

Is it ever ok to hug your doctor?

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To hug or not to hug, that really is the question. We've all had those awkward moments. Should I go in for the hug? I'm not a hugger, what should I do? What about in the medical setting? Is it ever OK to hug your doctor?

There is something very unique about the patient/physician relationship. It's a delicate relationship that can only thrive on open, trusted communication, yet there needs to be clear-set boundaries. This delicate balance often can result in some gray areas.

"Even in our current high-tech medicine age, it is clear that the relationship between the patient and caregiver is of therapeutic benefit. Still, professional boundaries need to be established. A simple matter such as hugging is complex because being a doctor or a nurse is a complex role that combines job skills and one's very being," said Mark Kuczewski, PhD, director of the Neiswanger Institute for Bioethics and Health Policy, Loyola University Chicago.

A clinical setting can be a place of highly charged emotions. This is where life-and-death information is discussed and exchanged. Just being in this environment can have strong emotional implications and a patient may need reassurance, comfort and support.

Kuczewski said that when encountering these awkward moments, there are a few things to take into consideration.

First, context is key. Professional distance is important in the

physician/patient relationship. If a doctor has an objective, neutral tone it creates a judgment-free environment where a patient feels free to discuss any topic.

“There are emotionally charged situations that can happen in a clinical setting. If a patient has developed a rapport with a caregiver, they may reach out for a sign of support such as a hug. If it seems natural and unforced, it may be helpful and probably of no real concern,” Kuczewski said.

Second, it is important that the person who initiates the hug is the less-powerful person.

“When people who are very ill come to see a physician, they are extremely vulnerable. They feel their health and well-being lies in the hands of this physician and they don’t want to offend him or her. This can make it hard for a patient to decline a hug for fear of it impacting their care,” Kuczewski said.

Still, at times the physician may be the less powerful person or just feel uncomfortable accepting a hug from a patient. In those instances Kuczewski recommends trying to inject a handshake before the person moves in for a hug. If caught early enough, both physician and patient will feel the professional boundaries have not been crossed, but there still has been a comforting connection.

“While it might seem awkward at the moment, setting such boundaries immediately is far less uncomfortable than having to dispel the patient’s misconceptions later on,” Kuczewski said.

He offers some additional ways physicians can still show concern for their [patients](#) without a hug. [Doctors](#) should:

Use body nonverbal cues that one is paying attention, such as leaning forward, facing the patient when talking and making eye contact.

Touch an elbow or forearm. This is less invasive than a hug.

Use verbal cues to show expressions of support such as, “We’re in this together,” if the patient is receiving bad news.

“What’s important is solidifying the patient/physician relationship, showing support in a non-threatening way,” Kuczewski said.

These situations are most difficult when the nature of the affection might be misunderstood by the patient or physician.

“When in doubt, substitute a handshake or other sign of support, and doubt early and often. Any time you question a hug, don’t do it. You can graciously and easily deflect the momentum toward a hug by extending a hand for a handshake or providing a comforting word,” Kuczewski said. “Still, in the right context and with the right people, a hug might be just what the doctor and the patient ordered. We don’t want to deny a patient or physician a moment that can bring healing.”

Provided by Loyola University Health System

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