

Editorial

# The Patient as Performer: Advice for Patients Undergoing Cardiac Surgery

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## Introduction

*You don't get to choose your adversity, but you do get to choose how you handle it. Choose well.*

Dr. Charles Stanley [1]

When I joined the faculty of The Department of Surgery at The University of Virginia, after completing my surgical training, it occurred to me that I still had much to learn, especially in the realm of medical and surgical education. I decided that I would seek advice and wisdom from others within my university community. Although I did not have a good sense of how welcoming others would be to such inquiries, I quickly found that virtually everyone I contacted was willing, even eager, to talk with me. I sought out faculty colleagues throughout the university, ranging from the Drama Department (to ask advice for presenting to large audiences) to the Commerce School (to ask about the business aspects of medicine). However, though I did not know it at first, I struck ‘a mother lode’ of wisdom and knowledge when I contacted the head of what was, at the time, a fledgling program in Sports Psychology, based in our School of Education. The leader of that program at that time was Dr. Bob Rotella, and he, like so many other faculty colleagues, was welcoming to me and charitable with his time. When I explained to him that I sensed that he and his graduate students would likely have a lot to share with us in our surgical training programs, he was very enthusiastic about collaborating with us. Thus was born a decades long collaboration between our surgical educators and our sports psychology colleagues. In fact, I eventually hired one of Dr. Rotella's graduate students, Dr. Doug Newburg, after he had obtained his PhD in Sports Psychology, to help me manage our educational programs in The Department of Surgery in the University of Virginia School of Medicine.

While my initial focus in this collaboration was on the education of our medical students and surgical residents, I eventually realized that many of the lessons we were learning from our sports psychology colleagues could also be applied to our patients. After all, the ‘performance’ required of patients facing major cardiovascular surgical operations is at least as important and daunting as is the performance of those of us doing these procedures. As one of my residents colorfully said to a patient who had just wished him luck in his training: “You're the one with the pajamas on!”

This reality eventually led me and my colleagues to begin thinking about ‘the patient as performer’.

In this essay we will address some of the ‘minute particulars’ of helping patients optimize their ‘performance’ when facing, undergoing, and recovering from surgical operations. While these lessons and reflections can and do apply to any patient receiving any type of medical care, I will dwell primarily on those undergoing cardiac surgical operations, as it is those patients with whom I have spent the most time and for whom I have given much thought over the decades of my career. I will also focus less on medical issues and a bit more on advice for our patients' state of mind. Let's get started .....

## Phase of Care Advice

As a practical matter, no one can absorb everything they are hearing at any given time, especially if they are in ‘a worried state of mind’ which is, of course, the case for most of our patients, especially when we find ourselves discussing something as momentous as an impending heart operation. Given that there is a lot that we, as surgeons, will want to address with a patient and that patient's family, it is practical to deal with the various issues in a sort of ‘need to know’ process. In other words, we will usually focus initially on the reasons an operation has been recommended, what that operation will entail, the risks of the planned procedure, and the expected outcome. To be a bit more specific, we will usually focus on the immediate issues, planning to address the less immediate issues with our patients, such as plans for life after recovery, a bit more fully at a later time. However, regardless of the sequence and timing of our conversations, we will, of course, strive to be honest, accurate, and encouraging. And, I always try to emphasize the important role that the patient, and the patient's family, will need to play in creating the most successful outcome possible.

## The Initial Meeting with the Patient

Although the most well-known adage in medicine is to “first, do no harm”, that admonition is, by definition, not truly possible in the setting of doing a surgical

operation (as well as in other settings, such as giving chemotherapy). It would be more accurate to say that “we hope to do no net harm”. In other words, all physicians could say that we will do only the minimum harm necessary to achieve the hoped-for net benefit. Above all, honesty is the best policy, and we should realize that downplaying the burdens and risks facing the patient may feel kind, but it is not [2]. After all, when our patients come to talk to us about a cardiac surgical operation, they are often thinking as the humorist Lewis Grizzard did after his operation when he wrote his book entitled, *They Tore My Heart Out and Stomped that Sucker Flat* [3]. Assurances that we can provide our patients when talking to them prior to their operations include telling them that we will strive to perform the best operation possible for them and that we will do our best to keep them as comfortable and safe as is feasible at every stage of their care.

