

Patients and Gratitude in Neurosurgery

To access Nepal Journal of Neuroscience, Archives scan QR code:



शरीरे जर्जरीभूते व्याधिग्रस्ते कलेबरे ।
 औषधं जाह्नवीतोयं वैद्यो नारायणो हरिः ॥

Yam Bahadur Roka
 MS, MCh., IFAANS

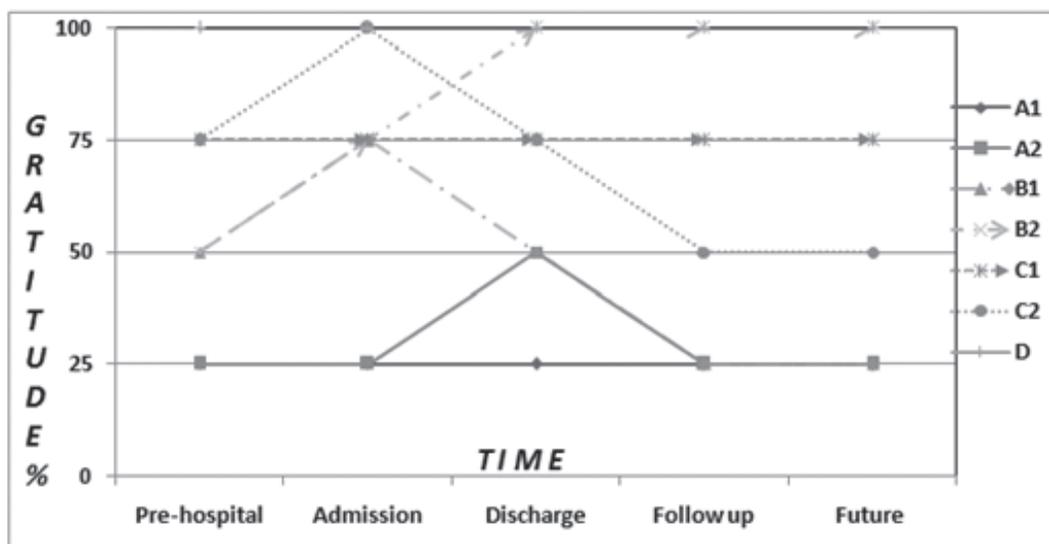
The Vedas it is said “...Aushadhi Jahnavi Toyam Vaidyo Narayano Harih” which means that the physician is equated with Lord Narayan and similar to the water of the Ganga can rid a patient of their disease.¹ But in the modern world especially in South Asia the public image of the Physician is itself in a doubt. The factors are many fold, from the physician themselves and the way they practice, to the demands and expectation and the overall thinking in the society regarding the former, which will not be discussed here as I limit myself to gratitude alone.

Gratitude as defined by *Merriam-Webster*, is the state of being grateful : thankfulness, which is synonymous with appreciation, appreciativeness, gratefulness, thankfulness and thanks.

All of us are aware of the Gratitude bestowed on us by our loving patients or their families in our daily practice and there are many examples in the world of extreme help given to numerous neurosurgeons for their strive to improve the life of a single or many patients.^{2,3} Cases of severe TBI with or without surgery, who recover from ventilation, tracheostomy and multiple systemic problems to end with an activities of daily life independence and those grueling cases of other subspecialties which include vascular, oncology, pediatric, skull base ending after hours of tiresome surgery but gratifying with the good recovery of the patient are excellent examples for return

of gratitude. The finest example is the classic book: *Do No Harm*, by Dr Henry Marsh, where he writes of the problems seen, faced, dealt and the outcome of various cases in his career in an intimate, compassionate and uncommon frankness. *Into the magic shop*, by James R Doty is another book that deals with the neurosurgeon and compassion, encouraging all be generous, give gratitude to stay healthy and happier. Another study in 2018, the *Medscape Physician Compensation Report* on asking what's the most rewarding part of your job showed that 27 % of physicians liked gratitude/relationship with the patient.⁴

But on the contrary we often also meet those who seem to have less or no gratitude to the neurosurgeon or maybe any other physician. Hours of surgery to cure, the sleepless nights trying to save the neurosurgical critical care patient, the personal hidden unknown and unseen methodology in hoping to make the patient well, the minor motor or sensory deficits or even the scar of the surgery, the looks of the hospital or the way the attendants, nurses or office staff behaved, in the disappointment of the words that were used to counsel, can be some of the reasons not to return any gratitude to the neurosurgeon. The recurrent news of litigation, physical assault, media coverage of failures, the ever-increasing dramatization of incidents are all the basis for such behavior from the public.



