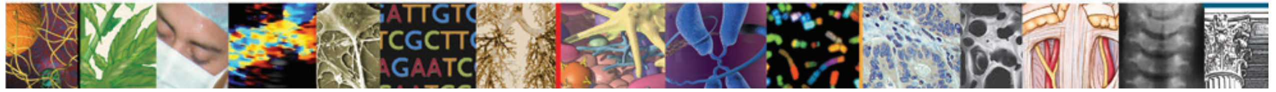

The NEW ENGLAND JOURNAL of MEDICINE

Perspective

Pandemic and Persona

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"Try Googling 'record-setting lake trout New Hampshire,'" I found myself saying recently to an anxious patient while we explored ways to cope with the Covid-19 pandemic.

He loves fishing, and I remembered a story in the paper recently — just barely pre-plague — that showed a smiling sportsman proudly holding a gargantuan fish in front of his truck. I knew my patient would get a kick out of this: it would remind him that non-apocalyptic concerns were still interesting and meaningful, and perhaps diverting and calming as well. It was the kind of thing I might say to anyone interested in fishing — but was it the kind of thing a physician can say to a patient and still feel like a professional?

As a psychiatrist on the verge of my career's fourth decade, I had been noticing since long before the coronavirus arrived how my professional persona — my attitude and manner toward patients — has gradually evolved to incorporate more of my personal one. As uncertainty and doubt about professional competence have over time given way to more confidence and what might be called expertise, I've felt freer to act more spontaneously with patients; to be more "like myself." I'm more comfortable sharing certain limited personal details — vacation destinations, movies seen, and the like — and more ready to use humor for perspective adjustment and dialogue lubrication.

This loosening up hasn't meant compromising boundaries. Of course I don't share my personal problems with patients, socialize with them, or solicit their advice on investing or home repair, for example. But the difference between my professional and everyday personas has diminished. I feel like a fellow human being as well as a caring technician. That connection alone often seems therapeutic for patients, as well as more authentic and enlivening for me.

And then the pandemic arrived. To paraphrase Samuel Johnson, the prospect of a viral surge in a fortnight concentrates the mind wonderfully. Clinical priorities become much clearer; and indeed the experience of a few weeks of remote appointments has shown how shared danger calls for the kind of professional elasticity that can otherwise take a long while to discover. I often begin meetings not only by asking how my patients are coping, but also by surveying the emotional and physical health of their family and friends. Patients in turn ask me if I'm healthy and how my family is doing, and I generally don't hesitate to answer. I ask whether patients are getting any exercise and how isolated they feel. Some patients' daily routines haven't changed much, and for others social distancing has been a godsend.

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I like to ask how people are spending their days. One patient held up to his computer's camera each book he was reading so I could see the covers. Another patient's cat suddenly appeared in the frame during a virtual visit and prompted her to reflect on how vital the animal is to her well-being. I got a video tour of another patient's apartment and was relieved to see a living situation more organized than I had imagined. Sometimes I feel more like a country doctor on a house call than a psychiatrist on a Zoom call.

I also find myself yielding to an unexpected urge to give a small wave good-bye as I conclude video sessions; it just feels like the right thing to do, at least for me. Telemedicine's lack of physical closeness makes such unaccustomed informalities seem less incongruous with the doctor–patient relationship. Doctor and patient are sharing a history-making experience, and just as there are allegedly no atheists in foxholes, there seem to be few strangers in catastrophes.

The current crisis therefore offers an opportunity — owing to our shared vulnerability to the virus — for doctors to recognize more readily facts that can otherwise take years to learn: that we're no different from our patients and that interacting with them in a manner similar to the one we naturally use with nonpatients can be gratifying for them and freeing for us. Doctors often equate professionalism with a kind of formal role playing and worry that deviations from this attitude might lead to excessive casualness or boundary problems. These are real concerns that must be considered — but without sacrificing clinical connection. Traditional medical procedures and attitudes do need to be learned. But I'm reminded that jazz great Charlie Parker reportedly said that the secret of improvisation was to learn the chord changes and then forget them. I think one way to successfully harmonize with patients is to learn the standard teachings of medical professionalism and then not exactly forget them, but allow them to resonate and even merge with one's own persona.

The story continues to unfold, but I think that among the many unknown — and potentially positive — outcomes of the pandemic, one may be the more widespread realization that "acting like a doctor" ideally involves less acting and more authenticity.

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