## Preparation of the Patient for the Proposed Operation

*Just give me one thing I can hold on to.*

Angel from Montgomery, John Prine, 1971 [4]

As noted in a recently published article, while there are many resources available to expectant parents, there is considerably less information available to patients preparing to undergo a surgical operation [5]. One approach that I adopted early in my career, when meeting with a patient to discuss a planned operation, is that, in addition to the usual discussions about indications, risks, benefits, and other details, I like to ask that patient what they plan to do when they are well again. If all we are talking about are the obstacles, I believe I am leaving them with primarily negative feelings. And, I am not giving them a way to prepare for and overcome the potential challenges that they may face. Discussing what we are actually going to do in a heart operation is really not of much value to the patients, while shifting the focus to the expected beneficial outcome of that operation reframes the discussion in a way that is virtually always a positive one. I have never had a patient who did not have an answer to the question of what they wanted to do when they had recovered from their operations, and, more often than not, those answers have been specific and colorful.

*In difficult times, always carry something beautiful in your heart.*

Blaise Pascal [6]

Another way to characterize these discussions is to say that I have tried to make them more about ‘the why’ and less about ‘the how’ of the planned operation. In a sense, most of the prior conversations that these patients have had with their providers will have been about what is wrong with them, while my focus is a least a bit more about what is right about them. One of my elderly patients, when asked

this question, of what they would do when well again, said that this shift in focus reminded them of the old saying that “if you look at the ground, you fall, while if you look at the horizon, you get there”.

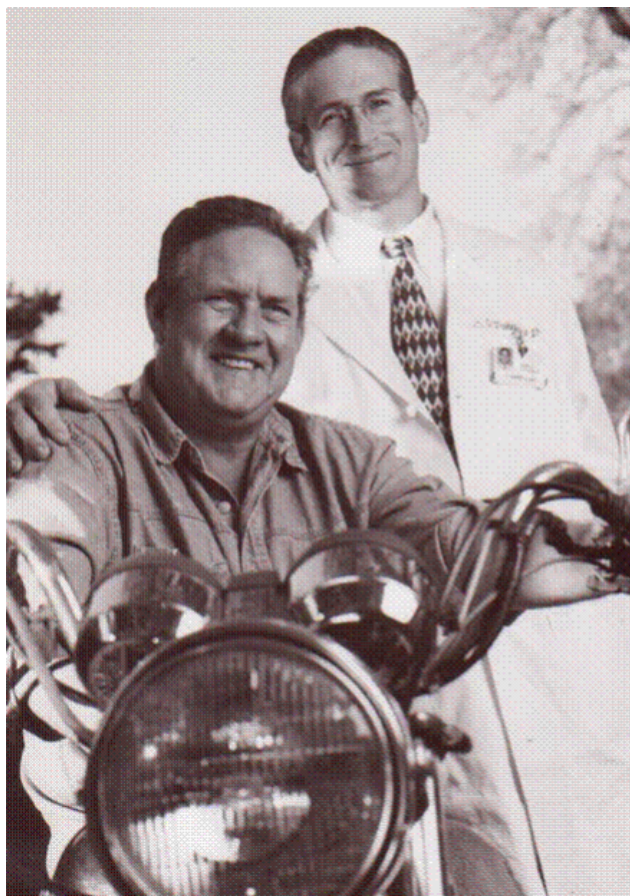
I eventually decided that I could reinforce this suggestion by asking my patients to bring me a picture of their doing whatever they have told me that they wanted to do when they had recovered from the planned operation. Every person I have had that conversation with, has, virtually without exception, moved from being all hunched over to starting to straighten up and relax at least a bit. And, I eventually came to have quite a collection of meaningful photographs brought or sent to me by my patients.

