A broken heart is a door open for others

A YOUNG DOCTOR

When I first entered general practice in the UK in 1984, we did many home visits. I used to take with me a silver-coated bag, which I had spent many hours arranging. With it I thought I could cope with most emergencies. The silver coating was to reflect heat and keep the temperature in the bag constant. The bag held medicines, syringes, catheters, and many other things. I set up a computerised reminder system to help me keep the stock in date. I was very proud of my bag. I imagined that the older people who called me out, called me out because of my shiny bag and my knowledge of modern medicine. But I was wrong. As the years passed people continued to call me out, though my bag gradually became somewhat battered and lost its shiny glint. They continued to call me out although my practice no longer followed the very latest guidelines. They were not calling me out principally for my shiny bag, I came to realise, but for something else. What my older patients wanted was not just my shiny new bag or my medical knowledge. What they also wanted was a doctor they knew and trusted. What they wanted, I gradually discovered, was a piece of me.

A DOCTOR BROKEN, THEN MENDED

They wanted a piece of me, but they did not expect that I would solve all of their innumerable problems. Sometimes I could solve one of the many problems put to me. Sometimes, when I felt most useless because I had solved none of them, at the door a patient said, *'Thank you for listening.'* Because what the patients want is a piece of us, we need support ourselves and we need to plan how we are going to find it before we embark on a lifetime in medicine. For me, support was a loving family, a Christian church, and faith in Christ.¹

Nevertheless, as I aged, bereavements accumulated to the point where I thought I would never feel any emotion again, to

A Kintsugi-style pot made by the author.

a point where I felt quite dead inside. But, as it turned out, a broken heart can be an open door to other people, especially to those who know that they are broken. In *Honesty Over Silence*, Patrick Regan likened a broken heart to a Kintsugi pot that the Japanese make. A pot is made, then broken, and repaired with gold lacquer to make a pot that is beautiful in a new way.² The repair to a Kintsugi pot, however, as to a broken heart, is fragile.

As a result, I gathered a small group of patients on whose notes were written, *'potentially violent, only to see Dr Vernon'*. When I retired, a handful of the 'normal' patients expressed gratitude, but two of these few 'difficult' patients went to great lengths to say thank you. One made an appointment to see me just days before he died, though appointments were the one thing he had never made, as a rule just turning up. Another, although barely literate, wrote me an email. In it he made it eloquently clear that explaining his illness to him, calming his fears, and showing that I cared over the long term, were as important for him as they are for any other patient, if not more so.

What patients want, he implied, is

kindness. We need to acknowledge that we are of the same 'kind' as our patients. This does not mean pretending that, as doctors, we do not belong to a highly educated group. It means acknowledging the vastly more important things we have in common. Like our patients, doctors are prone to illness and death, and like them we experience joy and suffering. That education, which we are fortunate to have, should be recognised as a gift to be received with gratitude and put to the service of all. What makes us human is not our ability to think, wrote Max Scheler, but our ability to love.³

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