



# Ten Traits of Great Physicians! And Tips to Help You Improve

John P. Higgins, MD, MBA, MPhil

McGovern Medical School, University of Texas Health Science Center at Houston, Houston, Tex.

## ABSTRACT

There are certain traits that differentiate great doctors from good doctors. This article will discuss some of these traits along with tips you can incorporate to go from good to great. By applying these tips, I hope you will enhance your ability to practice medicine and improve your patients' experience.

Published by Elsevier Inc. • *The American Journal of Medicine* (2023) 136:355–359

**KEYWORDS:** Communication; Doctor; Empathy; Qualities; Detective; Listener; Passion; Holistic medicine; Resilience; Detail; Relax; Physician; Traits; Tips

## INTRODUCTION

Although many good doctors are well trained in the basic and clinical sciences, many great doctors hold that other habits are equally if not more crucial.<sup>1-3</sup> For example, a curious nature or detective-like approach to a patient will often convert cases into real people with whom we can empathize.<sup>4</sup> In addition, Edward Livingston Trudeau's philosophy, "to cure sometimes, to relieve often, to comfort always," is important in practicing medicine.<sup>5</sup> I will now detail these habits and tips that I picked up that have helped me and hope that they will help transform you into a great doctor.

### 1) Be a Detective Like Sherlock

*"When you have eliminated the impossible, whatever remains, however improbable, must be the truth."*—*Arthur Conan Doyle, The Case-Book of Sherlock Holmes*

**Funding:** None.

**Conflicts of Interest:** None.

**Authorship:** The author is solely responsible for the content of this manuscript.

Requests for reprints should be addressed to John P. Higgins, MD, MBA, MPhil, Professor of Medicine, Division of Cardiovascular Diseases, Cardiology Department, Lyndon B. Johnson General Hospital, McGovern Medical School at the University of Texas Health Science Center at Houston, 6431 Fannin St., MSB 1.248, Houston, TX, 77030.

E-mail address: [John.P.Higgins@uth.tmc.edu](mailto:John.P.Higgins@uth.tmc.edu)

When I was a fellow in Boston, I had a 73-year-old patient, Henry, with confirmed heart failure. He was blind from diabetes, so his wife was in charge of his medicines. After thoroughly testing and examining him, I gave him the appropriate prescriptions. However, I continued to have all sorts of problems with his heart failure and lab work that would vary week to week, sometimes with heart rate control, blood pressure, electrolyte levels, creatinine, fluid levels, and digoxin levels. I just couldn't adjust his medications to get him into the correct spot, no matter how I changed my prescriptions. We checked and he was getting the correct medications in the mail. So, it was impossible that it was a medication problem on my end. I asked Henry if he could bring his wife next time, so I could explore the improbable.

The day came, and she stated that they would receive a month's supply, and she assured me that Henry got the dose for the month. While she was talking, I noticed that sometimes, she was not quite looking at me in the eye when talking. I went with my intuition and had her read what the poster on the wall said, and she made something up, wrong of course. After some probing, she admitted that her eyesight was deteriorating, and she could not see well but didn't want to alert people for fear of ending up in a nursing home. I then asked her to explain how she gave the medicines each month—and she came clean.

Each month, she would receive the medicines in the mail; they all came in similar orange bottles, some medicines 3 or 4 bottles, others 1 or 2, but she couldn't read

which was which. Her solution was to open them all up and tip them into a large cooking bowl. Then she would stir them, like mixing ingredients in a recipe, so they were well distributed. Then, each day, she would take an eighth-cup scoop and give them to Henry to take during the day.

And our fix? My nurse obtained a braille month tablet container and had Henry bring each month's supply of medicines to the clinic where the nurse would put the correct doses in the container for the next month. After that, his heart failure improved.

Always have the mindset of a detective, and when something does not add up, or your gut instinct tells you something else, there is likely an alternate explanation—so dig deeper.

## 2) Get Healthy and Relax

*“Intelligence and skill can only function at the peak of their capacity when the body is healthy and strong.”*  
—John F. Kennedy.

Exercise has been associated with many physical, sleep, and physiological benefits (mental and emotional benefits), including relief of tension, improved self-image, and better mood, just to name a few.<sup>6</sup>

The current recommendations are 3-5 days of aerobic exercise per week, 2-3 days of muscle-strengthening activities (resistance) per week, and 1-day flexibility or balance training per week for a minimum of 150 min/wk.<sup>7</sup> Being healthy and strong will give you the strength and resilience while providing your patients with a doctor who can handle whatever stresses they throw at you.<sup>8</sup>

In your life, you have probably experienced this: The normal rule of effort and return only goes so far. At some point, you can put more effort in, and the output is the same. Further on, the output starts to decrease. This is wisely put by the Chinese idiom 物极必反(wùjǐ-bìfǎn), which means that things turn into their opposites when they reach the extreme, so it's important advice for us to not take things to extremes. So, remember to regroup, recharge, and recover, and don't do things to the extreme. Too much work leads to too much stress, which leads to damage to your body, physically and mentally. So, remember, as a doctor, look after yourself properly, so you can look after your patients properly.

