Lessons from surprising quarters

The strong action of another person is often needed to bring to our attention the potentially damaging effects on others of our 'innocent' behaviour, Professor Sir John Scott explains.

A number of major adjustments occur in our behaviour as we enter medicine and progress through our professional years. I suspect that for most of us, many of our early attitudes are determined by childhood, the guidance of parents and similar influences. Certainly among one's classmates, attitudes betrayed towards individual people within the community bear a relationship to one's own background, early education and experience generally. Some of us, despite conscious attempts to behave otherwise, portray a certain aloofness amounting to disdain when one of 'the great unwashed' or 'those of lesser breed' become our patients for varying periods. The term 'innocence' is largely a misnomer for categorising these deficiencies in our behaviour. In particular, it often requires the strong action of another person, and not always someone we expect, to bring to our attention the potentially damaging effects on others of our 'innocent' behaviour.

A lesson in compassion

A man aged in his fifties with a spectacularly unpleasant cough and fairly obvious lung cancer was admitted to the ward in a grossly unkempt state. He was angry, frustrated and seemingly ungrateful for whatever we tried to do for him. The nurses tidied him up but received little in the way of thanks for their efforts. He became a very unpopular inhabitant of the ward. He was surly to doctors and rude to dietary staff. The radiotherapy department was not interested in him, and the team social worker treated him with disdain. Possibly because her attitude spilt over into her reports, we could not find an alternative place for him, and one of our acute medical beds was blocked, increasing the general frustration surrounding the situation.

We learned our lesson from the ward's superb charge nurse. She noted that the patient calmed down considerably when visited by a woman of mixed race whom we had all ignored. The charge nurse gradually handed over increasing care of the patient to this woman, who knew which food and drink he could tolerate. The woman disappeared late each afternoon to walk her beat in the red light district. She was quite frank about her occupation and how she had come to meet the patient in the first place. She described him as formerly being a 'gentleman, a regular, who seemed fond of her'. She was at his bedside when he died three weeks after admission. She then quietly went away.

Fortunately most of us had been shamed enough to find an opportunity to thank this woman, but I don't think any of us expressed to her directly what a potentially devastating insight she had given us into our own behaviour. Loss of innocence has the potential to make us harder, tougher people, but equally it may help us to gain a deeper understanding and a greater genuine compassion.

A lesson in moderating behaviour

A similar incident involved the daughter of an extremely prominent citizen. She had spotted a niche in the market in a work area not usually considered by women of her upbringing. She opened a high-class bordello and set high standards of behaviour for clients and treatment of her 'girls'. The police always gave notice when the premises were about to be raided so that certain high profile citizens had the chance to remove themselves. My co-physician withstood a certain amount of ribbing at staff lunches when this well known patient of his was discussed; various nuances were cast. I remember him saying, 'I have learnt more from her, but not in the way you might think, than I have from 10 or 20 other patients combined'.

From the highly successful bordello we admitted a young man with severe myocardial infarction. The attack had developed at a highly inappropriate moment. The madam visited him in hospital regularly and provided him, an itinerant labourer, with accommodation for his convalescence. We entered the man into a major study of patients who had had coronary attacks. The study involved following up patients for as long as possible. We managed to follow up 92% of patients for 25 years; however, we lost track of this man.

Some years later the madam herself was admitted to hospital under our care, and I probably broke ethical rules when she started reminiscing about that labourer and his heart attack. I admitted regretfully that we had lost track of him.

'I can help you there', she said. It transpired that she had kept in touch with him as he moved around Australia and New Zealand. From that time until her death about 10 years later, she was able to give us an annual report concerning his wellbeing.

Loss of innocence may be useful in providing us with the confidence to moderate our behaviour, even to the extent of 'reinterpreting' certain rules when it is appropriate to do so. MT

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