

The Other End of the Stethoscope: Presentation by Marcus Engel (Summary)

There are seven objectives that Marcus Engel lists on his speaking engagement flyers as what I believe are his reasons for sharing his story. They are to help audiences: (and I am quoting)

- Apply innovative things that make a big difference in patient care.
- Discover the small things that make a big difference in patient care.
- Manage the not-so-caring aspects of the health care system.
- Rediscover the rewards of providing health care.
- Celebrate the healing power of humor.
- Balance patient care and personal concern.
- Understand the unique issues surrounding trauma and loss.

These are his words. Although he did cover these topics, he was so much more **ALIVE** and I capitalize and bold the word *alive* with good reason. Not only has he survived an excruciating painful, traumatic experience, but he is **LIVING**, contributing, and giving back. He is making an impact with his story. He is vividly sharing his experience so uniquely that simply reading this list makes the “objectives” seem perfunctory by comparison. He self admits to having ADD and claps with a thunderous big “6-foot tall man clap” reminding the audience periodically, as if to bring them with him into his frequent segues. He is passionate about what he is saying though he has probably shared his story hundreds, if not thousands of times. He is the author of several books including *The Other End of the Stethoscope: 33 Insights for Excellent Patient Care*, and *I’m Here: Compassionate Communication in Patient Care*, as well as his newest digital book *Everyday Inspiration*. He generously invited everyone in the audience to share his most recent publication by inviting everyone to text “Marcus” to 22828 on their cellphones. Many people seemed too engaged listening to write anything down. As it turns out, by the time Marcus is done speaking I had taken 12 pages of notes. This is what I remember.

According to Marcus, one of the most important things during his experience as a patient was being cared for. Like a small child, he admitted. Because that is ultimately what he felt like. He was in an indescribable amount of pain and the first person to connect with Marcus simply let her presence be felt by holding his hand. She reassured him, (*one of the smaller things in patient care*) but, he said that it meant the most to him. Not to be *alone and afraid*. He has created a movement with training booklets, and blue and white themed bracelets reminding everyone “I’m here”. The campaign and philosophy with booklets are now available and being used for medical staff training. Two simple words, because no matter how tall or strong or invincible you may think you are, pain, disease and uncertainty are terrifying things to cope with alone.

Marcus is especially grateful to the innovators in healthcare, because one thing that saved his life was a young paramedic he would only know decades later as Mark. Mark made the decision to

perform a tracheostomy in the field. An ER nurse had related to him that she had only seen 2 in the field in her 35 years. The choice to do something extraordinary to save a life is a brave one and it takes courage.

Marcus acknowledged that he was an angry patient. He could be uncooperative and abusive to his healthcare workers. He could lash out and blame the messenger. He reasoned it came from fight or flight. Patients can't *fight* bad news or pain or some things they don't like... but they can *fight*. He fought especially when he found out the ophthalmologists could do nothing to restore his sight. He admitted that this was a side of healthcare that was not pretty but that it mattered how you reacted to the distraught patient. It was important to understand this concept: *Hurting patients, hurt people*. That is, patients who are in pain will offload that pain to the people they believe are responsible, people who are in proximity, anyone. The best healthcare providers can do is realize it's not about them and to have compassion.

Throughout the lecture, Marcus had the audience ask questions and occasionally he would ask the audience questions. His sense of humor was genuine and he put everyone at ease in case they were feeling uncomfortable about his disability, his blindness, or any aspect of how it might be different to be responding to a blind man lecturing. When asked to raise our hands... there was an awkward silence followed by his playful response, "Well, if you raised your hands, you know I couldn't see you, you'll have to speak up". One of his movement's objectives is to *handle patient care with humor*. Point taken. The tension in the room changed after that and people felt at ease because the elephant in the room had just been invited for tea.

Another important priority that Marcus addressed is making a priority of patient *trust and respect*. Understanding what is important to the patient is key. Knowing what is important to the hospital is your job. Striking a balance is what makes for good patient care. He explained this by describing how an anesthesiologist came to collect his comfort item, a stuffed dog that had a watch, that if he pressed would tell him the time. It was something tactile and a way to know what time it is. These were key things for a Marcus, a blind man to feel comforted though it may have seemed like a small thing, it wasn't to him. He became known as "Watchdog" The anesthesiologist had enough respect to ask Marcus if she could have Watchdog prior to surgery. This both validated that it was important to him, and though she could have just taken it, asking for permission was the caring and respectful thing to do.

In Marcus' many experiences with healthcare workers, he referred to several of his favorite providers by name. Barb, for instance was a favorite nurse of his. She made an effort to find out about Marcus, to ask him what he wanted to be called, where he went to High School? To find something in common. To treat him like a strong, young normal 19-year-old boy. When he was

feeling anything but his normal self, this was exactly what he needed. She went out of her way to reassure him. She also later went out of her way to bring him the one thing that he found great pleasure in which was music. It meant the world to him that she thought about his needs beyond his physical care. When he was being released, it happened to fall on a Holiday and she wasn't scheduled to be there. He was fearful and uncertain and having her there would have meant the world to him as she had been his new world since the accident and he was leaving his new temporary home. In the lecture Marcus said, "I was shaking, in tears, not ready to go, then I felt both hands on my shoulders...". Barbara said "I got a call... no one sends my kid home without me". It was Thanksgiving day. She left her family to come say goodbye while he was being discharged. Barbara made, and is probably still making a big difference in people's lives. Tragically just a few years later she lost her own son, coincidentally also named Mark to a cancer.

I for one am grateful to have heard Marcus' story. It's easy to underestimate how important caregivers are. Patients who are there day and night, as well as those who come in for one treatment entrust caregivers with their lives. They rely on providers to be there in their time of distress and loss and to be accurate, professional and courteous. Especially when they hear bad news, are experiencing grief or are in pain. It is up to the healthcare provider to understand that. It is an enormous responsibility to the patients especially because they can be so vulnerable, and they are in our entirety in our care but it is also a privilege.

This is Marcus' book dedication:

For Barb DeWalle, R.N. and to the memory of Mark DeWalle.

More than just a character in these books,

You saved my life,

literally and figuratively, many times.

I will always be honored to be your other Marc¹.

¹ (Engel)