The story of one of my patients, JB, illustrates this approach. When I asked him what he wanted to do when he had recovered from his operation, he said: “I want to ride my bicycle. I ride it to my office every day. And when I’m able to ride my bike again, I’ll know that I’m back, that I’ve recovered”. I told him that “I want you to think about that before you go to sleep tonight, and I want you think about it before you go to sleep each night between now and the time of your operation. And, I even want you to think about it before you go to sleep in the operating room on the day of your operation”.

JB’s operation did turn out to be challenging. But, in the end, he did survive, and he did recover well. He walked into my office a few weeks later and said “I’ve got something for you”. He had brought me not a picture but a large poster of himself riding his bike. I hung it up in my office. He told me that thinking about ‘creating’ this picture helped him get through his operation and his recovery from it.

I want to tell one other story about another patient. When I asked him what he wanted to do when he was well again, he said that he and his son wanted to ride their motorcycles up into the mountains of West Virginia to visit an old family homeplace. He told me that his physicians would not permit him to ride his motorcycle while he was on his current heart medications. After he had recovered from his operation and when I had ‘cleared him’ to ride his motorcycle again, I got an envelope containing several pictures of him and his son on their motorcycles during that trip to the mountains of West Virginia. He also told me that picturing this trip was of considerable help to him in facing his operation and during his recovery. He later conspired with my clinic nurse to have a professional photographer take a picture of the two of us on The Lawn of the University of Virginia near my office, deeming his initial photos to have been “inadequate testimony” of the value of my advice to him. Here is that picture.

It is worth noting that some, perhaps many, patients will benefit from a belief in a merciful God. Others will have some faith in other, more talismanic, approaches to preparing for the interventions that they need. We should never say or do anything to discount those beliefs nor the solace that they may bring to our patients, of course.



In summary, I believe that it is important for the patient to have a clear vision of what they will do when they have recovered and to be encouraged to focus on that vision, rather than merely dwelling on the operation itself or the more abstract idea of 'being healthy'.

On a more mundane but important note I like to ask the patients to start taking fiber capsules and stool softeners preoperatively, pointing out that almost all patients will have to deal with constipation in the postoperative period and that getting fiber and stool softeners into their gastrointestinal tracts preoperatively will make them more comfortable after their operations. I will sometimes explain that advice by saying that we want to think about and address every aspect of their care around the time of their operation. I also suggest, in these preoperative discussions, that the patients stock their home medicine chests with non-narcotic pain medications, such as acetaminophen (including extended-release formulations) and non-steroidal pain relievers, such as naproxen (Aleve), which will last longer than others, such as ibuprofen (Motrin). These medications will lessen the likelihood of constipation, which is the nearly inevitable consequence of relying primarily on narcotics for pain relief. I have also felt it important to talk about smoking cessation around the time of cardiac surgery. After all, I like to emphasize, there will never be a better time to abandon this destructive habit!

Finally, I like to tell my patients and their families in these preop conversations that we will discuss their transition back to health more fully after their operations. After all, we need to be sensitive to the possibility of 'information overload' at any given point, as much as is feasible.

### Every Doctor is a Witchdoctor, for Better or For Worse

In his book entitled *Healing Words*, Larry Dossey writes that "the best-known negative mind-body interaction has to be voodoo". I myself was raised in a state (South Carolina) where voodoo is practiced, here and there. I have even known some practitioners of this 'dark art'. Here's what Dossey wrote about how doctors may sometimes unintentionally 'put a hex' on their patients:

*The most dramatic analogous example of this approach is the deplorable habit of physicians of 'hanging crepe'. This term derives from the custom of hanging black crepe at funerals. When a doctor hangs crepe, he or she paints the very worst picture for the patient. If things turn out the way he predicts, then the doctor is a wise prophet. If things turn out better, then the doctor is a hero. Either way the doctor 'wins'. The ethics of this predacious custom are questionable, at best. Like voodoo 'victims', patients can live out these dire predictions, sometimes even to the extent of dying [7].*

