The power of touch

In his Offline piece, Richard Horton asks whether touch has disappeared from medical consultations. As a doctor working in Norway, I witness the power of touch daily, from holding a patient’s hand in the emergency room to giving them a hug after delivering a bad prognosis. Before going to work in the Democratic Republic of Congo during the Ebola outbreak, I reflected on how I would react under the strict no-touch policies that were in place for Ebola missions to prevent the transmission of communicable diseases. How would I feel not having any human touch for 3 months and being deprived of a basic need that has become so important to me, both personally and professionally?

By working in an Ebola centre, you are deprived of most instruments that you familiarised yourself with as a physician. Since the technical equipment often breaks down due to the constant decontamination, on many occasions, we are only left with our hands to evaluate the patient and have to revisit the basics of clinical knowledge. For example, by touch, we estimate the systolic blood pressure through finding a palpable radialis pulse, observe good coloured conjunctivas to ensure that the patient has no severe anaemia, and find the enlarged spleen confirming a suspicion of chronic malaria.

Yet, the inevitable distance created for the patient with the use of full personal protective equipment poses a barrier for both physical and emotional connection. Ebola is often transmitted to the ones that love and care for the patients the most, and spreads within the family. To avoid transmission of the disease, unnecessary physical contact between people is discouraged especially in societies where an embrace among friends is the most common greeting. When one experiences the deprivation of touch, it becomes apparent that its power cannot be underestimated.

I declare no competing interests.

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