



Eyelash: Caring Between the Lines

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Nancy was in the hospital every few months, and each time her health teetered, declining slightly more than the last. It was hard to appreciate how sick she was until you flipped through her chart. In person she was one of the most enjoyable people you ever met. On paper the contrast was clear: heart failure, end stage renal disease, and infections—her kidneys stole sodium, bartered for bicarbonate, and her platelet count plummeted. Yet when I walked into her room she was always sitting contentedly, grinning, listening to a show on sizeable headphones. “Good morning, doctor!” she’d exclaim, even if I interrupted her sleep. Without fail Nancy always made me smile.

During one such admission while on rounds, I was met by Nancy’s same sweet grin. A short vase of pink roses sat on her windowsill, from her friend Mary she told me. We spoke of the show she was listening to, and about how Boston used to be. Nancy’s disposition pulled at me to sit and reminisce, before the ache of obligation settled in. What was she like as a child, I wondered, before her problem list grew to fill pages?

On this particular morning my questions began the same as always, except her white blood cell count had increased and I was concerned. “How are you feeling?” I asked. Nancy said she felt fine, but she appeared

uncharacteristically gloomy. I inquired more about potential symptoms of infection, but she denied them all. She then looked up with clear reluctance and my heart sank. What could be wrong?

“I do not want to waste your time, doctor, but something *is* bothering me...” she nearly whispered. My mind raced toward the worst possibilities... “I think I have an eyelash in my right eye; I’m not sure if I got it out, and it is still hurting me,” she continued, looking dismayed.

An enormous weight lifted from my shoulders. I wanted to exclaim, “*That’s all?*” but I held back. “Of course I can take a look,” I said, shocked by the ease with which I could actually help. I washed my hands, pulled down her eyelid, and had her look all around—I did not see anything. I told her the eyelash likely scratched her eye, and that a warm compress might soothe her discomfort. The smile on her face widened to one of such joy that, despite her sunny disposition, I had not seen from her before. “Thank you,” she said elatedly, “I feel so well cared for here.”

After finishing our conversation I went to see my next patient, yet this subtle moment stayed with me. My team had meticulously managed enormous challenges regarding Nancy’s care. In contrast, removing an eyelash or soothing a wound are tangible acts that often mean more to

my patients than their actual significance. This sets up a faulty disconnect between what I think I am giving and what my patients perceive. Beyond best practices or guidelines for the *care* of patients, how is our caring imparted, and how do patients perceive this?

I have read Dr Francis Peabody’s infamous quote countless times, “... For the secret of the care of the patient is in caring for the patient.” Still, it was not until this moment with Nancy that the meaning of Peabody’s axiom was instilled into my core. I had assumed I was imparting caring through the medical attention I provided. Yet in hindsight, I do not believe Nancy felt how much I cared until this instant.

A considerable amount of our time in medicine is spent behind the scenes: reviewing labs, discussing in teams, changing medications. Additionally, we are tasked with managing the increasing burdens of electronic health records (EHR) and insurance requests. For example, a 2016 study by Sinsky, et al in the *Annals of Internal Medicine* demonstrated that for every hour spent on direct patient care, two additional hours are spent on EHR tasks. This combination creates a sizeable gap between the time I dedicate to my

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patients' care versus the actual face-to-face time I have to connect with them.

With this in mind, the challenging dichotomy I see is that although I have a gamut of advanced technologies and ways to care for patients, my patients sense the most caring from the small things—a presence, listening, or something said. Moreover, I feel the most fulfillment from these connections as well. This is not to say large interventions are not essential. However, through this ostensibly trivial exchange with Nancy, I realized the power of these seemingly minor occurrences.

The essential question for me has become: how do I recalibrate my duties and interactions to better reach this fundamental purpose of being present and showing deep care for our patients? While working under the strains of our system I have found that regularly keeping this question in mind is difficult. Nonetheless, the significance of this reflection cannot be overstated.

I have come to believe there is a large distinction between providing medical care and showing my patients that I care. In that moment with Nancy when I gently checked for a rogue eyelash, I could tell she felt genuinely cared for. I had known Nancy for some time and considered myself diligent with her needs. Yet I was intensely affected thinking it may not have been until I slowed down, witnessed her pain, and told her she would be okay that she truly felt this compassion from me.

Each of us conveys caring in vastly individualized ways. This experience caused me to ponder my own practice—challenge myself to pause amid the commotion and try to reflect in real-time. Have I been present, and has my underlying intention and concern been explicitly expressed? As I left Nancy's room that morning, I carried a deep sense of joy with me, one seldom present amid the stark hospital walls. I knew that small connection meant something more comforting and gratifying to Nancy, and to me as well.

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