BMJ 2015;351:h4185 doi: 10.1136/bmj.h4185 (Published 3 August 2015)

OBSERVATIONS

LETTER FROM NEW ENGLAND

"Complicating relationships"—the water that doctors breathe

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

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In a commencement speech delivered 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.

For primary care physicians, relationships are the water we breathe. Earlier this year, Abigail Zuger, writing in the *New York Times*,[1] 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 pharmaceutical industry.[2] The diagnosis and treatment of heart disease are influenced by race and sex.[3 4] Body weight—the physician's own as well as the patient's—can affect the way we regard and counsel patients.[5-7] Clinical practice lags years behind evidence based guidelines, because doctors, like everyone else, are averse to change.[8 9] Personal lifestyle choices influence our professional recommendations,[10 11] and the ability to convey warmth, interest, and reassurance to our patients can change health outcomes.[12 13] The most powerful therapy at our disposal—the placebo response—is directly correlated with the strength of the doctor-patient relationship.[14 15]

Feeling close to our patients is just one factor in the complex dynamic of the therapeutic relationship. Our default mode is preset for preference as to patients' sex, physical attraction, religious affiliation, sexual preference, and politics. Even the science we rely upon is shaded by the way it is funded (the industry), reported (relative versus absolute risk), and resisted (by advocacy groups who have something to sell). Awareness is our best defense against compromised care.

I am a GP in a rural community that my family and I have called home for 30 years. My neighbors 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 center. Here, isolation and anonymity are more a sign of illness than health. Ours is a world of familiarity, closeness, and the desire to help and please others– in fact, this is what prods us to do better.

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Begin with honesty and awareness

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 liquor, pay their bills, relieve their pain, deal with stress. Or who feel unloved or unsafe in their own homes. Likewise, our patients edge closer to us, offering comfort when we are exhausted, patience when we run late, and confidence to shore up our timidity.

What we lose by not loving our patients is the joy that comes from caring for them. And the blunt, painful reminder that mistakes are something more than a system failure or statistical complication. Such recognition can open the door to tender, unguarded listening and transformative forgiveness. What patients likewise lose is the opportunity to hear bad news from a doctor who cares not only for them but about them. This, in a way, forges community, a community where no one needs to suffer or die among strangers.

The hard work of caring for patients begins with honesty: the recognition of our limited skills, psychological vulnerabilities, and interior storehouse of our biases and beliefs. Mapping this terrain is best accomplished with the help of colleagues who accept our humanity and share our clinical burdens, because our work entreats us to risk affection and enter into the most delicate areas of a patient's life, where lies their source of pain but also healing.

Zuger was not wrong to highlight the dangers inherent in treating friends and family.[1] All care must be taken; clinicians will draw their lines differently. The real enemy is our failure to recognize everything else that competes with clinical objectivity. "Complicating relationships" simply throw a bright light on our default mode. Which is what the long process of professional formation is designed to do.

Wallace reminds us that the world will always encourage our "freedom" to operate in the default mode, the setting that best suits our self interest. "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 continued, "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."

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Cite this as: *BMJ* 2015;351:h4185