In fact there is the National Patient grateful day that is being spearheaded by Rolf and Rob on September 7 of each year with the grateful patient project that aims to create a community of passionate patients, gather their voices and share patient-to-patient stories.^{5,6}

In my 30 years of medical practice as of any other neurosurgeon in this world I have also met with both gratitude-full and gratitude-less patients/party. I am thus drawing a chart of the basic types of human nature derived gratitude one can expect in our career from the patients or their relatives.

Type	Character
A	<p>Already have a low esteem of the neurosurgeon, they are usually Googlers, who try to show more and listen less. They have someone in a high post, are rich, show their money and always feel that the Fees includes the surgeon rights too! They can never accept any complications or result beyond perfection. They could also be a common man affiliated to areligious belief that is stronger than the medical sciences.</p> <p>A1: The extreme type, irrespective of what you do, try, sacrifice and however the best results are given, there feelings and thoughts never change. Examples are ADL independent patient recovery after weeks of ICU.</p> <p>A2: They are those who are like A1 but during the hospital stay they show some appreciation which declines later. Examples are delayed post-operative seizure cases.</p>
B	<p>They the middle one with some appreciation of the neurosurgeon either heard of them, met them in the past, had seen examples of recovery in their neighborhood. Usually having some relation within the medical fraternity.</p> <p>B1: The ones that are satisfied with the outcome and their gratitude and faith become stronger with time. They are ready to accept any unforeseen complications in their treatment. Examples are minor speech issue after dominant hemisphere vascular/trauma surgery.</p> <p>B2: the ones that have gratitude during the hospital stay but with time start to complain of minor issues and then with time become dissatisfied to finally have a negative attitude. Examples of minor facial palsy after a larger Acoustic Neuroma surgery.</p>

C	<p>They are ones with great appreciation for the neurosurgeon and his skills. Ready to stand by him in adverse situations and always vocal to others in his gratitude. They never discuss, dispute or argue unless their near ones has been unsatisfied with the treatment.</p> <p>C1: Irrespective of any outcome they are the same. Their feeling, thoughts, appreciation never change, and they always believe that the neurosurgeon has tried his best for them. Example is Motor deficit after a large aneurysm surgery.</p> <p>C2: are similar to C1 but become stauncher in their gratitude during the hospital stay which then decline slowly later. Example is diplopia after skull base surgery.</p>
D	<p>The other end of the spectrum, equate neurosurgeon as divine, accept any outcome, are always appreciable and openly praise or show their gratitude. Very rare type. They are a mixture of highly learned, mature, individuals or poor, underprivileged population that equate treatment along with fate.</p>

In my experience types B and C are the most common encountered types of patients and although there will be many instances which will not favor the neurosurgeon it's my belief that one must always have heart full of emotions, skilled hands and knowledge, respect for others and an hidden truth that springs up to help the needy in an honest, sincere and respectful way with no hidden personal intentions.

References:

1. <https://www.quora.com/What-is-the-meaning-of-Aushadam-janhavitoyam-vaidyo-Narayano-Harihi-I-invoke-Narayana-before-taking-medicine-but-I-do-not-know-the-meaning>. Accessed March 2019
2. <https://www.columbianeurosurgery.org/news/heart-felt-letter-gratitude-nj-neurosurgeon-dr-anthony-dambrosio/>. Accessed March 2019
3. <https://www.neurosurgeonsofnewjersey.com/a-lovely-letter-of-gratitude-to-nj-neurosurgeon-dr-michael-sisti/>. Accessed March 2019
4. <https://www.medscape.com/slideshow/2018-compensation-overview-6009667#36>. Accessed March 2019
5. <http://www.gratefulpatient.org/about-us/>. Accessed March 2019
6. <https://www.hhs.gov/blog/2018/09/07/national-grateful-patient-day-spreading-gratitude-and-hope.html>. Accessed March 2019