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HOLISTIC HEALERS OF ILLNESSES UNSEEN: PSYCHIATRY'S EMBODIMENT OF WHOLE PERSON CARE

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"We'll be following up with you after we've had a chance to make a plan, ok? Alright, have a good day."

"Doctor, I've never had a good day."

The gravity with which these particular words were spoken lingered in my mind, uttered with a stoic conviction and without a hint of hyperbolic flair. Such a comment offered insight into a life marred by housing insecurity, psychiatric illness, and substance use disorder. On my consult liaison psychiatry rotation, I heard many patients describe suffering to an extent I could hardly fathom. I was struck by the degree to which my largely unremarkable, upper-middle class roots differed from my patients' circumstances. At this early stage in my training, I felt this disparity acutely, and worried that my patients did too. I experienced a creeping fear that despite my best efforts, patients might view such a glaring discrepancy as an impediment to the formation of a therapeutic relationship. I feared that in the eyes of those I sought to help, a conspicuous lack of shared lived experiences would render me incapable of understanding, and thus of truly helping. Would this fundamental divide stymie the rapport I was so desperately trying to build? Was I doomed to be regarded as a blathering white coat treating patients from the placid comfort of my ivory tower?

"We're going to order some brain imaging and connect you with social work. I'm so sorry this has happened to you."

"You're a nice one, most people write me off. Thank you so much."

Weeks later during an overnight shift in the emergency department (ED), I saw a patient suffering from psychosis who had been assaulted by her partner. Amidst the hectic scramble of the ED, I drew the curtain around us, offering a semblance of privacy. As I examined her for injuries, she told me her story. I patiently sifted through her recollection of events, which was frequently at odds with the triage notes and further muddied by tangential digressions. After explaining how we intended to help, it was her expression of gratitude (quoted above) that caught me by surprise. Worn-out and fighting exhaustion, I had not felt like I did or said anything particularly praise-worthy. As I reflected on the experience, I was reminded of my fears from several weeks prior. I had been so fixated on my perceived deficits that my struggle to connect with patients became a self-fulfilling prophecy. In this encounter, I leaned into the powerful simplicity of human connection. I had been putting undue pressure on myself to fulfill an unrealistically idealized role, one of an impeccably capable and infallibly empathetic clinician. This interaction taught me that patients are not asking us to be perfect; they are simply asking us to care. Psychiatric diagnoses emerge when biological and social factors converge and intertwine, permeating every realm of patients' lives. Such exhaustive intrusion can potentially accentuate patient-provider dissimilitude. Empathy alone, itself a critical therapeutic modality, can help to span this gap, its importance arguably approaching that of pharmacologic intervention.

"I'm worried my interviews feel a little interrogative… I don't want patients to feel bombarded."

"The best psychiatric interviews will feel like a conversation to your patient."

Herein lies the art of psychiatric practice, inextricably woven within the broader scientific fabric of pathophysiology and pharmacology. The more exposure I gained to psychiatry, the greater my appreciation grew for the nuanced impressions and conversational dexterity required to practice effectively. Haphazardly lobbing questions at patients, as I found myself doing as a fledgling medical student, proved to be a rather fruitless endeavour. This approach, a product of my limited clinical experience, reduced therapeutic encounters to the robotic completion of formulaic checklists. Though a sense of familiarity and comfort informed my choice to adhere to rigid templates, it flattened and homogenized patient interactions.

Frustrated with how these encounters played out, I solicited advice from my psychiatry preceptor. His above comment marked the beginning of a gradual maturation of my approach, which saw algorithmic interviews blossom into tactful conversations. Patients began speaking more openly with me, readily divulging intimate details of their lives. I appreciated the need to tailor my approach to suit patients' individual needs and circumstances, cultivating a deep sense of personal and professional fulfillment in doing so.

"I appreciate your passion and dedication to your patients. Do you love what you do?"

"Every single day, every single patient, is uniquely interesting. Humans are amazing."

Psychiatrists are armed modestly with only a pen, paper, prescription pad, and their words; medical minimalists who prefer to travel light. Whereas some physicians may be tempted to wade into the murky waters of biological reductionism, I have found that psychiatry is afflicted to a lesser degree. This could be a product of the underlying neuropathology, as an objective diagnostic test alone can rarely confirm a diagnosis. It could also result from the frequency with which a psychiatric condition infiltrates all aspects of the patient's life, necessitating a holistic approach. As my preceptor's comment (above) suggests, I tend to believe that this resistance against reductionism is born of a genuine fascination with the human experience. Psychiatry has long been the steward of a simple truth too often neglected in medicine: artful communication fosters true connection with patients. This is not scorned as an inconvenience, nor is it perceived to distract from the medicine; it is the medicine itself. As the painter applies their brush or the author their pen, psychiatrists leverage their communicative savvy to extract vivid depictions of the human experience. I am in awe of this ability, a marvel that serves to inspire me as I embark to train, with humble appreciation and reverence, for such an extraordinarily rewarding career. ■

Biographical note

Alexandre Veilleux (he/him/his) is a medical student in the Class of 2025 at McMaster University in Hamilton, Ontario. He previously completed his Bachelor of Health Sciences with an Honours Specialization in Rehabilitation Sciences at Western University. Alexandre's keen interest in narrative medicine & whole person care has informed his decision to pursue residency training in psychiatry. He is also a former college football player-turned-coach, an avid writer, and an amateur naturalist.