**POSITION: Peer Reviewer for the *CMAJ* Student Humanities Blog**

**Instructions**

Edit the following piece. Use the “Track Changes” and “Comment” options on Microsoft Word to suggest edits. Provide a 250-word maximum critique of the piece at the very end, specifying if you would choose to publish this piece on the Student Humanities Blog or not.

Efficiency in Medicine: Friend or Foe?

I've often heard of encounters with our healthcare system described in a negative light by family and friends. Now, understanding that we, as humans, tend to remember negative impressions or scenarios much more vividly than positive ones, I take these descriptions with a grain of salt. However, one common theme in the majority of these encounters is the de-personalization of the interactions with physicians, begging the question; is there more to these concerns than we as a profession give credit for?

Recently (and the inspiration for this reflection) while on vacation I injured my hand. Nearly a week had passed before I went to see a physician; the pain hadn't subsided and the lateral portion of my hand was still swollen. After being fast-tracked in the nearest hospital's emergency department, I was quickly placed in a small curtained room to wait for the physician. A few minutes passed before the physician drew back the curtain and asked, "Mr. Hewitt? Tell me how you hurt your hand?" While a little taken aback by the lack of introductions and/or pleasantries, I realized people forget to introduce themselves all the time, so this wasn't a big deal. I told the physician I wasn't really sure how exactly I hurt it, but before I could tell him the possible scenarios (I had been doing manual labour the last few days) he interrupted and replied with "We will get you an x-ray and go from there".

"Okay", I thought, he must be waiting to do a physical examination of my hand until after the x-ray. There shouldn't have been anything wrong with this, many people, myself included, are often displeased by the long wait times in seeing a physician. This should be great, no fluff, just a quick diagnosis. Just what everyone wants right? However, despite this, I found myself wanting to have time to explain the situation, to have a minute or two of pleasantries and to discuss my concerns over the injury.

 After receiving the X-ray (from a very personable x-ray technician I might add) I was funnelled back to the emergency department. A few minutes passed before I was called up to the computer monitor where the physician, of whom I still don't know his name, was standing. He showed me the x-ray, said “Nothing looks broken, just a soft tissue injury” and that I could go home. I was taken aback, while this is only one specific scenario and any scientist could tell you not to make a conclusion based on an n=1, I found myself thinking on the way home if all the complaints/concerns by family and friends have more than a grain of truth. In fact, a quick pubmed search yielded substantial results on this topic, many indicating that patients feel unheard in clinical situations.

In medical school much of our learning has revolved around the patient-centred model, an ideal that ensures we listen to patients' concerns and work with them for the best possible outcome. While I understand a soft tissue injury to the hand is far from a life-changing decision that some patients face, it may be no less important. I defend our actions as a profession; most physicians are overworked and undervalued, making it easy to push 'clear-cut cases' through the system. However, somewhere along the lines I think it is important to remember that little gestures of compassion go along way in comforting and caring for a patient. Our desire for the quickest route to diagnosis is not always going to be the best course of action. We cannot truly know what is a 'trivial' injury to an individual until we can look through his or her own perspective of that injury. A small cut on someone's face may seem insignificant - until you find out they are a model, a broken bone in a hand may be a simple fix with minor usage issues in the future, until you find out the patient is an aspiring surgeon - what about a broken toe in a long distance runner? In every class I attend physicians speak of an accurate history being 80% of the diagnosis. Is efficiency of an 'easy diagnosis' worth missing this 80%? Something to consider next time we as a profession dismiss complaints as trivial or a waste of time. We can have a bad day like anyone else, but these bad days need to end when we enter a patient’s room. Hopefully this is an ideal we don't dismiss as trivial or irrelevant; the human nature of our profession is what truly makes the art of medicine, well, medicine.