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Inside Medicine: Hug can be best medicine

By Dr. Michael Wilkes -

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A young mother found her 3-year-old son unconscious in their backyard swimming pool. Over the next five horrible days, every minute was spent in the ICU, surrounded by new faces, new beeps and bells, unfamiliar smells, a profound sense of guilt and remorse, and many discussions with nurses, social workers and doctors.

Several consultants, including neurologists, determined that the boy was brain dead – he had no high-level brain functions. For Mom, this hard-to-digest fact flew in the face of what she was seeing – her son had good skin color and only looked to be sleeping as he lay hooked up to intravenous lines and a breathing tube.

It was time for the primary care team to hold a meeting to tell the parents they would need to remove their son from life support. Clearly, this is one of the hardest conversations in all of medicine.

As the pediatrician walked into the room, he stopped and hugged the mother. She seemed to welcome the hug, but the simple embrace generated intense discussions among my medical students. Is a hug from a doctor of the opposite sex in this emotional setting appropriate? Is it crossing the line of professionalism? It is taking advantage of a vulnerable woman as the doctor attempts to meet his own emotional need for a hug?

In the proper setting, there is nothing in the human experience that can be as comforting, can communicate feelings more powerfully or can connect two people better than a gentle hug. Presidents and other politicians often use the hug to send a powerful message – that they care. President Bush has publicly hugged hundreds of people: firefighters, police officers, jockeys, families from Virginia Tech and victims of all sorts of natural disasters.

Some people find hugging another person – especially a stranger – awkward. And for some men, hugging an unrelated man is simply unthinkable, as it violates all their rules of male behavior – it implies excessive emotion and involves close physical contact.

Like many medicines or surgical procedures, if used inappropriately, the hug can cause harm. For example, the hugger can have the wrong intentions or can be hugging based on misguided cues, instincts or intuitions.

I'd be hard-pressed to offer any scientific evidence that the hug actually works, but neither could I find any evidence that it doesn't. It's just my experience that suggests the hug is often of great benefit.

When we teach students about antibiotics or surgical procedures, our first step is to look at

the indications – when is it useful? A fever or cough may suggest an infection requiring medication; serious stomach pain and vomiting may suggest an intestinal obstruction requiring surgery. A person who is distraught, devastated or otherwise needs some emotional support may indicate the need for a hug. The dose required is difficult to determine, but it ranges from a quick little embrace with a pat on the back to a sustained, comforting squeeze.

The outcome we hope to achieve when utilizing the hug is not a cure of any condition but rather a connection that conveys that another person cares and is trying to understand. As with other medical interventions, the hug has potential adverse effects. We risk offending the huggie, or having him or her misinterpret our hug as having romantic overtures.

But if we are going to go for physical contact, how do we start? Dr. Stephen Wear, an ethics professor from the University of Buffalo, suggests that when we're ready and we have an existing relationship with a person, we start with a touch of the hand. If the person withdraws – we go no further. If, however, they reach out, then we should hold their hand firmly – perhaps between our two hands. If a hug is indicated – and this takes a physician with some honed intuition – Wear suggests a good place to start is the sideways, non-chest-to-chest hug, all the while paying close attention to nonverbal cues.

Some of my colleagues would feel far more comfortable about this discussion if they could first get a signed consent permitting hugging if deemed medically indicated. For me, it's a natural part of the art of medicine and it's what I need to do in certain circumstances to connect with people. Sometimes the words just don't flow – or if they do, they don't come out right.

In the case of the young mother, the doctor's hug lasted several minutes and was likely of far greater benefit than a Valium or a sleeping pill. From my perspective, the only harm was that the doctor didn't also feel comfortable hugging the father.

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