Basically, this approach of 'hanging crepe' entails telling the patient all the worst things that could happen and leaving it at that. In my view, that approach is inadequate and not at all helpful. Carl Hammerschlog, the author of *The Theft of a Spirit*, is a physician who spent years working with Native Americans in the southwestern United States. One of my own students, who is himself a Native American, gave me a copy of Hammerschlog's book [8]. In his book, Hammerschlog explained his impetus for writing it: *I learned a lot in my formal education. I got plenty of degrees and thought I knew a lot..... I was reasonably well trained in the science of medicine. But that did not make me a healer. It was through the stories of my patients, who were my teachers, that I became a healer.*

The story of one of my own patients illustrates the potential to harm a patient's 'performance' with inappropriate 'predictions' of the outcomes of an operation. This patient was a mentor, friend, and faculty colleague of mine. Like many of his generation, he had been a nearly life-long smoker, strange as that might seem now for a physician. He was found to have significant coronary artery disease, and a coronary artery bypass operation (CABG) was recommended to him, and he was referred to me for this operation.

Unbeknownst to me, our colleague's primary care physician, a well-respected faculty member at our institution, had warned our friend that he needed to be prepared

for ‘a noticeable loss’ of mental acuity after his operation. Unfortunately, my patient, did not discuss this issue with me, either prior to nor after his successful and uneventful operation. Had he done so, I would have been able to point out that some patients do have some perceptible ‘disruption’ of many aspects of their ‘bio-rhythms’ for a while after a big operation of any sort, not just a cardiac surgical operation. The most common of these ‘disruptions’ can include changes in appetite, sleeping patterns, mood, and energy levels. My own approach to describing and explaining the transient changes in these ‘biorhythms’ is to note that we humans are probably ‘programmed through evolution’ to rest up after an injury or illness, at least until we can fend for ourselves. In other words, those people who did not stay in or near their caves in prehistoric times might have become easy prey for the local predators. A conversation of this sort has seemed to be understood and accepted by most of my patients and their families. As an old adage goes, it is always good to hear a patient or a patient’s family say some version of “you told us this might happen”.

In the case of my friend and colleague, what got stuck in his mind was the ‘prediction’ that his medical doctor had made. And, apparently, after a few incidents during his early postoperative course in which he had misplaced his car keys or had forgotten to bring home something from the grocery store, he apparently concluded that the predictions of ‘mental decline’ made by his primary doctor were becoming evident. I ran into my friend at a holiday gathering not long after his operation and, though I did not pick up on his state of mind, in retrospect, he was saying his farewells. About a week later, his wife came home after being sent out on an errand and found that he had committed suicide. I was devastated, as were all who had cared for or about our friend.

Upon reflection, perhaps I had not prepared him optimally for his operation and postoperative recovery. I also felt that I may not have not been listening carefully enough to what he had been telling me after his surgery. Needless to say, the lessons learned from this sad outcome have influenced my approach to patients and their families throughout the rest of my career. As one of my own mentors used to say, “every doctor is a witchdoctor and you should use that power for the good of your patients” [9].

It is important to note here that we, as physicians, should never make claims or predictions that are not, or may not be, accurate about how our patients will experience the care we provide. However, we should not only be cheerleaders but we must also be good listeners. Still, at times, our ‘witchdoctor skills’ may not be adequate to perceive when ‘a spell has been cast’ on our patients, usually inadvertently, by us or by others. We should always do our best to maintain hope and optimism and to be aware when someone may be losing that hope, especially when the patient’s perception is, or may be, inaccurate.

## Postoperative Issues while Patients are Still in the Hospital

I like to suggest to my patients that they or their families bring in pictures to place in their hospital rooms as they recover from their operations. These pictures can not only be a source of solace to the patients themselves, but they can also be a very good way of connecting with those who are caring for them at that time. In recent times I have suggested that patients bring digital viewers to ‘showcase’ their pictures, not just for themselves, but for all who are providing care to them. I once was checking on a patient who seemed to be in a fair amount of discomfort at the time, when her nurse walked into the room, saw pictures of that patient’s grandchildren on such a viewer and asked about them. This patient’s demeanor changed immediately, even mustering up a smile, as she described her grandchildren to that nurse. The lesson here is that such pictures are not just for the patient but for all those caring for the patient to see and talk about with the patient [10].

