

Chance Encounters - The environment in unlocking the door to communication and understanding

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The story of a recent trip and two chance encounters has brought home several key reflections in effective communication including the natural environment in allowing one to understand our patients in their in the increasing complexity of the health care system.

A recent trip to Glasgow for 1 day for a clinical meeting presented itself with surprising yet heart-warming chance encounters. Getting into a taxi from Glasgow central rail station, I made the usual small talk with the taxi driver. It was not long before he realised I was a doctor so I asked his opinion, about the new multi-million pound local hospital nicknamed the “death star” (built in the shape of the star). Amazingly after this he chatted about a good friend who had had 2 kidney transplants “and now has a total of four kidneys”. He was so grateful that his friend’s quality of life allowed them to have some normality in life and that he hoped a close relative would also get some benefit. Little did he know that I was a nephrologist and transplant physician. We subsequently discussed much about his own health until we reached the hotel. What are the chances of that, I reflected, but it was good to know that transplantation was a topic worthy of discussion and the taxi driver felt at ease discussing his medical problems in such a transparent manner.

The following morning bright and early in the hotel gym, (my normal routine) I chatted to a tall, slim chap, who I later found was 72 years old, pounding away on the cross-train at a phenomenal pace. I remarked on how fit he was in comparison to my meagre efforts on the static bike. He mentioned that he would come to the gym every day and train and meet up with friends. Unfortunately he had lost his wife some time ago, but he was full of cheer and optimism. Out of the blue said, again not knowing that I was a doctor, let alone a nephrologist, that he was planning to donate a kidney “altruistically” and was due to visit the hospital to progress the screening and tests. It was only then after a further discussion that I owned up to my profession which he was delighted to hear and we chatted further.

We often, as busy clinicians, do not get the time to simply chat with people let alone our patients. From these chance encounters and reflecting on every day practice, I wonder if this simple friendly relationship in a “non-threatening, non-sterile environment” offers more than the traditional doctor-patient relationship in the traditional surgery/clinic. How “patients” see us with this potential professional barrier of environment may be less than ideal to obtain the optimal consultation. These

barriers are reducing but maybe we need to think again about the structure of delivering healthcare, well at least in some groups as the digital age may change this again completely.

No signed permission from the subjects of the essay were obtained. The reason for this was the chance encounter during travel.