

## VIEWPOINT

## VOICES OF CARDIOLOGY

# The Wounded Healer

## A Doctor's Experience of Being a Patient



Bartosz Hudzik, MD, PhD<sup>a,b</sup>

*Medicæ, cura te ipsum (Physician, heal thyself).*

—Luke 4:23

The term “wounded healer” has been adapted to examinations of health care professionals in a variety of disciplines including psychology, psychotherapy, nursing, medicine, teaching, social work, and mental health. Psychotherapist Carl Jung believed wounded healers developed insight and resilience from their own experience with illness, enabling better treatment of other patients’ illness. In mythology, the wounded healer is one who has special healing powers by virtue of their experience of illness.

During medical school, we are taught the basics of human anatomy, physiology, and pathology and how to diagnose and treat diseases. During residency, we learn how to use that knowledge in clinical practice. We are expected to be strong, independent, and confident and to have special skills to treat patients. Having worked as an internal medicine specialist and a cardiologist, I knew medicine from a doctor’s perspective all too well. I also thought I understood the patient’s perspective, but I was wrong. As it turns out, some things may be taught, but others need to be experienced.

Ten years ago, I became seriously ill. In an instant, I went from a medical professional dealing with life and death to a weak and vulnerable patient. Years of medical training and dealing with critically ill patients hadn’t prepared me for the role reversal. An insider’s knowledge hasn’t helped me be a patient.

It started innocently enough, with recurrent low-grade fever followed by fatigue and decreased exercise capacity. As my condition worsened, I was hospitalized. I had cardiology, hematology, and rheumatology consultations, and rather than feeling reassured by the comprehensive and cautious approach to my diagnosis, I felt scared and powerless. The first thought that came to my mind was “Oh! Good, they know what is wrong with me.” Soon enough though, a second thought crossed my mind: “Wait! None of the conditions on my differential have a good prognosis.”

As physicians, we spend much of our time ordering fancy, high-tech imaging studies and laboratory tests, doing procedures, and performing operations. We use technical medical language and sophisticated medications and interventions. I, too, in my arrogance, once shared that very approach. Now, I can see that we talk at patients instead of talking with them. We treat illnesses while tending to overlook the patient with the illness. Being ill has left me no choice but to confront my own helplessness, anxiety, and loss of authority. It has also brought fear of dependence, disability, pain, and dying. Of course, this is no different from what most patients experience. I am increasingly convinced that accompanying patients and making an effort to meet their needs along the tortuous paths of the illness is something we ought to do more of. This seems to be equally as important as the therapy itself that we prescribe.

They say doctors are the worst patients. Many of us ignore or downplay our health problems. Too often, we are reluctant to admit we are ill. Next, we try to diagnose and treat ourselves. When these attempts fail, we are forced to acknowledge that we are no longer independent and in control. Then we have to entrust our health to our colleagues. But, be that as it may, we still want to participate in our diagnostic and therapeutic process. I know I did. I suppose that even

From the <sup>a</sup>Third Department of Cardiology, Silesian Center for Heart Disease, School of Medicine with the Division of Dentistry in Zabrze, Medical University of Silesia in Katowice, Katowice, Poland; and the <sup>b</sup>Department of Cardiovascular Disease Prevention, School of Public Health in Bytom, Medical University of Silesia in Katowice, Katowice, Poland. Prof. Hudzik has reported that he has no relationships relevant to the contents of this paper to disclose.



when we are patients, we still want to maintain our professional authority. Unlike other patients, we already have the information about our illness to make necessary choices. Since the diagnosis, I have often been asked whether it was better or worse for me, being a doctor. I think the simple answer is both. Knowing how the health care system works, we reason, should give us a heads up. On the other hand, we have a firsthand knowledge of what may go wrong—complications, side effects, and the prognosis—none of which makes the healing process any easier.

Perhaps this is why we still need to feel cared for, listened to, reassured, and safe when hospitalized. Or maybe it's just that we too are human. If I had to make 1 recommendation to myself as a physician and to my colleagues, it would be this: From time to time, stop and ask your patient what worries him or her the most. Spending 5 more minutes in this way, talking with your patients, would make a real difference. The importance of communication between doctors and patients is far greater than we could ever imagine. The time spent on conversations with our patients is at the core of bedside care. There is more to medical care than just providing a perfectly tailored medical or surgical intervention.

My advice to any doctor who had been unexpectedly diagnosed with a serious illness would be finding a balance—leave the medical degree at home (metaphorically speaking), take the advice that your specialist is giving you. But above all, feel free to be scared, feel exhausted or frustrated. Allow yourself to be a real patient. After all, you are not superhuman.

Thus, I have begun a new and long journey. As a physician, I am grappling with this new turn of my life—becoming a patient. Having been hospitalized twice and with the prospect of future hospitalizations and hours in outpatient clinics, I am trying to cope with the course of the disease and the thought of life-long therapy and its possible side effects. Perhaps this experience will, in the end, make me a better doctor. I hope so, because it surely does not make being a patient any easier.

---

## EPILOGUE

Ten years have passed since my diagnosis. I have managed to avoid further hospitalizations. Out-patient visits are, after all, not that burdensome as I thought they would have been. It's taken me a decade to appreciate just how little attention is paid in medical education to what it's like to be a patient. I've become sensitive to mistakes, and I have translated those mistakes into corrections in how I myself manage my patients. Most importantly, I have realized that our behavior, as physicians, no matter how small, can impact massively on the people we look after.

---

**ADDRESS FOR CORRESPONDENCE:** Prof. Bartosz Hudzik, Third Department of Cardiology, Silesian Center for Heart Disease, School of Medicine with the Division of Dentistry, Medical University of Silesia, Curie-Sklodowska 9, 41-800 Zabrze, Poland. E-mail: [bartekkh@mp.pl](mailto:bartekkh@mp.pl).

---

**KEY WORDS** doctors, patient experience