Director of Impatient Psychiatry

It's not easy for doctors to form therapeutic relationships with sick people.

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Review of *The Finest Traditions of My Calling: One Physician’s Search for the Renewal of Medicine*. By Abraham M. Nussbaum, M.D. Yale University Press. 320 pp. $28.50

Several years ago, Abraham Nussbaum agreed to head the psychiatry unit at Denver Health, an academic safety-net hospital, which also trains medical students and residents. The hospital printed business cards which listed Dr. Nussbaum’s title as “Director of Impatient Psychiatry.” A couple of years later, a friend noticed the typo, which Nussbaum wears as a badge of pride.

Like many physicians, Nussbaum was trained to tell people what to do instead of asking how he might help them. And he is not patient with the health care system in the United States, because it forces doctors to use algorithms of evidence-based and standardized care to maximize productivity and profits – and makes it far more difficult for them to form therapeutic relationships with sick people, listen to their stories, and communicate their findings and recommendations in their own stories.

In *The Finest Traditions of My Calling*, Nussbaum, who is also an assistant professor in the Department of Psychiatry at the University of Colorado School of Medicine, draws on his
interactions with patients to make a plea for doctors to see the people they treat not as “compendiums of parts and money,” but as human beings.

Although by no means original, Nussbaum’s themes – hospitals have become factories owned by large corporations; medical professionals pursue standardized outcomes through industrialized processes perfected by quality improvement advocates – will resonate with most Americans. In all likelihood, they will endorse his view that “the true ground for the renewal of medicine” is to be found in the commitment of physicians “to see each patient, however obscured by his or her infirmities and vulnerabilities, as a person.”

Nussbaum is less helpful, however, in identifying practical policies or pathways to reach that goal. The utility of Nussbaum’s metaphors for the roles doctors should play (gardener, trainer, coach, ship captain, servant, teacher, enchanter, dance partner, and witness) and his suggestion that physician and patient should “find a common rhythm where we could find the logic of care” should be weighed against his confession that he spends his days navigating the gaps between what his patients (who are often demoralized and attracted by the simplest solution to their problems) want and what he believes they need.

And, at times, Nussbaum appears to present “evidence-based” medicine as the enemy (and not a potential tool) of a more humanistic approach. He is right, of course, that randomized, controlled drug trials are often funded by pharmaceutical companies. But evaluators can, should, and sometimes do account for such biases. And Nussbaum’s conclusion, that these trials, “designed for the kingdom of quantification,” are hard to relate to the world of individual patients, does not seem warranted.

Similarly, Nussbaum undervalues quality and safety “checklists,” analogous to those used in the airline industry, designed to limit potentially dangerous variations in performance. He acknowledges the exemplary safety record of air travel, but emphasizes that when he flies he feels less like a person and more like cargo. He adds that quality improvement procedures make the interactions of doctors with their patients as anonymous as those they have with pilots – and increase the likelihood that practitioners will believe they have done their jobs well when they complete their checklists even if “they miss what is going on with the patient.”

Despite these dubious dichotomies, Nussbaum does make a compelling case that the physician-patient relationship in the United States has become “inept and uncoordinated,” more concerned with processes than outcomes. To fix it, doctors must, indeed, be both dispassionate and empathetic. They must think of themselves as more than technicians in control of the body and each patient “as a particular person shaped by his or her particular communities and experiences.”

That said, a humanistic approach “in the finest traditions” of the physician’s calling will not become pervasive until and unless there is a root and branch structural change that minimizes the role of markets and profits in the healthcare “industry.”