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Touch: The solace of flesh on flesh

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Essay/Personal Reflection

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Robert is dying of heart failure. He sits slumped in bed, his breath panting, his face etched with despair. Tubes and wires spiral from his arms and legs. His wife and daughter sit bedside, wringing their hands.

I place my stethoscope on his chest. His heart slaps, his lungs rattle. I linger for a minute, fingers perched on skin, then slide to his abdomen. I knead his belly for abnormalities. His liver is enlarged. My hands shift to his legs and ankles. Fluid oozes from bloated tissue. I move to his wrist. His pulse is anemic and erratic. Then, I rest my hand on his forearm. A laying on of the hands, a ritual of caring.

Regrettably, in this time of a relentless pandemic, touch has been consigned to the wayside. Contagion has precluded skin-to-skin touch, and replaced it with telephone calls, telehealth, and gloved, gowned, and goggled clinicians. This is understandable; however, I fear this temporary distancing will further entrench the focus on technology rather than the patient. Prior to the pandemic, non-touch modalities were already transforming the relationship between physician and patient. Rather than sitting bedside and witnessing the suffering of a patient, physicians were spending more of their time in pixeled foxholes tapping on computers and tablets and cell phone screens (Verghese, 2008; Rousseau, 2015). There was an increasing urge to rely on technology (Fred, 1997; Rakel, 2000) rather than the patient. I am concerned that the pandemic will strengthen these changes, and in so doing, emphasize disease over person, technology over touch. This will further relegate patients to the unseen and unheard (Verghese, 2008).

Robert died on the lip of the pandemic. He felt the touch of a caring hand, the transcendence of flesh on flesh, the unspoken connection between physician and patient. I hope when the pandemic dwindles, other patients will be as fortunate.

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