
"After experiencing what the best in the country has to offer I can only imagine what the basic health care is like."

Private health care and empathy

Empathy in primary health care can improve the health care and the satisfaction of patients and may also prevent burnout in doctors.¹ But how do doctors learn to develop and maintain this empathy?

Most of us have experienced being a patient, on the receiving end of care, and perhaps this can build empathy. We have been there; we know how it feels. But how about those of us who choose private health care, can that still build empathy? When we receive the very best health care a country can provide, does it realistically help us interact with those who have no option but to use the basic state medical facilities?

In Mauritania, North Africa, I would suggest that it can. I had the unfortunate experience of undergoing an emergency appendectomy while working as a GP and researcher into palliative care in this resource poor country. I had health insurance so I chose the best clinic available in the country. I also tried to locate the best surgeon in the country but unfortunately he was unavailable that day; he was meeting with the president. I waited at home for as long as I could, until I was sure of the diagnosis because I did not want to have exploratory surgery without a sound reason.

At the clinic, I quickly received an ultrasound scan, during which a seemingly random stranger walked into the room and with no introductions or warning, tested my abdomen for rebound tenderness. This provoked a 'positive' result. Without any mention of a consent form to be explained and signed, I was wheeled into the operating room and told to undress. Here, I learned that the 'rebound tenderness man' was in fact the anaesthetist. I briefly noted that the theatre was very basic but cannot report further as I made a conscious decision to close my eyes. During the surgery the anaesthetist left me on the operating table while he showed my wife the offending appendix, perhaps to prove the need for surgery?

After the operation, I stayed one night in a private cockroach- and mosquito-infested room. My wife stayed as my nurse overnight as the nurses were not overly-attentive and there were no modern devices like a call-button. I had to insist that a

nurse catheterise me after several hours. Subsequently 1.5 litres drained and with only IV paracetamol as analgesia, I was keen to leave as soon as possible but I needed to pass wind before they would allow that. Eventually I lied and said 'I think so' and so I won my freedom. I was released home after paying the itemised bill; the surgeon was paid just £15 per hour. The wound was big, vertical and jagged with the tightest stitches I have ever seen, they opened up after 3 days.

So now, when my Mauritanian patients tell me how their loved ones were admitted to a general hospital unconscious, laid in a bed unconscious, discharged unconscious and left to die a few days later at home, with no word of a diagnosis; I empathise with them. After experiencing what the best in the country has to offer I can only imagine what the basic health care is like and why patients often choose to leave the country, if possible, or see the traditional healers first.

This is not a moan, I am privileged to be alive and still be in Mauritania where I am encouraged by the patients and doctors I meet here. I share their desire to see things improve.

David Fearon,

PhD student in Palliative Care, International Observatory on End of Life Care, Faculty of Health and Medicine, Lancaster University, Lancaster.

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ADDRESS FOR CORRESPONDENCE

David Fearon

International Observatory on End of Life Care, Faculty of Health and Medicine, Lancaster University, Lancaster, LA1 4YG, UK.

E-mail: d.fearon@lancaster.ac.uk