

## Hand Holding

By Amanda Swain

In the pre-dawn darkness of an August morning I prepared to start my Surgery rotation. It was the first day of my third year of medical school, the first day I would actually be in the hospital instead of sitting in a classroom. My blue scrubs were the smallest size available but still comically large on my 5'2" frame so I tucked, rolled, and pinned them around me. Then I donned my short white coat, so highly starched it seemed ready to wander off on its own. Into its large pockets I crammed every possible reference book, stretching the seams and weighing myself down by about ten pounds. Despite getting a tour of the hospital the week before starting clinical rotations, my stomach churned as I double- and triple-checked the location where my "team" was meeting for daily rounds. Once located, I stood at the periphery of the messy circle of surgical interns and residents. At the center, like a sun around which we all revolved, stood an attending physician, glaring at us. Of the several questions he lobbed (or more accurately fast-pitched) my way, I answered exactly zero correctly.

Surgery quickly showed me that I knew nothing, not even how to wash my hands. A quick-talking scrub nurse briskly showed me how to do so correctly, using the betadine-soaked scrub brush and moving slowly from nails to fingers to hands to wrists to elbows. When an area was clean you continued upwards; repeating territory meant contaminating yourself and starting over. Once I was "scrubbed in" I had to remember not to touch my face, glasses, clothing, or other "dirty" surfaces in order to avoid contaminating anything in the sterile surgical field. Needless to say, I didn't get the hang of this right away.

The second day of the rotation, I was briefly abandoned by my supervising resident when they went off to write some last-minute post-op orders for the next surgery. While waiting for their return, I cautiously inched my way into the OR being prepped. Slightly stunned by the bright white lights and arctic temperature, I pressed myself against a wall and watched the team of scrub nurses and techs moving fluidly through their pre-op checks of instruments and supplies. A couple of anesthesiologists chatted as they prepared medications and IV fluids. Everyone had a purpose and knew their role. The energy in the room was palpable, intense yet controlled. It didn't seem possible that I would ever find a place in this intricately choreographed dance.

Then the patient was wheeled into the room. An older man with graying hair under his surgical cap, he lay on his back on the gurney in the center of the room staring up at the ceiling. We were both out of place, islands of silent contemplation amidst a sea of activity. His left arm was extended outward in my direction, strapped to an extension of the bed, his IV already in place waiting to receive the anesthesia. The arm seemed to beckon, and I stepped forward slowly, unsure if I was breaking a rule of some kind, *though shalt not speak to a patient before surgery*. I introduced myself and then, as we made small talk, I put my hand on top of his. The anesthesiologist who came over to confirm the patient's name and date of birth gave me a slightly questioning look, but only to confirm that I wasn't actually doing anything of importance.

My instinct to reach out to the patient came from my own experience. At age fourteen I was the one on the gurney, shivering by myself in a pre-op area. Wearing only a thin cotton gown, I felt very small and vulnerable waiting to be wheeled into the OR. A nurse came to my bedside. I have no memory of what she looked like, or what words were exchanged. All I remember is her taking my hand in hers; the sensation of heat from her palm was immediately comforting. Her touch alone somehow conveyed the caring and support I needed in the moments before my operation.

As a medical student just starting a clinical rotation, I probably needed some of that same caring and support. Maybe my taking the patient's hand was in part selfishly motivated, but it just felt right in that moment. After all, everything else was being attended to; I had no other role to play. I held the patient's hand until his eyes closed and he was fully "under" from anesthesia.

My surgery rotation taught me many things: how to place an IV, suture, and do a proper abdominal exam. It was a heady experience. The hospital was huge and bustling, with nurses, doctors, and students constantly rotating in and out of patient rooms. If I occasionally felt overwhelmed it seemed reasonable to assume that patients might feel the same. Maybe, I figured, a moment or two of human touch could lessen some of that anxiety. I wasn't trying to do anything radical or subvert any part of the standard doctor-patient interaction. As one of a large group of white coated people surrounding a patient lying prone on their bed, it felt reasonable to put my hand on the patient's leg as a simple yet tangible way to acknowledge that I could see them as a person, not just the next "case". But I sensed that my actions were unusual, perhaps seen as odd. No one ever directly commented upon it, but I worried that the attendings would see those moments as a distraction from the "real" work of doctoring. Leave the hand holding to the nurses, they were the ones supposed to spend time with patients. We were there to do surgery; the "real" work of medicine was the curing of disease after all, not comforting patients.

In a biblical sense, laying on hands can represent a bestowal of blessing. Reiki is a therapeutic and spiritual therapy of Japanese origin that aims to improve a person's wellbeing by touch alone. There is plenty of research that shows the power of touch in helping to generate compassion; relaxation; feelings of safety and trust; and general improvement of emotional wellbeing. In Western medicine, however, we aren't encouraged to use touch as any kind of therapy beyond what we do during our physical exam. In my experience, the term "hand holding" is often used in a medical context to describe not doing very much for a patient. A quick pat of reassurance when there isn't anything else to offer. While I don't endorse touching our patients indiscriminately, there is something to be said for taking a moment to sit quietly with a patient sharing a moment of connection. This need not be literal; even maintained eye contact can be a kind of intimacy. Sometimes actually reaching out to touch a patient isn't even feasible, what with our desks and computers often in the way.

I suppose I think of the concept of "therapeutic touch" somewhat loosely. A hand on the back while guiding a patient to or from my office. Holding my palm against their shoulder as they take deep breaths during the lung exam. And though a rare occurrence, I have even hugged patients. I don't consider myself a particularly touchy-feely person; I am not often inspired to literally hold a patient's hand. It's more of the sense of connection I seek.

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