



# The sacred covenant of the doctor-patient relationship: a commentary on 'Tamaso mā jyotir gamaya: from darkness, lead me to light'

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This commentary is in response to the reflective narrative titled 'Tamaso mā jyotir gamaya: from darkness, lead me to light' which is accessible at <http://rhime.in/ojs>

It gives me a great sense of happiness to read and comment on the reflective piece 'Tamaso mā jyotir gamaya: from darkness, lead me to light' published in RHIME and referenced above. I am grappling with some of the same issues that the writer has highlighted. I feel a similar angst, helplessness, and restlessness that the writer has portrayed in their writing. I can relate to the fear that the writer is experiencing for the safety and wellbeing of their elderly parents. I can equally relate to the subtle note of sarcasm born out of helplessness and frustration at the inefficiency of the health system in the narrative about the teenage girl who died of post-partum sepsis. I am very sure that many more people are going through similar feelings of confusion and mental trauma precipitated by the large-scale disruptions in life, especially medical and health care services that the Covid-19 pandemic has brought about.

The writer, like most of us in the profession,

probably entered it with hopes and dreams of helping sick people, at the time of need, by providing diagnostic and treatment services. None of us came to this profession knowing and expecting that there would be a pandemic which would put our own lives at risk. The war metaphors that are used in the context of Covid-19 heavily romanticise the profession and its roles, and it is far removed from the truth. World over, there is a dichotomy, with one side arguing that this is a war against the Coronavirus and all health workers must enter the war like soldiers fearless and willing to sacrifice their lives. On the other side there is the argument that there is a distinct difference between wars and public health interventions. The former is aimed at destruction while the latter at protection, repair, and reconstruction. In this commentary, I would like to focus on the sacred covenant of the doctor-patient relationship and argue that the covenant trumps all other considerations, even during times of pandemic and disasters.

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“Sir, please help me, I have been tossed from pillar to post for the past 3 days. I was due for my routine weekly haemodialysis day before yesterday. But the haemodialysis centre refused to put me on the schedule without a negative Covid-19 test report. Help me...” the elderly man in a grey coloured cotton shirt and a white dhoti, which had almost become brown because of its age and accumulation of dirt, cried and collapsed into the plastic chair in front of me. His bony rib cage was visible through the opened buttons of his shirt and it was clear that he was struggling to breathe. Tears were streaming down his wrinkled and bony cheeks.

His son, who was accompanying him, explained to me that they had given a nasal swab for Covid-19 test day before yesterday and he was asked to come today to collect the results. He must go to the haemodialysis centre directly with the results. I inched forward from my seat and recorded his blood pressure and put my hand on his shoulder as I auscultated his chest to listen for any crepitations that would indicate fluid overload in the lungs. As I went about my examination ritual, the man calmed down and submitted himself fully to the examination. As I removed my stethoscope after completing the auscultation and took my pen to jot down the findings, the man lifted his right hand in a gesture of showing his wrist to me. I understood the cue and felt for his radial pulse. Those 7 minutes of silent exchange between him and me were intense. At the end of it I could sense a definite feeling of calmness and some of the creases on the man’s forehead had smoothed out. After that, I got on the phone and arranged for the results of his Covid-19 test, which was negative. This took about 15-20 minutes, at the end of which the man lifted both his hands in the gesture of salutation. After seating his father inside the autorickshaw to go to the haemodialysis centre, the son came to me and bowed in respect and said, “Sir, this is the first time a doctor has touched him in the past 2 months. Thank you so much. This means so much to us” I could see his eyes wet with tears.

The doctor-patient relationship is a very sacred covenant. It is a very intimate relationship based on confidence and trust.

The role of the doctor is to make a diagnosis and provide a treatment. In addition, the doctor also has the responsibility to act as the patient’s advocate and stand by the patient during the most vulnerable time in their life, the time of sickness. The sanctity of the covenant goes beyond norms of ethics and professionalism. Situations like the current Covid-19 pandemic pose a very tough challenge to respecting this covenant of trust between the doctor and the patient.

