

On the Receiving End: The Patient's Perspective

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You have trained me to use my hands, mind, and soul for healing. Allow me today to use these gifts for my patient. Let me be skilled in the application of knife, understanding in the anatomy, and effective in my surgery.

—Peter McL. Black

Patients come to us in all types of forms and methods: the unknowing child who, although too young to speak, communicates with her liquid eyes an unmistakable hope for a smile without a jagged cleft in her upper lip; the career woman in her 40s who, with everything to live for until breast cancer, has regained her fighting spirit and wants to be more attractive in her bathing suit; the firefighter who, after work got just too hot one day and burned his face, now merely wants his children to be able to recognize him; the 52-year-old who, going to the 30-year college reunion, believes his or her face betrays more aging than he or she would like. However they come and for whatever reasons, they come.

Paradoxically, the feelings they bring with them are simultaneously uniform yet magnificently individual. A great deal of uniformity accompanies them. Every patient, in widely varying degrees, displays at least a hint of fear. Such fear is only appropriate: surgery is not necessarily a natural thing for anyone, even for a surgeon! Cutting into someone's body—a body that often looks "normal" and that functions well—in order to make it look or function better represents a counterintuitive activity. Why would anyone want to parachute out of a perfectly good airplane? Similarly, why would anyone want to voluntarily undergo surgery, with its risks and challenges of recovery, with a body that works adequately? In addition to fear, all patients are excited. Some patients control their excitement (and other emotions) remarkably well, calmly placing themselves into the ministering arms of their surgeon. Many patients, giddy at the thought of anticipated cosmetic enhancement, speak rapidly and excitedly, eager to proceed. Excitement for others manifests itself in a hundred big and small questions: they want to know everything about me, the procedure,

and postoperative care, and what they can expect. To a person, they all wish to come away looking better, feeling better, and functioning better than when they came in, except for the horribly traumatized few who don't even know they are undergoing surgery. Their families and loved ones have to do the wishing for them. So do I.

Our patients display remarkably similar behaviors; nevertheless, each person brings unique feelings and attitudes to surgery. As a surgeon, I am privileged not only to address the physical and emotional needs of my patients but also to temporarily enter their private worlds. Although the surgical act may be nearly identical to hundreds or thousands of others we have performed, each procedure means something different to the individual patient. "Doctor, correcting my baby's cleft lip will give him a smile for the first time." "Doctor, I hope you can make me look less tired. My friends say I am tired all the time; I want to look as good as I feel." "Doctor, I need to look great for my class reunion (or my next midlife job interview)." "Doctor, I want to be able to smile again and have my granddaughter recognize me after my bout with facial skin cancer." A few routine procedures, but with a thousand different reasons behind them. I know that tomorrow, I'll be surprised once again by a brand new set of reasons yet untold.

What do they want from me as a plastic surgeon? The obvious and superficial answer is that patients come to surgeons for their skill with a scalpel. Something in the patient's life and body, real or perceived, needs to be changed or modified in some way, and we as plastic surgeons are just the people to do it. For dozens of physical and cosmetic conditions, patients consider plastic surgeons to be the best trained, most skilled, and, it is hoped, most compassionate physicians. Another reason they come is to obtain an answer to their condition, both the diagnosis and the remedy. Beyond the obvious reasons, however, patients come to us looking for reassurance, hope, and comfort—comfort in placing themselves in the hands of remarkably well-trained surgeons—but even more deeply than that, patients seek to experience the intimate shared presence of another person, the surgeon. What do they really want from me? A part of my very self, given to them in

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the most intimate and personal of settings. This is only fitting. After all, they have already given me a part of themselves. Giving them anything less would be to cheat them, and to cheat myself as well. They want someone to go through this event with them, a trusted guide to see them through, so that they are not alone. More than anything else, they seek the gift of presence.

As remarkable as it may seem, losing the perspective of the patient can occur all too easily. Amid the roar of hundreds of daily activities and pressures, tucked quietly in between what seems to be yet another routine operation, the still, small voice of the individual can be drowned out rather easily. We can forget how important even a few minutes of our time can be to another person. Although impossible to implement, it is a valuable thing for every surgeon to become a patient him- or herself, to gain a firsthand reminder of the patient's perspective. Maintaining touch with our patients is as important as maintaining our board certification. When I sustained a rotator cuff injury while skiing more than a decade ago, I went through all the same emotions as every other patient: would I encounter complications? Was my injury typical, or unusually severe? Would there be complications in its repair? Would I ever fully recover and be normal again and be able to use my hands as a plastic surgeon again? As a patient myself, I needed reassurance and compassion from my surgeon just as much as I needed his skill. It really mattered, then and now. I came to realize that patients are very vulnerable during this time, no matter who they are in life; you have to be very careful about what you say and how you say it, and you have to let them know that you empathize with them. In the end, I learned many things, not the least important of which was to not go skiing at night on a black diamond, ice-covered Northeastern ski slope! More than anything, I learned the

importance of listening to all patients' emotions in the postoperative period, being careful to note signs of anxiety and pain or any emotional or physical discomfort. I have learned to be more sensitive and to give my patients measured but adequate pain and anxiety medications for the early postoperative period, and I have learned to be honest with patients about how much discomfort they might have. It is also crucial to reassure patients that postoperative pain and anxiety are absolutely normal. Everyone wants to hear this and feel that they are responding in a normal fashion. I know that being a patient myself made me a better and more compassionate plastic surgeon and physician.

I don't know if many plastic surgeons anticipated the soul-sharing part of medicine when they began their training. We all entered our training with the hope of changing lives for good and making the world a better place. But the profound depth of the giving of ourselves to others—which requires a degree of intimacy with each of our patients—may have come as a surprise, albeit a welcome one. It is the best part of being a surgeon. It shows we care about what we do and who we are, and it tells our patients we are human as well, with all of the inherent frailties.

. . . Therefore will I trust you always though I may seem to be lost and in the shadow of death.

I will not fear, for you are ever with me and you will never leave me to face my perils alone.

—Thomas Merton (1915 to 1968)

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