A WORD ON SYMPATHY

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SYMPATHY IMPLIES ' FELLOW FEELING ', an understanding of another's trouble. Rarely do we reflect whence comes that insight. Pain and distress are recognized with the heart and book learning can do little to increase our comprehension.

In a world of scientific medicine with its technical achievements, it has become fashionable to decry sympathy. Certainly sympathy without knowledge is deplorable but to give it does not of necessity imply lack of practical capacity. In treating so many ailments, particularly of the old and the incurable, we can often offer little else than intelligent sympathy.

Scientific medicine is joined by psychiatry in the retreat from ' fellow feeling '. Psychiatry in depth uses the physician's personality as an instrument in treatment. Rarely may the doctor abandon his non-involvement to show his own feelings. For the few, complete therapeutic detachment may bring ultimate relief but the family doctor's surgery is full to overflowing with those for whom this approach offers nothing. Nature's sparing intellectual endowment or the encrustations of half a life time upon the personality, make us wonder what therapeutic tools are at our disposal. Must we be restricted to clinical science and psychoanalytic methods or can we with a clear conscience be sympathetic.

How do we understand? How is it possible for the healthy to appreciate the pains and discomforts of serious illness, the anxieties of the neurotic, to enter the contracting world of the dying? Perhaps there is a lucky man who has escaped all pain, who has never had toothache, has never vomited, has never lain awake at night taxed by the insistency of abdominal colic. Such sensations, often remembered in the context of childhood with its sensibilities untarnished, give the doctor insight into like afflictions of his patients. They may enable him to treat with fellow feeling similar episodes in their lives. Escape might produce an attitude of over-indulgence at the patient's complaining or perhaps the reverse.

How well I remember my visits to the dentist; with him much more than with the family doctor, I associate early experience of pain and apprehension. At will, I am again the little boy, fresh

from the stoutly upholstered waiting-room, with its inevitable supply of *Punch* upon the table, who crosses the threshold of the surgery. There is the white-coated, high-collared dentist, washing, washing, always washing his hands. His smile will not excuse the probing and the drilling which are to come, nor likewise will the ride up and down in his magic chair put off the business of the hour. Can it be that I am as fearful to some of the boys and girls who enter my surgery, bottling up their anxieties or giving vent to their protest in no uncertain terms? So easy it is to slip back across the years to be like one of them.

Illness in childhood usually consisted of an annual ' chill ', or so the family doctor pronounced when he came to see me. I recall the initial sickness followed by a fairly rapid recuperation. The latter I enjoyed: away from school, the centre of a mild concern, with perhaps—best of all—a coal fire in the bedroom. The flames in the grate and dancing shadows on the ceiling were more than an expression of physical warmth: their recollection confirms a hundredfold the analysts' teaching on parental affection. The family doctor appeared as a kindly but enigmatic adviser. I always think of him when a patient asks for my confirmation of a ' chill ', particularly ' on the liver '. I remember how the imprecise label brought an assurance of ultimate good health: perhaps it taught me not to value scientific terminology at all costs when colloquial phrases bring comfort.

Physical illness was neither by choice nor necessity a topic of constant concern. The few ailments which occurred were therefore all the more notable. I treat a pulp abscess with its insistent throbbing the better for having had it myself. I see myself in the child brought to the surgery with supposed flat feet, and subsequent manipulations of an osteopath are not entirely a surprise.

A fellow feeling for the illnesses peculiar to women or the joys and difficulties of childbirth is hard for the male physician. Women themselves tend to forsake neutrality in their choice of doctor, strongly preferring one sex or the other. It is as though they fear familiarity may breed contempt or hope it will bring more understanding from the opposite sex. Perhaps the latter can have some appreciation of childbirth by subjective reference to intestinal colic and to the sensations which emanate from the lower bowel. Add to these the feelings of joy or apprehension and maybe the constituents of the whole are there. To gather them all up into one experience is impossible. Yet it is better to make a faltering attempt to understand than to turn the matter into one of mechanics.

Just as no one escapes all physical illness, so no one is free from the seeds of neurotic disorder. The division between normality and

neurosis is hard to draw. As physicians we are not immune to the strains which beset the average man. The situations which cause symptoms of stress or frank neurosis in our patients, may well have affected us in similar fashion to a greater or lesser extent. Recollection of anxiety, obsession or depression may lead us to an understanding of our patient's trouble. To feel ourself in his place and to recognize our own vulnerability brings an incentive to listen and to treat which no textbook description of neurotic states can provide. Frank psychosis, on the other hand, is best helped by an objective assessment of thought disorder, delusions or hallucinations: our emotional involvement is much less. The patient has passed a barrier; to follow with even partial understanding is difficult.

The care of the dying involves us intimately with the patient and his relatives. No hierarchy or institution stands between them and us. When physical treatment has been prescribed, how do we sympathize? Is it even possible to have a fellow feeling for a patient in such extremity, for this road seems of all the loneliest to follow? We have made our assessment and know the inevitable outcome. So often for the patient objective reality is dimmed, even when normal reason remains unimpaired. A veil is drawn over the fact of impending dissolution and when all is over, doctor and relatives are left still wondering whether the patient ever really knew. The ingredients of the act of dying—weakness, pain, depression and disappointment—are known to us all: the complete experience may only be guessed at in imagination. If we can do this for each dying patient, we can better help him with those things which affect his physical and emotional comfort from day to day.

"I think, therefore I am" wrote Descartes as the foundation stone of the Cartesian philosophy. "I feel, therefore I know" expresses a fundamental truth for the personal physician. What we can learn of value from our own experience is something we as students are never actively encouraged to note: yet here is a harvest of knowledge to be reaped by dint of reflection. The pages to be studied are in the book of our own life. Sometimes the pages are blank or all but empty: only by inference and imagination may we perhaps fill in a few of the details of the experiences of birth and death.