The real p(atient) value

Sharon Roman

The significance of patient perspectives: empathy and better healthcare

Medical literature abounds with the names of doctors who have made significant contributions in their field of study. Their quest for better healthcare has generated enormous amounts of bar graphs, pie charts and scatter plots made of invisible faces and anonymous lives. Any hint of identity carefully erased. But we, the anonymous, have valuable contributions to make as well, with knowledge of our own—personal experience and a different perspective of healthcare. Knowledge and identities not found in textbooks and, until now, not featured in this journal.

Being a case study, randomised, assigned and reduced to a p value, while serving the greater good of medicine, also contributes to distancing patients. The loss of empathy and dehumanisation in medicine is real. Academic journals can add to this alienation and further insulate clinicians and researchers from the people who have swalloed, injected or undergone invasive or harmful treatments in hopes of finding a cure, or relief. I was once one.

Clinical researchers from the people who have made significant contributions in their field of study. Their quest for better healthcare has generated enormous amounts of bar graphs, pie charts and scatter plots made of invisible faces and anonymous lives. Any hint of identity carefully erased. But we, the anonymous, have valuable contributions to make as well, with knowledge of our own—personal experience and a different perspective of healthcare. Knowledge and identities not found in textbooks and, until now, not featured in this journal.

Academic journals can also play a direct role in helping clinicians and researchers see patients for who we are—real people, the person in the queue ahead of you, your neighbour. We must hold fast the view that best practice is not just for patients, it also includes patients. Our involvement does not diminish a journal's content or impact factor. That belittles the value of personal experience and doctors' ability to learn from it.

Clinicians who are interested in a patient's perspective are more likely to have empathy, and researchers are more likely to engage patients of their own volition. It must be realised that the function of empathy is not merely to label emotional states, but to recognise what it feels like to experience something. There can be no empathy without shared perspective.

An empathic connection can also make practising medicine more rewarding. Physicians who allow their patients to emotionally move them enrich their own experience of doctoring, and numerous studies have shown that patients who are treated by doctors who score higher on empathy experience improved health outcomes. Empathy offers guilt-free selfish outcomes for both doctor and patient. Expert opinion coupled with patient perspective is a winning combination for all, and seeing the person behind the disease personalises healthcare and science.

The hidden significance of the p value is the patient, and the null hypothesis is that our perspective can effect change for better healthcare. While I have likely been a part of studies published in this journal, until now I have remained a data point, but I am a person. Please allow me to introduce myself, my name is Sharon Roman, and 20 years ago, I was diagnosed with clinically definite multiple sclerosis.

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