

A PIECE OF MY MIND

Little White Lies

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It was just an innocent comment.

Between bouts of dry-heaves, Mr C attempted to deliver his story to us on the palliative care team. With his pink basin still empty, he had taken to self-gagging in hopes of relieving the nausea; he could barely string four words together. Giving each other subtle sideways glances, our team members telepathically agreed that it wasn't the best time to talk. We would adjust his antiemetic regimen and come back when he was less nauseated. With a sympathetic pat on his shoulder, we headed toward the door.

"No, no, let's talk now," he said, gesturing us back in. "Everyone always says they'll come back, but no one ever does."

I suddenly felt vulnerable. Why such a statement, delivered without even a trace of anger or bitterness, managed to be so disarming was inexplicable to me at the time. We stepped back into the room; he had our full attention.

Painstakingly, he unfurled the story of his life over the past six months. He was in his late 50s, a Vietnam veteran now battling advanced esophageal cancer. Unmarried and living alone with little support, he had nonetheless managed to navigate a complex plan of care that included installation of a feeding tube, several rounds of chemotherapy, and numerous courses of radiation. On leave from work, he had contemplated returning at various points throughout the illness. But he had opted to hold off, because of one thing in which he had placed his great hopes: surgery, the chance to excise the tumor from inside him. Having put in the hard work, he had been assured that the procedure would be just around the corner, and soon his life would turn around.

That had been months ago. For various reasons, he still had not had his surgery. By now he had run out of sick leave, had fallen behind on his bills, and was on the verge of homelessness. And it seemed like only then, while recounting these events to us, that he realized things weren't going to happen the way he had been led to believe.

Well, this is our moment, I thought. Now knowing what lay underneath, we had solutions to offer. We could relieve his nausea. We could guide him through the maze of red tape, leverage his VA service connection benefits, even secure a roof over his head. We unveiled our golden plan.

I waited for the knot of tension to unwind, but the moment never came. If anything, the knot tightened, as every suggestion we offered, he met with a flood of anxiety and doubt. What if it doesn't work out? What if I don't qualify? What if you can't make it happen? He started to gag himself again, but the pink bin remained empty. Something inside his sick body remained to be purged, and it was not going to let anything else in right then.

We finally left and visited a few more patients, but I couldn't focus. All I could do was play that line in my head, over and over again: "Everyone always says they'll come back ..." The gnaw in my stomach intensified as I wondered, How many times have I seen or done exactly what Mr C had said?

I spent the next few days with my internal alarm on hyperalert. A previously unnoticed pattern of mine emerged. Inevitably, I would be making rounds, get antsy while talking to a patient, and before I knew it—ping!—out from my lips escaped a "Mr C line": one of those itty-bitty statements that had perhaps a 20% chance of being fulfilled during the chaos of the day. Most of them started earnestly but were subsequently thwarted by the shrill tone of a pager ("Yes, I'll find someone to fix the beep on the IV pump."). Other instances were really stealth lines of exit from the room of a loquacious patient ("We'll come back and talk later today" is an old reliable.). Still other times, words were uttered reflexively, with seemingly minimal higher-order input. I wanted to think that we offered these out of professional decorum, even genuine compassion, but when my thoughts returned to Mr C, I had to wonder how often they reflected just a tragic, subconscious failure to acknowledge the painful truth ("Don't worry. Everything's going to get better.").

It wasn't long before my days turned into an unending series of pings and dings. When Mr C lines slipped through, I took to writing reminders on paper, lest I let another person down: "Mrs D—told her I would get ice." Hours later, boarding the shuttle to the metro, I would belatedly remember my task, about-face, and run back into the building. Delivering the ice, breathless from a frantic scramble up four flights of stairs, I earned a look from Mrs D that was halfway between grateful and bewildered.

Alarm fatigue eventually set in as I realized that I couldn't turn every verbal interaction in life into some sort of blood pact. Still, I staggered to grasp just how frequently patient-physician interactions get littered by such empty politesse. I thought back to the countless sessions I spent in clinic trying to get patients to quit smoking or lose weight, the late hours on the wards scolding the drug addict with the heart murmur. Somehow, without realizing, I had become a tacit skeptic about the power of a physician's words. Though experience may have taught me the correct words to use, the wear of time had dulled the conviction that had once instilled them. Did this make me disingenuous, or simply a vacuous automaton? Was I a liar, or just well-meaning but flaky? Perhaps it was a little bit of it all.

Our team debriefed for a long time after that first meeting with Mr C. Executing our proposed plan—bringing him into our community living center, the

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VA's long-term care setting—wouldn't normally be so difficult, if not for one thing, now so painfully evident: He couldn't trust us. And why should he, if no one wearing a white coat could even make good on a simple promise to come back and talk?

Such is the fragile nature of trust, for there had been no dramatic, cataclysmic event to speak of in Mr C's story. Rather, it was the unwitting accumulation of everyday things—the undelivered ice, the off comment here and there, the tiny promises that devolved into nothing more than little white lies—that had done the damage.

It wasn't long ago that trust was practically a birthright of the medical profession. Physicians topped public surveys of trust; in the era of paternalism, it seemed that simply donning the white coat and saying, "Trust me, I'm a doctor" could reliably elicit the respect and faith needed to deliver effective care.¹⁻³ The patient-physician relationship has evolved, however. Strides to exchange paternalism for the ideals of shared decision-making and consumer empowerment have been accompanied by transformations that have also made medicine more corporate, more fragmented, and, some would say, more impersonal. Perhaps as a result, trust in physicians has eroded.^{1,3,4}

While physicians once could have reasonably assumed trust's presence, we might now do better to presume its absence, as something we must earn de novo from patients. Nowhere is this better illustrated than in the hospital, where life-altering decisions are negotiated between virtual strangers after little more than 15 minutes of conversation, a few listens at the heart, a few presses of the belly. This was where we stood with Mr C: A tired, sick man and yet

another team of unknown doctors, standing on a foundation whose fragility I now knew we had greatly underestimated. Unsure of how to tread, I sifted through my mental archives for anything—a lecture from a wise professor, a journal reference—that would reveal our next actions. But I realized that my patient had taken the first step, by nonchalantly inviting us to come back into the room. With this, he had held up the mirror, forcing us to examine the finer points we sometimes lose between all the pager beeps and progress notes: the authenticity of our words, how accurately they reflect reality, and above all, how we handle trust, an entity without which medicine stands still. I ceased trying to recall the old lecture. The lesson had been sounding in my ears for days.

I had a few days apart from the service. By the time I was back with the palliative team, our social worker had smoothed out some logistical wrinkles in Mr C's life, and we had adjusted his antiemetic regimen. He had been accepted to the community living center, with a firm date of transfer. After months of what must have seemed like a never-ending chase of a mirage, finally for Mr C, some words were becoming reality.

He was a different man when I saw him. He seemed to have hope again. We spoke at ease for a good 15 minutes; the reflexive second-guessing had dissipated, as had the dry-heaving and self-gagging that had paralyzed our first interactions. Was it the Ativan or the Reglan? I wondered, as I left to write a progress note. I logged into the computer to check the medication administration record. To my amazement, it was blank. He hadn't needed either medication for days. I could only think: Oh what a dose of trust can do.

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