

Dog Traits

Mojo, our family dog, passed away last month. Losing her made me realize what a valuable emotional support she had been for our family. As our children grew up and left home, she attached herself to me, spending hours by my side as I wrote pieces like this one. Being in the presence of such an accepting and nonjudgmental being brought me comfort after long and sometimes stressful days. Her passing helped me reflect on how I could be a better nonverbal communicator with patients and offer more of the comfort she so easily gave to us. For many of us, pets are an integral part of our home dynamic, providing a common source of attention and comfort. The presence of pets can work in the clinic as well.

Pet therapy is something that we have implemented at my institution, with wide acceptance. The therapy involves a trained animal (usually a dog or a cat), a patient, and a pet handler who guides the process. Most cases involve patients who are already familiar with pets and can build on pre-existing positive interactions. Some interactions are casual, whereas others are more structured and longitudinal. Both types of interactions are useful to cancer patients who are dealing with physical and mental stresses associated with the disease and its treatments, but they are distinct in their structure and goals. The casual interactions tend to be sporadic; when the animals are brought to our clinic or treatment center, patients or staff may greet them and have a short interaction. Sometimes the animal will sit with a patient for a while, but the interactions are usually brief and unscheduled, with no subsequent follow-up. The structured interactions, on the other hand, are more deliberately planned, consisting of a set of visits with the pet and its handler. These visits are built around a set of goals, such as reducing anxiety associated with treatment, decreasing pain associated with cancer, or diminishing fear associated with unknown outcomes. Whatever the mechanism, pet therapy seems to help many people cope with the stress of cancer. As a result, I wonder what traits of pets I can incorporate into my practice.

One obvious trait is the ability to be touched; pets love that. Touch is important in our human interactions as well. The management of cancer patients today is laden with ever more diagnostics and interventions, which means we must spend more time describing benefits and

risks in terms of percentages and populations. Although we are fortunate to have modern cancer care, the downside is a tendency to become increasingly distant from our patients. If we fail to pick up on the nonverbal cues coming from our patients, we might lose our connection with them and end up talking past them rather than with them. Touch is an underutilized tool in our efforts to slow down the process, focus on our patients, and create a calming influence. Now, I am not suggesting that you let patients pet you, but a light touch on the hand or arm can be a valuable way to connect.

If you think about it, there are some other important traits we can learn from our four-legged friends. Growing up, pausing was not something I was taught or modeled. However, since I've moved to the South, I've found that many of my patients relate to a pause. The more frequently I pause, the better I can collect my thoughts. Pausing also leads to an important pet trait—observation. You can deliver the most amazing presentation of data to a patient, but if they are not engaged, you have wasted everyone's time. Instead, if I observe that a patient is disengaged, I need to ask, "are you following me?" Ultimately, for some of my patients, I will need to simplify the information, limiting



Me and Mojo

my description to the most essential points in terms that are relatable.

What may be the best dog trait of all, listening, is the hardest. On a busy clinic day, I inevitably fall behind at some point. Taking the time to listen to a patient tell a story, even if it is unrelated to our cancer discussion, may seem like a waste of time. But it can give me a sense of what is really on their mind, their level of comprehension, and how to connect with them on what I am trying to convey. Sometimes a little humor comes from these stories and lifts everyone's mood. Come to think of it, humor is another great dog trait, and one I could use more often to lighten the mood in my sessions with patients with whom I've established a relationship. It is just one of the many qualities I miss since losing my Mojo.

Sincerely,

Daniel J. George, MD