OUR BEST TEACHERS

Invaluable information comes from an unexpected source.

BY TIAN XIA, MD

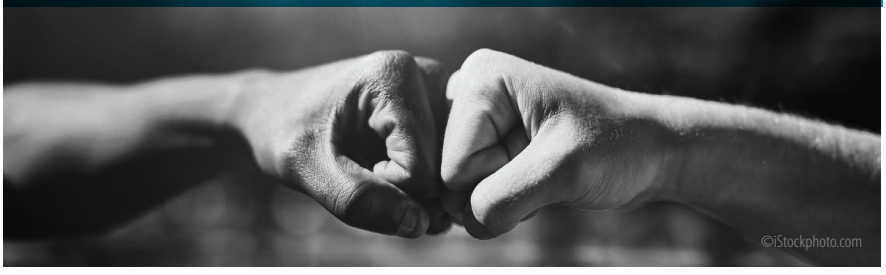
Almost 6 years ago, as a second-year medical student, I had the honor of giving a speech about my experience as a humanism fellow at Rutgers New Jersey Medical School's first-year orientation. As I finished speaking, a hand went up in the corner of the room. Arnold P. Gold, MD, founder of the Gold Humanism Honor Society, asked, "From whom did you learn the most this year?" I thought long and hard about which professor or research mentor to name. But, before I could answer, Dr. Gold said, "We learn the most from our patients."

As I continued through my clinical rotations in medical school and especially during residency, I came to understand the truth of those wise words. This concept has been especially evident in my past 2 years in glaucoma clinic, where I see numerous patients come in many times per year for IOP monitoring. Often, they are content when we congratulate them on their diligent drop adherence and tell them to return in a few months for another pressure check. But this is not always the case.

WHEN LISTENING IS CRUCIAL

Unfortunately, quite frequently in our underserved community, patients' IOPs are not optimally controlled. This is when listening to patients is most crucial. What is the cause of this particular patient's elevated IOP? Is it a financial inability to afford drops? Confusion about the drop instructions? Not knowing how to instill eye drops? Inability to instill the drops due to physical limitations? Lack of understanding of the progressive and irreversible nature of this silent disease? Concerns about side effects of medications?

"EMPOWERING AND COACHING PATIENTS CAN BE JUST AS IMPORTANT AS DIAGNOSING AND TREATING THEIR GLAUCOMA."



I remember asking an 80-year-old veteran who lived alone to show me how he used his glaucoma drops. After more than five attempts, he could not get the drop into his eye; instead, because of a hand tremor, he basically washed his face with the medication. Another time, a patient told me that she had stopped using her drops because she thought her eye pressure was well controlled at the last visit and therefore decided to forgo medication.

In these situations, the patient-centered approach to medicine I learned from my knowledgeable and compassionate mentors plays a huge role. Taking the time to show patients how to use their eye drops can prevent them from allowing their vision to get progressively worse despite being on maximal topical therapy. Discussing the nature of the disease with patients and their family members helps them understand the need for treatment and strict follow-up. Explaining the risks and benefits of treatment allows shared decision-making. Every such minute spent with patients goes a long way toward increasing their compliance and improving their disease management skills.

CONCLUSION

These experiences have made me realize that, as an ophthalmologist, empowering and coaching patients can be just as important as diagnosing and treating their glaucoma. The lesson I learned from Dr. Gold years ago has served me well as I continue to care for patients during my training, and I am sure it will play a crucial role in my future practice as well. As physicians, we are honored to be able to treat our patients' diseases, but we are even more fortunate to be able to care for them by listening to their needs and learning from them. ■

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