Another strategy to suggest to patients who have left the intensive care unit but who are still in the hospital is that they move from wearing the usual hospital gowns to wearing their own pajamas, robes, and slippers. This change in attire will promote a feeling for the patient that progress is underway and will tacitly signal to those caring for them that they are, indeed, ‘on the mend’. It is also reasonable to help patients at this early stage of recovery get nourishment that is palatable for them. The various milkshake concoctions available in the hospital usually fit the bill for this phase of their care, while a more regular diet is, at least some of the time, not all that appealing to patients. Other strategies will also be helpful, such as working to keep the patient warm and to facilitate sleep, as hard as that may be for some, by managing the light and temperature in their hospital room to ensure comfort and to promote getting adequate rest.

Similarly, it may also be helpful to create a schedule for their days in the hospital, to keep the door to their room closed when feasible, and to try to minimize blood draws, tests, and chest radiographs. Some have coined the term ‘the post-hospital syndrome’, noting that it may be meaningful that this term is similar to ‘post traumatic stress disorder’ [11]. A simple, but under-emphasized strategy can be to suggest that the patient stand up by the bedside, perhaps with assistance, with some frequency rather than waiting for a team of providers to arrive for an ‘official walk’ around the hospital ward, which is, inevitably, a big production requiring numerous providers to facilitate such a stroll.

## Advice for Transition to Home and Initial Recovery

*Many patients do not rate their discharge instructions highly.*

AK Jha [12]

While preparing for a patient's discharge from the hospital, there will always be a lot of instructions for the patient and a fair amount of paperwork that must be dealt with by nurses and others. I want to dwell on what I, as the patient's physician, like to add to those instructions. My first admonition to a patient heading home after an operation is that they should strive to return to their normal routines as soon as possible. One specific thing that I have learned to tell patients is that they should get up each day and put on their regular clothes and not remain in their pajamas all day. Wearing gowns or pajamas can perpetuate the sense of being a patient rather than of being a person on the way to recovery. On a similar note, I like to encourage the patients to eat with their families at regular meal times, which can foster a return to the normal daily rhythms of their lives. And, I emphasize the need to focus on the adequate consumption of protein and calcium for healing of their incision and their sternum.

The three primary issues that patients heading home after heart surgery have to deal with are managing persistent discomfort, dealing with being fluid overloaded, and constipation. To deal with discomfort, I suggest using narcotics sparingly and, instead, using acetaminophen and non-steroidal agents, reserving their narcotics for breakthrough pain. For the issue of fluid overload, I instruct them to take the diuretic that we will send home with them, once in the morning, and to weigh themselves around the middle of the day. As long as their weight is still above their baseline, I tell them to take a second dose of the diuretic in the middle of the afternoon. Once their weight is back to normal, their lower extremity edema has subsided, and their breathing is comfortable, I tell them that they can 'back off' on the diuretics. Finally, I tell them to continue taking their fiber supplements until they are no longer using narcotics for pain control.

## Creating, and Documenting, a Plan for Recovery

*Start off slow, then taper off.*

Walt Stack, San Francisco folk hero & fitness enthusiast [13]

I also have some fairly simple advice about regaining muscle tone and endurance, which includes walking several times a day and doing some light arm movements. Specifically, I suggest to my patients that they round up two one-gallon plastic jugs to serve as cheap, adjustable dumbbells.

They can add a bit of water day by day to their jugs to slowly but surely increase the weight being moved. After all, we tell folks that they should not lift anything heavier than ten pounds, and a gallon of water weighs eight pounds. Using these home-made dumbbells is a cheap, safe, and effective way to begin to regain muscle tone in the upper body.

And, of course, I encourage my patients to walk every day. While some will have access to safe and reasonable places to walk, not everyone will. I suggest that those without optimal roads or paths to walk on near their homes should head to the running track at a nearby school or even to a mall, especially during inclement weather. One of my patients had me laughing out loud when he told me about his strategy for walking in a mall near his home. He said that he would wait near an entrance until an attractive woman walked in and then follow her around a bit. I wondered aloud if that might seem a bit forward, and he assured me that his wife walked with him and that, if the person he was following noticed that she was being followed, he would tell them how this strategy was part of his 'doctor prescribed recovery plan'. He claimed that most everyone who heard his explanation said that they were happy to 'help out' in this way. I never was sure whether or not he was kidding me about this plan!

