

## Purple Elephant

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In 2012, my family and I went to Paris, France. I was so excited that I was unable to sleep the day before we left, as well as on the plane ride there. It was a trip of a lifetime, one that I had been dreaming about for some time. When we landed in Paris, it was early in the morning, so we had a full day at our disposal to explore the city. Although we went to many different restaurants and cafés throughout the day, I was unable to eat even a morsel due to my excitement. The day, however, was just getting started, as it turned out. Later that day, after returning to our apartment exhausted, I went to my room in order to change, only to wake up on the floor with my parents' terrified gaze transfixed upon me - they had witnessed my first grand-mal seizure. When my dad noticed how frightened I was, he softened the blow by explaining that the seizure was most likely due to the impact of hitting my head on the glass table. After hearing his plausible account, I felt relieved. This allowed me to make jokes about what occurred in order to distract myself from the seriousness of the situation.

When we returned home, I immediately went to a well-regarded neurologist, who without listening to my story or taking a history went straight to the science. Upon examining my EEG or a brain-wave test, he declared I had epilepsy. After learning that I had epilepsy, I was hysterical. I screamed at my dad calling him a liar, tears streaming down my face as I was unable to cope with the knowledge that I had epilepsy. I was inconsolable, feeling betrayed by my father, and this doctor for coldly casting a verdict which would likely shape my life. The first neurologist did not help calm my frayed nerves or listen to my story; he was cold and clinical, talking only to my parents, as if I did not exist. He made it tough for me to cope with my illness as he showed no empathy. It was all science to him and I was just another statistic.

After discussing this with my parents, and my pediatrician, I saw a different neurologist. This one was kind, humorous and compassionate. As part of his evaluation, he asked me to remember three words during my interview. I still recall one of the words as it was so funny to me at that time, a purple elephant. To others that may seem insignificant, but I found it so amusing that I burst out laughing. Somehow, that one word and levity changed the way I felt about my health. Suddenly, everything seemed clearer; he listened to my concerns and conquered my fears through humor. Each time I have an appointment, he addresses me when explaining a situation, makes me laugh, and makes me feel special. He allows me time to talk about my research and anything that could minimize the stressful situations in my life. Having a physician who is both warm and kind and who uses the power of humor to defuse stress makes life less burdensome for a patient. Medicine is a mix of science and art - doctors must look at the science and apply it in a way patients can best benefit. This drove me to learn more about how a doctor-patient relationship could impact one's health. When seeing the previous neurologist, I did not want anyone to know that I had had a seizure; I felt embarrassed. However, now I embrace my disorder without fear of being ostracized. He instilled confidence in me through humor and by fostering a positive doctor-patient relationship. This experience galvanized me to conduct the research that I will briefly outline below.

The goal of my research was to determine if neurologists and patients share a similar perspective on the role doctor-patient relationships have on a patient with epilepsy's overall health. Two online surveys were created in order to accomplish these goals. I contacted epilepsy support groups and through a process I call pattern matching, identified neurologists from across the nation. A total of 65 patients and 255 neurologists participated in this study. For the most part, standardized scales were used within the analysis, with the exception of a humor scale, which I devised. Bi-variate Spearman correlation coefficients were used in hypothesis testing. The doctor-patient rela-

tionship was evaluated through the lens of patient-centered communication. The hypothesis that patient-centered communication would result in better physical and emotional wellbeing was partially supported. In the patient survey, patient-centered communication did result in better emotional well-being, but was unrelated to physical health. However, in the physician survey it was the reverse, patient-centered communication was related to better physical health, but unrelated to emotional well-being. However, doctors encouraging patient-centered communication were better able to identify stressors in their patients. The hypothesis that use of humor would serve as a positive component in the patient's physical and emotional well-being was refuted, although the use of humor was positively linked in patient-centered communication. In the physician survey, the use of humor positively impacted patient stress, and an improvement in overall health. Humor in care, was also seen by both the patients and neurologists as being helpful in supporting patient-centered communication.

Analysis of the results from the two different surveys showed a strong relationship between physical health and emotional well-being, not unsurprisingly, highlighting the importance of the mind-body connection. In both cases, the better the health, the better the emotional well-being and the lower the stress levels. Finally, how doctor-patient relationship was taught during one's training was also critical. Doctor-patient relationships taught throughout one's training and addressed in multiple mediums was favored by doctors.

The findings of my research emphasized the importance of doctor-patient relationships, specifically around patient centered communication and health. Although most medical schools devote some time discussing doctor-patient relationships, it should be broadened, covered throughout the spectrum of one's training and ought to be multi-faceted, including role-play, case studies and discussions. The use of humor within doctor-patient communications should be stressed as it is a vital area in patient care. Although there have been a number of studies focusing on the importance of various aspects of doctor-patient relationships, this is possibly the first study of its kind to specifically focus on patients and neurologists treating epilepsy. Additionally, most studies singularly focus on either the doctor or the patient's perspectives, but none compare both. More research is needed to better identify factors that promote a strong doctor-patient relationship, and to explore and mitigate barriers in establishing stronger interactions, and explore ways in which patients can better advocate for their own care.

As a freshman in college, I reflect upon how different my journey might have been, if I had not had a neurologist who put me at the center of care. It is important for physicians to acknowledge their patient's emotions and to hear their life-story; it should not be considered as supplemental to care, but rather as a central component of the treatment plan. My research highlights what I feel from my heart that by taking the time to foster a positive doctor-patient relationship, that patients will be healthier and better able to cope with life's challenges.

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