
NON-FICTION | SPRING 2015

The Power of a Handshake

By **Hugh Silk**

I offer a simple enough gesture—a handshake. I have been told that my shake is weak and does not denote confidence, a wet fish kind of shake. I am not concerned with how I convey power or strength as my confidence brews deeper than my handshake.

But in this clinical setting, correctional health, the handshake is evaluated differently. I am offering it to an inmate even though we were instructed repeatedly during our orientation to avoid shaking hands with inmates. He looks up at me in astonishment as we briefly join hands.

Inmates are very careful not to come in contact with staff as this can result in disciplinary action. As I walk down the hallway, inmates will move to the side to let me pass and to be careful that our sleeves do not touch by mistake, which can be misconstrued as an act of aggression.

Some have downplayed the handshake in the medical setting for other reasons. With the transmission of infections on the rise, studies have shown a fist bump may be a wiser choice for physicians to do with patients. There is certainly a place for the fist bump, but can we realistically train all patients to embrace it? And what will we lose with the omission of the handshake?

A wise old sage I worked with in medical school, who was a product of the generation where the physical exam was everything, would take each patient's hand and make at least 10 observations from that handshake. How was their strength, their temperature, their ability to coordinate a handshake, etc? Additionally, he explained how that simple gesture showed respect, initiated physical contact in a non-intrusive manner, and set a tone of partnership and friendliness. Bates and DeGowin could not have said it better!

Not long ago a retired Warden came to speak to our medical team to be sure we were being mindful of the rules. On occasion a staff member has crossed a professional line resulting in a breach of security. She was on message to remind us to be careful, to be cautious, and to be professional. However, she felt it was okay to shake hands. She told us: The handshake is a controlled act initiated by the provider and therefore will not be misconstrued; it can simply say I care but don't plan on taking advantage of that caring. It also conveys respect.

Medical care can never seriously be offered without a foundation in mutual respect. All too often that respect unfortunately flows only in one direction—towards the doctor. My best moments with patients are when they can feel I am interested in them, when I am

complimenting them on their efforts and outcomes. Respect is a potent motivational tool. I learn so much when I just stop and listen. Every person has a story to tell.

And so here I am sitting with a man who has cancer. He is very aware of his options and has decided not to take the medical treatments that he sees as having too many potential side effects and too many potential shortcomings. He is choosing not to engage in false hope, and I find his reasoning sound. He clearly has done his homework, listened well, consulted with family (including medical types), and is confident in his decision. The conversation is not an easy one. I explain how I will care for him here, like I would care for someone in the community or my own family member.

I explain there are limits to what we can get approved, but I will push for all the options at our disposal for maintaining his quality of life. I will see his pain meds are appropriately adjusted, that he has an extra pillow (a big deal in a prison setting), and I will pay attention to the little things we think will make a meaningful difference for him.

A family medicine colleague and friend of mine from Maine, David Loxterkamp, often paraphrases a thought from those who have come before us: We should be judged by the care we offer to the least of our patients. The words haunt me as I navigate care for the prisoners. Am I measuring up?

We stand to conclude the visit, and shake hands for the second time today. This time his look of astonishment has changed to a look of admiration.

"Thanks for listening and for understanding. Nice explanations, doc."

We are eye-to-eye for a moment. The embrace is firmer now and we are both offering more through this symbolic contact. Today I feel I have measured up. Tomorrow, we shall see.

At a recent national medical conference, Eric Topol announced that the stethoscope was obsolete. Another low-tech tool that connects us to patients—gone. Let's hope the handshake stays with us as long as we are called upon to join with patients in a profession founded on caring.

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