When we speak of “experience” we often mean the lessons of the past, the knowledge gained from the accumulation of events. Through experience we acquire practical skills, beliefs and sometimes a little wisdom. As professionals we value our hard-won experience and often rely on the collective experience of our peers. With experience comes confidence and often a degree of conservatism. But the truths — or science — that we depend on can be challenged by further experience. As Dr. Mark Longhurst wrote in CMAJ, 

Science has confused us with the miraculous. Yet we are constantly confronted with the fragile nature of these cures and the unscientific nature of humanities. There is more to disease and illness than is seen in a microscope or laboratory. Each disease is so uniquely personal that every patient requires an individual approach. The uncertainty of an outcome is humbling. 

Thus “experience” also describes our engagement with the present: times of difficulty, moments of new insight. For physicians, it begins with direct encounters with individual patients. Indeed, it is a meeting-point at the personal level with the illness experience. As the “illness experience” of the patient enters the professional and personal lives of the physician, it can be challenging by further experience. The patient must sense that the physician does care. To appreciate the patients’ feelings doctors must be willing to confront their own feelings; they must not be overwhelmed by them, but should recognize their existence in the relationship. 

For Longhurst the “critical requirement to becoming an effective healer” is the self-awareness that is won through experience: 

One’s personal self is intimately connected with one’s professional role…

It behoves physicians to acquire the broadest possible awareness of their own feelings, needs and conflicts and so bring to the healing act the greatest good. 

The patient must sense that the physician does care. To appreciate the patients’ feelings doctors must be willing to confront their own feelings; they must not be overwhelmed by them, but should recognize their existence in the relationship. 

The new Experience section in CMAJ offers a forum for physicians to reflect on the often unanticipated opportunities for growth that arise in their professional and personal lives. In this issue (page 53), M. Klein counters the conventional wisdom of exiling physicians from the care of loved ones by describing a personal ordeal. In the next issue, S. Cameron will describe how a singularly determined patient raised uncomfortable questions about her right to die on her own terms. Our launching of the Experience section is inspired by the essays of Mark Longhurst and is dedicated to his memory. Mark Longhurst died in a car accident in September 1996. —JH

References