April 2017

Commentary: Care Is a Noun and a Verb

Peter G. Holub
Nova Southeastern University, holub@nova.edu

Follow this and additional works at: http://nsuworks.nova.edu/ijahsp
Part of the Bioethics and Medical Ethics Commons

Recommended Citation
Holub PG. Commentary: Care Is a Noun and a Verb. The Internet Journal of Allied Health Sciences and Practice. 2017 Apr 04;15(2), Article 10.

This Commentary is brought to you for free and open access by the College of Health Care Sciences at NSUWorks. It has been accepted for inclusion in Internet Journal of Allied Health Sciences and Practice by an authorized editor of NSUWorks. For more information, please contact nsuworks@nova.edu.
Commentary: Care Is a Noun and a Verb

Care is a living word that binds us to our patients and to each other. The desire to care for others is the motivation for everything we do. Whether healthcare system or health care provider or health-care reform, the singular mission is patient care. The motto for healthcare is Cum scientia caritas (Latin for scientific knowledge applied with care). The only challenge to this most rudimentary tenet for caring depends on how we define care.

Author Bio(s)

Peter G. Holub, DPM, PhD, is an associate professor for the Department of Health Science at Nova Southeastern University. He teaches graduate and undergraduate online courses in healthcare ethics, medical professionalism, cultural competence, and narrative medicine.

This commentary is available in Internet Journal of Allied Health Sciences and Practice:
http://nsuworks.nova.edu/ijahsp/vol15/iss2/10
Commentary: Care Is a Noun and a Verb

Peter G. Holub, DPM, PhD
Nova Southeastern University
United States

In the beginning was the word, and for caregivers, that word is care. Care is a living word that binds us to our patients and to each other. The desire to care for others is the motivation for everything we do. Whether healthcare system or health care provider or health-care reform, the singular mission is patient care. The motto for healthcare is cum scientia caritas (Latin for scientific knowledge applied with care). The only challenge to this most rudimentary of tenets for caring depends on how we define care.

Care – the noun

The word care is registered, trademarked, and frequently coined throughout the industry, from home care and urgent care to Medicare and yes, even, Obamacare. The word care is mentioned 2,869 times in H.R. 3962, the Affordable Health Care for America Act (AHCAA) 1 – an average of 3 times per page – yet, the word care is only indirectly defined on page 822: ‘The term ‘medical care’ has the meaning given such term in Section 213.”2 Section 213 of the IRB Code is nothing more than a shopping list of medical expenses eligible for tax deduction, implying that care can be defined as billable services, procedures, and products such as exams, monitoring, x-rays, and bandages.

Medical, nursing, and allied health professionals commonly define the word care as, “Under the charge or supervision of,” as in, “Mrs. Morris is under Dr. Stewart’s care.” Billing and documentation of healthcare has reframed the caregiver’s perception of caring from an action verb to a noun – an item check-marked on a list of covered benefits. Just add “-ing” to turn billable services into verbs: examining, monitoring, X-ray, bandaging, and, yes, even caring. The delivery of healthcare becomes deadpan (not to be confused with bedpan, although both are a direct assault on patient dignity). “-ing” care is ersatz care, given and received with the knowledge that it is inferior to the real thing.

When demonstrations of care are restricted to what can be recorded on a medical claim form, caring is mistaken for a finite and limited resource. And, just as Facebook™ has obscured what it means to “Like” anything anymore, the word “care” is used over and over with no mindfulness of what it really means to care.

Care – the verb

Care is both the structure (noun) and the content (verb) of practicing the art and science of medicine. Caring requires knowing something about the patient’s feelings, fears, hopes, and thoughts, as well as knowing something about the disease. To deny the influence of non-physical dimensions of illness is paramount to saying all health providers might as well practice tele-medicine - healthcare from a distance - with no need for actual face-to-face patient contact.
To the patient, the quality of the interaction with his or her caregiver defines caring. Quality is relative – some people like being touched, some don’t – and the challenge is to customize approaches that will provide quality care for everyone.

Because each patient experiences quality of care differently, what is needed is a universal definition of what it means to care. One way to describe care in a way that encompasses health services and medical products as well as empathy and compassion is that care reduces the professional distance between the practitioner and the patient while maintaining the therapeutic relationship.

The professional distance is the social and emotional space between patient and caregiver (whether doctor, nurse, technician, or clerk). Distancing oneself from the patient is often a defense mechanism that insulates a caregiver from patient suffering, falsifies a sense of scientific objectivity, and fuels paternalism. Professional distancing is actually counterproductive to the therapeutic relationship.

Therapeutic relationships are best served by patient-centered approaches. Patient centered approaches reduce professional distance by emphasizing listening skills over typing skills, and eye contact over keyboard contact. The epitome of a successful therapeutic relationship that reduces professional distances between doctor and patient is modelled by Patch Adams. Robin Williams portrayed Patch in a movie that should be viewed by all medical and allied health students to help counter the hidden curriculum. Refusing to wear a white clinic jacket, insisting on first name basis, sharing a clean joke, and topping it all off with a red clown nose are some of the behaviors and attitudes that can reduce professional distance.

The moral of the story is that caring doesn’t require a wall of framed diplomas, gadgets, and props to enhance the therapeutic relationship. Care is both a product and a relational phenomenon of the moment; it is a social creation. Care can be provided by medical practitioners, nurses, technicians, and staff in any specialty; and, caring is effective across all spectrums of patient health and illness.

“Everyone should have health insurance?” asked Dennis Kucinich, “I say everyone should have health care. I’m not selling insurance.” Neither should we. Healthcare without care is a contradictory term. Denying the duty to care for other human beings removes the caregiver from the therapeutic relationship. “It's not my responsibility,” becomes an excuse for neglecting a sacred calling. The question, “Will that be Visa™ or MasterCard™?” has to be re-placed with providing care as a clinical imperative.

Fulfilling the promise of healthcare will come after we realize that care is more than just a list of covered benefits – it is the ultimate reality of what caregivers do. The first and foremost reason we care is elementary – it’s in our job description; and, it’s time for caregivers to assert the value of the art of caring.

References
2. Ibid