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# Walking A Mile in My Patient's Shoes

As I type out this editorial and revise this issue of 360 (left-handed, attempting to get my speech recognition software to produce something resembling what I've just said), I have had plenty of time to reflect on what it is like to 'walk a mile in my patient's shoes', being, as I am, in the process of recovery from orthopaedic surgery myself.

This gives me a reasonable moment to pause and reflect on the advice I have given patients in the past about expectations following shoulder surgery. Sure, I've remembered to tell them it's very painful (not my experience), to sit up in bed to sleep for comfort (I've found it easier lying down), and that putting a loose jumper over the sling with a chest strap is the best thing to do (not if you want to strap yourself into the passenger seat of a car!). However, I may have neglected to explain how difficult it is to eat with just a left hand (the plate skittles about all over the place), or to explain the impossibility of squeezing toothpaste onto a toothbrush, so, contrary to my own expectations, recovering from this operation has been an eye-opening experience.

Nevertheless, given my interest in the subject, perhaps the most unanticipated experience for me was that of filling in my patient-reported outcome measures (PROMs)

questionnaires. I went with my convictions and had my surgery done in my own unit on the NHS, and so had the usual gamut of PROMs to complete, some shoulder-specific, and the EQ-5D. I found the whole process fascinating and enlightening at the same time.

I would describe the shoulder condition I have been struggling with as 'disabling': it has affected my sleep; my work, such that I haven't been able to complete big cases easily; and my leisure, such that I have had to stop participating in Ironman Triathlons as I could no longer swim. Therefore, it is perhaps somewhat surprising that on the EQ-5D I find myself marking my state of health as 97% (well, I have no actual health problems and the question is health state after all). As for the Oxford Shoulder Score, other than the pain question there is nothing for me to answer 'no' to. Thus, despite my apparently disabling condition (from my perspective), based alone on answers to scores, there is no scope for me to get better. There's a ceiling effect right there. And, what's worse, if my data were sent to our local healthcare commissioners, they would be asking why the Nottingham shoulder unit is operating on healthy patients.

So, from this terrible scientific experiment where  $n = 1$ , it is clear that, as a surgeon, I have misrepresented open shoulder surgery to my patients, misunderstood the difficulties or

otherwise of recovery and, even worse, advised sedentary computer workers that they will be able to return to work almost immediately, which is clearly not true. (If you have never tried using a mouse in your non-dominant hand, I can assure you it is a peculiar kind of torture.)

My few weeks of walking a mile in my patient's shoes have definitely taught me more than a little, and, as with all life experiences, it's not what I expected to learn. We have a long way to go in evidence-based medicine, and perhaps we should start with some outcome measures that assess the pathology we are treating. I am already better than I was before the surgery (thanks to John Geoghegan), but my outcome scores are unlikely to reflect that.

As a point of interest, the phrase, "Never judge a man until you have walked a mile in his shoes", although credited to a range of North American Indians (including the famous and oft-quoted Chief Joseph from Oregon), is most likely attributable to a Mary T. Lathrap poem published in 1895, originally titled 'Judge Softly' and later renamed as 'Walk a Mile in His Moccasins'. The poem deals with empathy and judgement in the American West, at a time when slavery was in full flow and Native Americans faced ongoing oppression, and is a worthwhile read for anyone feeling so inclined.