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## Editor's Letter

The sick patient is a frightened, despirate and helpless human being. How often do medical and paramedical staff members consider patients as such? In my little experience as a medical student and as a house physician-surgeon, I have observed that there is a gross lack of awareness of this obvious fact; indeed, how many times have we witnessed arrogance in our wards and how often do patients complain that they are not told results of investigations after so many uncomfortable venepunctures, for instance, or that the consultant fails to have a modest word with them?

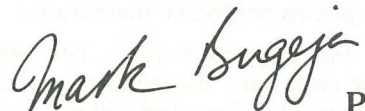
It is true that the workload in our hospital is rather heavy and much is expected from all; we are fallible humans ourselves with personal problems of our own; we do encounter situations which drive us to our wit's end: our facial expression, tone of voice and general demeanour frequently leave much to be desired. A vicious circle is set up as the already morose surroundings are further influenced by our ill-temper.

The patient, very young, adult and old alike, finds himself, often quite unexpectedly, in a new and rather hideous environment: the impressive sharp instruments, steel equipment and machinery; the sounds that pollute the air: the moans and groans of patients in pain, sputum being propelled from the depths of respiratory tracts of chronic bronchitis, the clutter of metallic instruments, the voices of stern professors; the cocktail of odours of urine, faeces, drugs and disinfectants.

As though to add insult to injury, many patients are subjected to frequent blood sampling, starvation, uncomfortable tubes through every existant orifice, IV infusions, radiological procedures, not to mention the embarrassing clinical examination particularly in front of a batch of students! Procedures that are routine to us often are very new to the patient.

Our attitude towards the sick and the choice of words we use to express ourselves must be improved considerably if we are to succeed in instilling a sense of security into these unfortunate beings. We must perform our daily tasks with dedication. We have to manage each patient individualistically. We must try to look upon and treat each case as a whole human being not as an isolated illness. We must all endeavour to provide as pleasant an environment as possible, be prepared to offer our valuable time and energy to be able to win the patients' confidence. Attempts in this direction are ultimately highly rewarding to all. Tackling the sick individuals' problems becomes a challenge and results of our treatment more gratifying.

THE EDITOR



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