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Reflections

The Speed of Care vs. the Pace of Healing: Reclaiming the Lost Art of Longitudinal Trust

Prof. Mehrin Farooq

Listening became my most powerful clinical tool during the darkest days of the COVID-19 pandemic, though its seeds were sown much earlier. In 2015, while in Australia, I witnessed a healthcare culture that prioritized human narratives over clinical velocity—proving what it truly means to care beyond clinic walls. This profound approach forced me to confront a glaring flaw in practiced medicine: why do we operate in a state of constant urgency? This single question dismantled my traditional training, shifted my clinical paradigm, and inspired an unshakeable commitment to integrate deep presence into my future practice.

Years later, the pandemic emerged, bringing a chaotic influx of overflowing wards and sterile protective barriers. Driven by a deep sense of duty, I volunteered to lead the COVID ICU at a high-volume tertiary care hospital. In an era of rapidly evolving therapies, I quickly realized that science alone could not heal the deep societal wounds of fear compounding outside the ward, where rumours circulated that physicians were exploiting patients for financial gain. To counteract this destructive misconception, I implemented "culturally evidence-based" practices—intentional acts of radical transparency, respect, and profound empathy tailored specifically to our community's needs.

Beyond necessary physical distancing, I had clear glass windows installed across every isolation bed. This architectural intervention allowed relatives and patients to maintain direct visual contact, dismantling the terrifying barriers of the ward. I remain deeply grateful to our hospital administration, whose unwavering support and flexibility turned these unprecedented architectural and administrative interventions into a reality. This visual transparency served as a powerful morale booster, offering families tangible reassurance and cultivating deep institutional trust by rendering our clinical efforts fully visible. Alongside this structural change, I chose to close my computer, maintain eye level behind my protective shield, and allow silence to persist until patients articulated their concerns completely. I learned that while medicine stabilizes a failing body,

consistent compassion is what restores broken trust.

Those deliberate interventions catalysed a profound practice of longitudinal care—the enduring clinical bond forged by accompanying patients through their long-term health journeys. Today, my clinic is populated by familiar faces who explicitly decline to consult any other physician. They occupy my waiting room not because of an exceptional degree, but because they seek to be genuinely seen and heard. When we anchor continuous medical care in deep empathy, we establish a sacred partnership that high-velocity healthcare frequently marginalizes. By providing physical transparency through our glass partitions and absolute cultural clarity, we fundamentally transformed the perspective of patients' families, converting a sterile service into a lifelong journey of collective healing.

The enduring power of this compassionate alliance is often revealed not in clinical triumphs, but in

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profound losses. During the height of the pandemic, a vibrant 50-year-old gentleman was admitted with failing lungs due to severe COVID-19. Because strict isolation barred his terrified family from the bedside, our glass windows became their visual link, and I stepped in as a surrogate presence. Every evening, despite consuming exhaustion, I called his family like all other families. Rather than reciting cold ventilator parameters, I held space for their grief, patiently addressed their anxieties, and listened unhurriedly. This daily connection formed the cornerstone of my culturally evidence-based care, leaving no room for suspicion.

Though we used every therapeutic tool available, he ultimately lost his battle. Today, six years after that devastating loss, that family's trust remains entirely unbroken. They continue to walk through my clinic doors, trusting my guidance implicitly for all ongoing family health matters. They do not retain the specific names of the medications I prescribed, but they remember precisely that they were never abandoned to navigate the darkness alone. This enduring legacy taught me that a family's trust does not dissipate when a patient succumbs to illness, provided the care was delivered with dignity and profound dedication. Longitudinal trust must be earned through patience and presence; it can never be enforced by a professional title or a prescription pad.

When clinical trust is established, it transcends routine medical guidance, allowing a physician to protect a family's entire structural survival. This was illuminated when an impoverished family, blinded by grief over a relative's terminal diagnosis, prepared to liquidate their only asset—the home sheltering ten family members—to fund futile, aggressive interventions. Recognizing that my responsibility extended far beyond the immediate bedside, I stepped into their panic with absolute, gentle transparency. Because we had cultivated an unshakeable bond, they accepted the clinical reality and chose to preserve their home. Though their loved one passed away, that family remains profoundly grateful today—not just for the clinical care, but because we chose to look past the margins of a chart and shield the living from catastrophic ruin.

Medical training excels at clinical precision, yet it routinely sacrifices the art of cultivating lifelong partnerships for administrative efficiency. In a healthcare landscape driven by checklist medicine, slowing down to care remains a powerful act of professional defiance. Our patients are never puzzles to be solved rapidly; they are human beings seeking a dedicated guide. If the incoming generation fails to realize that trust is earned through undivided presence rather than credentials, they will soon discover that while they have mastered the science of how to treat, they have forgotten the art of how to heal.