There are numerous advisories on how to treat patients with Covid-19. Hospitals are drawing up protocols and standard operating procedures for diagnosis, treatment, infection prevention and control. It is important that health care providers protect themselves from getting infected while caring for patients with Covid-19. The gruesome stories of health care providers contracting the infection and some of them dying evokes serious anxiety among the health care providers and their loved ones. Measures are being taken to minimize patient-doctor contact. Doctors on Covid-19 duty are being advised to minimize their exposure to patients. I sat through a training session where the trainer was advising Covid-19 duty doctors. “Use the finger pulse oximeter, avoid palpating the pulse, do not auscultate when it is not necessary, don’t go too close to the patient’s bed, when you finish your rounds, get out of the ward and sit in the nursing station” the trainer said, in all earnestness. I would have preferred to hear, “Secure your personal protective equipment. Be meticulous in wearing it as well as removing it. Practice rigorous hand hygiene. These will adequately protect you. Then talk to the patient and express genuine interest in their welfare. Touch them, examine them and treat them like you always do.”

The medical profession has been undergoing tectonic shifts in the way it is practiced in recent times, even before Covid-19 struck. The advancement of technology, imaging, and artificial intelligence have placed machines and gadgets in-between the doctors and patients, thus separating them. In this context, the Covid-19 pandemic has created one more reason to widen this rift between the doctors and patients. This must not be allowed. The

pandemic must not be a reason to dishonour the sacred covenant of the doctor-patient relationship.

It is in this context that I see the reflective piece by the author. It is appreciable that they thought of conducting the outpatient clinic through the pharmacy window, helping the patients, while at the same time maintaining a physical distance. But what if there is no such safe space available to conduct such clinics? What if there is inadequate personal protective equipment? Are doctors still duty bound to deliver compassionate care to patients putting their own lives in danger? To understand this issue further, we should get a clear grasp of what is the duty of the doctor / health care provider and to whom this duty is owed? All the codes of medical ethics agree that all doctors / health care providers have a duty to provide care during emergencies (if we consider the pandemic an emergency) and cannot refuse to provide care. However in addition to their duty to the patients, all doctors and health care providers also have a duty to the society – by remaining healthy and uninfected and continuing to deliver their services, to the other colleagues in the profession – by not overburdening them by becoming sick, and to their loved ones – by not transmitting their infection to them and endangering their lives. Viewed from this broader lens, doctors and health care providers must take utmost precautions and protect themselves from getting infected. Therefore, the duty of the doctor to care can be conceptualized within the limits of them being able to protect themselves first. The health system must be able to provide them the safety equipment and spacing and all environmental conditions that will enable their effective discharge of services.

Having said this, I believe that this is the discussion for peacetimes. When there is no emergency or pandemic in hand and when the health system is functioning without a severe crunch of resources including human resources, it is good to plan and strengthen the health system in such a way that they are able to provide this enabling environment in

which doctors and health care providers can be protected. But what we are going through now during this Covid-19 pandemic is an emergency. Not only are our hospitals overflowing, our health care providers are overworked and stretched out. These are times which call for not just duties but for supererogation. These are not times to discuss the limits and confines of one's job description, but to rise to the occasion and go beyond the call of duty. This call to rise above the call of duty is not a professional call, it is a humanitarian call. Doctors like those the writer of this reflective piece talks about, who go beyond their call of duty to set up a window pharmacy clinic and continue discharging their duties in hostile circumstances must be recognized and rewarded for their commitment to the profession. It is true that doctors and health care providers cannot be forced into duty when adequate safety gear and personal protection are not ensured by the state. At the same time, the health care providers who rise to the occasion must be rewarded for going over and above the call of duty.

Will our health systems remember these true heroes of the health system who rose to the occasion and went beyond the call of duty? Will the junior doctors, interns and residents who all are doing a phenomenal work in the frontline of this pandemic, receive extra credits for their post graduate admission next year? Will doctors and health care providers who lead the pandemic response receive a pay-hike or a bonus? Will they get extra credit for their routine dynamic career progress? The health care profession needs more and more supererogatory workers. The tribe of professionals who go beyond the call of duty needs to increase. Are we as a health system ready to encourage and motivate such professionals? This is an important question that we need to ponder. I wish the writer the best in all their future ventures. I wish that they retain the spirit of service and going above the call of duty, as it is the likes of such doctors that will flourish and nourish the health system of our country.