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Commentary: See Me, Feel Me, Touch Me, Heal Me

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The title of my commentary is from the rock opera *Tommy*. Tommy doesn't ask for a high-tech medical cure for his disease. He isn't interested in prescription drugs. He craves the simple human touch - a low-tech form of caring that has no negative side-effects. The healing power of the human touch is validated by scientific research. So, other than the fact that it doesn't have an ICD-10 medical billing code, why don't doctors and other caregivers like to touch their patients?

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The title of my commentary is from the rock opera *Tommy*.¹ Tommy doesn't ask for a high-tech medical cure for his disease. He isn't interested in prescription drugs. He craves the simple human touch - a low-tech form of caring that has no negative side-effects. The healing power of the human touch is validated by scientific research.² So, other than the fact that it doesn't have an ICD-10 medical billing code, why don't doctors and other caregivers like to touch their patients?

Some doctors say that touch isn't necessary. They claim that diagnostics and imaging technologies provide a perfectly clear picture of what is happening with their patients. Likewise, modern day methods used to treat medical conditions rely upon pharmaceuticals and surgery to restore patient health. Some caregivers even view the simple act of shaking hands as a health hazard. The last time a doctor shook my hand, she was wearing exam gloves. Of course, each patient encounter is different and sometimes infection control requires safe distances and barriers to prevent direct human contact. But, the times when these precautions are needed are rare, and for most patients, lack of human touch signals indifference, neglect, and even disgust. Touch builds trust.

Touch can have positive effects on a patient's health. The lack of human touch can have negative effects on a patient's well-being. Appropriate human touch strengthens the caregiver/patient relationship. Considering the remarkable effects that touch can have on the quality of health care, and the potential harm caused by the omission of touch, I believe it is unethical for caregivers to deny patients the human touch – *en par* with other forms of patient neglect, breach of duty, and sub-standard care.

Some of you are probably thinking, "There goes Holub with another one of his touchy-feely sermons." "What about infection or cultural taboos or perverts or cooties?" Hopefully, the following T.O.U.C.H. anagram will help put these fears at ease.

T stands for **Trust**. When a caregiver puts the laptop down, gets up out of the chair, and reaches out to shake hands or put a reassuring hand on a patient's shoulder, that caregiver is establishing the kind of trust that strengthens their professional relationship.

O stands for **Observe** the patient's reactions. Receptivity and response to touch varies for different individuals. Touch is authentic and most effective when it is tailored to the individual, whether it be a pregnant teen, a bilateral amputee in a wheelchair, or a woman wearing a hijab or burka. Observing patients and determining the appropriate response to their fears and their joys is a sign of narrative competence.

U stands for **Understand** the difference between *touching as malpractice* and *not touching as negligence*. Groping and inappropriate touching is assault and constitutes malpractice. Medical practitioners and technicians who are tempted to abuse the patient's trust in this manner should remove themselves from duty and seek professional help. On the other hand, not touching a patient when it is indicated is negligence. Health professionals should consider their hands as healing instruments – not to be abused, misused, or used up.

C stands for **Care**, and caregivers need to touch patients to palpate pulses, lymph nodes, and abdomens, and feel for signs of crepitus and inflammation. Be gentle. Prepare the patient before tugging on a painful appendage or probing a sensitive area of

the body. Care includes washing your hands after each patient encounter.

H stands for **Hugs** and **Handshakes**, simple everyday person-to-person kinds of touch used to **humanize** relationships. Greeting and dismissing patients with handshakes and hugs shows that the caregiver is not an automaton. Oh, please remember to remove the gloves when shaking hands.

In conclusion, let me share a thought that may encourage delusions of grandeur in caregivers who some may say are already a bit full of themselves. When examining patients, think of your hands as having healing powers. It wasn't until the 1990s, with increased awareness of HIV, when OSHA published the *Bloodborne Pathogens Standard*, that boxes of disposable latex (now nitrile) exam gloves were available in every exam room.³ Now, doctors and healthcare workers wear exam gloves whether they are in contact with bodily fluids or not. Glove up only when needed. Even if it were possible to palpate lymph glands and pulses or feel crepitus and inflammation through a pair of gloves, patients are likely to think that you are just going through the motions, or perhaps that you are afraid to touch them, because they are contagious or because you'd rather glove up than wash your own hands between patients. If you believe your hands have healing powers (and they do), you will be more likely to use them in appropriate ways to heal your patients.

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2. Touch Research Institute Web site. Available at <http://www6.miami.edu/touch-research/About.html>. Accessed December 6, 2015.
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