene by paramedics for most accident victims.

<sup>4</sup> A patient’s level of motor function (best assessed after 24 hours) that correlates with the vertebral (spinal) nerve root level.

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"Are you touching me?" asks Ms. Case, with panic in her voice.

Then, Dr. Flemm stuck her just below her clavicle.<sup>5</sup>

Ms. Case says, with desperate hope in her voice, "Yes, ouch, I can feel that!"

"Can you feel this?" asks Dr. Flemm. He uses the bottom of his pen to stroke the sole of her foot. As he does this, there is no movement.

"Feel what?" She starts to panic again. Her eyes searching the faces of the nurse and the doctor for ... anything. Nothing was there.

"Yeah, she's a quad all right. I'll go look at the scan. Get her to the ICU. I'll check her bulbocavernosus<sup>6</sup> up there. She on pressors?"<sup>7</sup> he asked as he examined her IV fluids. "No? Good. No shock. Good. She'll probably need a stabilization procedure, not that it'll do much good," he mused aloud, while he wrote some orders.

"What?" yelled Ms. Case. "It has to do good!"

"I can't move!" cried Ms. Case. "Please, do something! Help me!"

She was crying loudly. Nurse Malouf was picking pieces of glass out of her hair.

"Third one so far this year. Too bad," said Dr. Flemm.

Ms. Case sobbed.

\* \* \* \* \*

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<sup>5</sup> Clavicle: Collar bone, the only boney attachment of the upper extremity to the axial skeleton.

<sup>6</sup> Bulbocavernosus: Reflex, which, if present, suggests incomplete spinal cord injury; tested by placing examiner's finger in the rectum and feeling for anal contraction when gentle traction is placed on the Foley catheter.

<sup>7</sup> Pressors: Vasopressor drugs, which raise blood pressure, often used for patients suffering from true neurogenic shock.

How was Ms. Case's care?

Great, we might say. She was treated in a trauma center. She was stabilized. She had her IV lines, catheters, X-rays done. She is going to be scheduled for surgery. She will survive. Isn't that enough?

No! That is not enough! Ms. Case has one of the worst possible injuries a person can have! She is suffering some of the most terrible anguish a person can go through. And her caregivers do not seem to care.

Although excellent *technical* care was provided, Ms. Case needs more than that. She desperately needs some love. I hope you agree that Dr. Flemm and Nurse Malouf do not really *care*, although they provide adequate medical care. While their technical skills may be good, they are entirely too unemotional and uncaring.

Ms. Case's story should panic us. As we feel her terror, her confusion, her agony, we should want to help her, comfort her, console her. We are probably disgusted with Nurse Malouf and Dr. Flemm, and the whole trauma center. We want to help Ms. Case.

What would you do if you were caring for Ms. Case?

By the time you finish this book, you will have *many* good ways to help Ms. Case and her family, while providing your excellent healthcare.

Now, don't fret. Not all the sample patient stories are this depressing. We discuss Ms. Case to remind us that *quality* care is more than excellent *technical* care. Good healthcare can only be delivered when we treat each patient as a *person*, not just some disease or complaint or injury.

### **What's in It for You?**

This book can help you be even better at what you do.



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When you finish this book, you will be more satisfied with your job. There will be more fulfillment in your life. You will be happier. You will see your potential for greatness.

When you have practiced some of the ideas in this book, you will be better able to do your job. Your delivery of healthcare will be easier, more enjoyable and more accurate. You will deftly discover what other people need, as well as what you can do to help.

When you have applied the skills in this book, your patients will be happier, more satisfied and they will tell your boss how good you are. Your hospital or office or clinic will become a great place to visit, and it will be because of you.

You and your employer will be less likely to get sued.



### **How Does Love Your Patients! Work?**

This book is full of reminders. In this first section, we discuss very specific actions—actions which show our patients that we really care about them. We will review these actions in the next several chapters. Each action falls into a category. The categories are compassion, respect and humility. These actions equal love.

In the middle section, there are more patient stories. These stories are about patients and their caregivers, caregivers that do not act with love. After each story, we will critique each caregiver. Then, I will suggest tips and techniques for you to use at work. Hopefully, you'll find these reminders simple, pleasant and enjoyable to practice.

The information I present here is distilled from my own experience, as well as the experience of many loving caregivers with whom I have worked. These experiences are strongly supported by the literature. In the last section, I review specific studies which further support these ideas.

I'm sure you will find it easy and rewarding to practice love at work. You will make healthcare better for everyone.





Who should read this book? Everyone who cares for other people! In fact, let's discuss who is a caregiver and who is a patient.

**Summary: Caring for patients involves more than just delivering technical interventions for their problem. *Love Your Patients!* can help you enjoy your job, while you do it better.**