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Have We Lost the Human Connection in Medicine?

EDITORIAL

AUTHOR

Dr Sruthi Saravanan
Nottingham University Hospitals NHS Trust

Address for Correspondence:
Editor-in-Chief
The British Student Doctor
Cardiff University Press
PO Box 430
1st Floor, 30-36 Newport Road
Cardiff, CF24 0DE
United Kingdom

Email: editorinchief@bsdj.org.uk

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ABSTRACT

This editorial explores the experiences of an early-career resident doctor with end-of-life care and the importance of restoring human connection in medicine amidst an evolving future of clinical practice.

Editorial

Dr Sruthi Saravanan
Nottingham University Hospitals
NHS Trust

Address for Correspondence:
Dr Sruthi Saravanan
Editor-in-Chief
The British Student Doctor
Cardiff University Press
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1st Floor, 30-36 Newport Road
Cardiff, CF24 0DE
United Kingdom

Email: editorinchief@bsdj.org.uk

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HAVE WE LOST THE HUMAN CONNECTION IN MEDICINE?

The death rattle. A clinical sign that has been imprinted on my mind as an indicator that an individual is nearing the end of life.

Despite completing five years of medical school and countless hours dedicated to developing robust illness scripts and management plans, I realised, in that moment of hearing the death rattle for the first time, that I was not fully prepared to handle every stage of human life, particularly end-of-life care and dying.

It struck me how frequently we encounter these experiences as early-career resident doctors, yet they remain an uncomfortable truth within clinical practice. I write this editorial to share how the death of my first patient restored my connection with humanity and medicine, shaping the doctor and person I am today.

"The time of death …" were the hollow words I heard declared by my colleague at that moment. I vividly recall the overwhelming sense of sadness permeating through me, as I held the tears forming in my eyes, conserving them until the end of my shift for fear of showing weakness to my colleagues and the patient's relatives. However, it was when my colleague questioned my feelings regarding this experience that led to a cathartic sense of relief as I cried in their embrace.

Witnessing the natural process of death is an indescribable phenomenon that can only be truly understood through lived experience. The vulnerability and emotional complexities we encounter through doctor-patient partnerships at this final stage of life are among the greatest privileges and challenges faced by humankind.

Throughout medical school, we are taught that "medicine is an altruistic profession." Therefore, doctors must prioritise patient life above all else, which can often be interpreted as curing an illness and rectifying numerical biochemical laboratory results. However, it was the moment I heard the words, "time of death," that shifted my perspective on altruism in medicine.

Altruism in medicine should not be merely the physical act of treating a diagnosis; it also encompasses the psychosocial and emotional alleviation we provide to human beings. In clinical practice, this was demonstrated through the vulnerable and honest conversations led by my consultant (a senior doctor who has completed speciality training) in advance, including demystifying palliative care, explaining parallel care (whereby active interventions are continued with palliative management), and making best interest decisions with our patients. [1]

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Dr Sruthi Saravanan
Nottingham University Hospitals
NHS Trust

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Dr Sruthi Saravanan
Editors-in-Chief
The British Student Doctor
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My experience as a resident doctor caring for patients at the end of their lives has deeply transformed my clinical practice. Recognising early indicators such as the death rattle, confusion, reduced urinary output and appetite, or signs of acceptance of death, [1] has enabled me to act swiftly and escalate concerns to senior doctors. This has promoted informed decision-making and continued empathetic care with our patients and their relatives, fostering a stronger human connection during the unpredictable time of dying.

The transient nature of life is an unsettling reality I face in the early stages of my clinical career. In a world where clinical practice is increasingly digitalised and systemic pressures are overwhelming, it can become effortless to detach from the human being and focus solely on the diagnosis. It is in such moments that we must reflect on our fundamental training as doctors and rekindle the power of human connection. The insights drawn from meaningful doctor-patient partnerships can support the preservation of humanistic care within medicine.

Acknowledgements: I would like to express my sincerest gratitude to Dr Richard Horton for reminding me how being a doctor is one of the greatest privileges of humankind, and thus inspiring me to write this editorial.

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editorinchief@bsdj.org.uk

The British Student Doctor
Cardiff University Press
Trevithick Library, Trevithick Building,
The Parade, Newport Road
Cardiff CF24 3AA
United Kingdom

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