Another helpful strategy in this early phase of recovery is to have the patient keep a log in which they can record their daily weight, observations on their 'work of breathing', what they have done with their 'arm workouts', and how much they have walked. Obviously, such a log can be a way of seeing the progress of their recovery, and it can also be a way of reporting that progress to their health care providers, especially if there are concerns about that progress.

I also like to suggest that patients recovering from heart surgery pay attention to ensuring that they are consuming the nutrients needed for healing the sternum and recovering their muscle mass, which include calcium and protein. Milkshakes or supplements like Ensure will provide most of the nutrients needed for healing, and taking antacids with calcium (like Tums) can enhance their calcium intake.

Recognizing that patients recovering from operations often find getting enough restful and restorative sleep challenging, I like to suggest that they try to recall a peaceful scene or place and focus on that image while they settle into their beds for the evening. Picturing such a scene is, of course, a form of self-hypnosis.

Finally, I have found it useful to suggest that patients strive to restore their normal daily rhythm, such as getting in and out of bed at times that approximate their usual routines. Re-establishing these routines will help other normal bodily functions gradually normalize, as well.

## Why am I so Tired?

When this frequently asked question comes up, I tell my patients some version of the following story.... Back in the cave man days, if you got hurt and felt that you could (or should) be out gallivanting around too soon, you would be more likely to get eaten by a saber-toothed tiger or some other predator. If, on the other hand, you didn't have the energy to be out and about until you had healed up sufficiently, you did not get eaten. So, with Darwinian selection at work, who had the most subsequent offspring? The folks who stayed in the cave until they could fend for themselves, obviously. Thus, we are genetically programmed, it seems, to rest up for a while after any sort of trauma (which, in modern times, includes operations). Furthermore, I also tell my patients that the body's energy balance is pretty finely tuned and that the body will put that energy into healing first before restoring it to being overly active. Thus, being tired after an operation is an evolutionarily driven way for our bodies to get well as efficiently and as effectively as possible. In other words, sometimes, after injury (or operations), I say that we just have to 'go with Darwin and Mother Nature ...'.

## Formulating a Longer-Term Plan

*Start where you are, use what you've got, do what you can.*

Arthur Ashe [14]

I have found that having undergone a major operation and making one's way through recovery from that operation can provide what some call 'a teachable moment'. That is, a patient will likely be willing to consider adopting a healthier lifestyle, with the goal of avoiding another healthcare debacle. I believe one strategy that can be useful for some recovering patients is to join a gym or a health club. I actually formed 'an alliance' with the owner of a local fitness center, convincing him that offering 'an easy entrance' into membership in his fitness club would be good for patients and good for his business. He eventually implemented this plan and made it known to physicians in our region so that they could recommend that facility to their patients.

An approach that one of my own medical mentors taught me when I was a medical student was to write a prescription for what you want your patient to do in order to shift into and stick with a healthier lifestyle. Regardless of how you make suggestions or 'prescribe' certain strategies, it is important to recognize that, at least for a while after a major operation, you will likely have the undivided attention of your patient and your patient's family. We should all try to take advantage of that fact for the benefit of our patients.

## Summary

*The secret of the care of the patient is caring for the patient.*

Francis Peabody, 1927 [15]

After major health care interventions, as cardiac surgical operations most certainly are, we, as our patients' physicians, should do our best to help them move from 'being a patient' to being a health-conscious person, with a plan that I like to call 'a sustainable design', to get back to and maintain a healthy lifestyle. As I have mentioned, part of that plan is to suggest the keeping of a log or diary to record observations and accomplishments during their road to recovery. I also like to emphasize the value of friendship and being out in Nature, as they recover from their operations. As an old saying goes, the vast majority of our patients do well, though 'not by much'. All of these strategies and suggestions can play a role in helping our patients prepare for and recover from their operations. And, I believe that our patients will find these plans and suggestions reassuring as they prepare for and recover from their operations.

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