## 3) Be a Master Listener

*“Listen to your patient; he is telling you the diagnosis.”*  
—Sir William Osler

This means using all your senses and skill set—your ears, your eyes, your heart, your mind, and your intuition—but you also need to focus on your patient and actively listen.<sup>9</sup> I recommend you sit and face the patient while listening and note both their verbal and nonverbal language, avoiding the urge to type on the computer and giving the patient 100% focus; they are more likely to follow your advice if they feel you have listened well to them.<sup>10</sup>

An interesting case I had involved a man whose implantable loop recorder (that's a subcutaneous continuous electrocardiogram recording device) kept showing runs of ventricular tachycardia during early morning hours ~12 midnight to 2 am, and none during the day. I noticed he kept breaking my gaze when I was asking him if he was having nightmares or perhaps exercising during these early morning hours. I got the feeling there was more to this story, so I gently probed. He finally confessed that he was having an affair, and those episodes occurred when he was committing the act.

This taught me that an understanding of his nonverbal cues helped to correctly diagnose and manage his problem. Patients are more satisfied and more likely to follow advice if the physician spends an adequate amount of time with the patient, has good verbal and nonverbal indirect interpersonal communication, and understands the demands on the patient.<sup>11</sup>

## 4) Find Your Passion

*“Your work is going to fill a large part of your life, and the only way to be truly satisfied is to do what you believe is great work. And the only way to do great work is to love what you do. If you haven't found it yet, keep looking. Don't settle.”*—Steve Jobs

When I was 9 years old, I was over at my best friend's house. Unbeknownst to me, they had just had their large glass entry doors that lead out to the backyard cleaned. In my eagerness to play outside, I ran right through a glass door, smashing it into pieces, and lacerated 2 inches of skin above my right knee. At the local doctor's office, to distract me while suturing, Dr. Stuart Johnson let me listen to my heart with his stethoscope. This is when I heard the lub-dub for the first time! I was completely fascinated! From that moment, I loved all things medical. I have carried that passion with me, and I love my patients, teaching, research, and making a difference.

Meaningful work, especially that falls at the intersection of one's values, passions, and strengths appear key for health

### CLINICAL SIGNIFICANCE

- Great physicians have certain traits beyond medical knowledge.
- These include being a detective; staying healthy; listening well; finding your passion; treating the whole patient; showing empathy; paying attention to detail; resilience; relaxing; taking responsibility; and counting your stars.
- Often the small gesture or little thing said by the great physician makes a big difference in the diagnosis and care of a patient.

care professionals to give their best.<sup>12</sup> Additionally, those who are passionate about their work are less likely to burn out.<sup>13</sup>

## 5) Treat the Whole Patient

*“A good physician treats the disease. The great physician treats the patient who has the disease.”—Sir William Osler*

Gillian Lynne was born in 1926. When she was 7 years old, she was hopeless at school - underperforming, frequently late, often fidgeting, and was not able to concentrate for long periods of time.<sup>14</sup>

The teachers suspected she had a learning disorder, so they recommended her mother take her to see a doctor, which she did. While Gillian sat in the lovely oak-paneled office, her mother explained about her fidgeting and lack of focus. After observing Gillian and hearing everything her mother said, the doctor told Gillian that he needed to talk to her mother privately for a moment outside. Just before he left his office, he turned on the radio on his desk and then walked out. A minute later, through the small glass window on the door, he encouraged Mrs. Lynne to look at Gillian, who was dancing to the music playing on the radio. The doctor said, “There is nothing wrong with your daughter; she is a dancer.” He went on to encourage Gillian’s mother to take her to dance school, which she did. Gillian went on to join the Royal Ballet and performed her first major solo in *Sleeping Beauty* at age 20.<sup>14</sup>

After a successful ballet career, she then went on to choreograph two of the longest-running shows in Broadway history, *Cats* and *Phantom of the Opera*. Gillian Lynne’s gift for dancing was discovered by a doctor. A less careful physician could have simply given her some medication or told her mother that she would be a poor student. The great physician, as in this case, observed and treated the whole patient and, in turn, helped someone achieve amazing things.

Holistic medicine, which seeks to address the psychological, familial, societal, ethical, and spiritual as well as biological dimensions of health and illness, may indeed help some patients to manage their illness and heal.<sup>15</sup> It takes genuine caring, kindness, and compassion to connect with your patients and heal them.

## 6) Have Empathy

*“People will forget what you said, people will forget what you did, but they will never forget how you made them feel.”—Maya Angelou*

Empathy plays a critical role in the physician-patient relationship and has a positive impact on health outcomes.<sup>16</sup> The good news is that empathy can be taught.<sup>17</sup> The bad news is that physicians are not good at practicing it.<sup>18</sup>

Daniel Goldman described three types of empathy: 1) cognitive empathy (empathic accuracy) is the ability to understand what a person might be thinking; 2) emotional empathy (affective empathy) is the ability to share the

feelings of another person; 3) compassionate empathy (empathic concern) is the ability to take action and help however we can.<sup>19</sup> All are important in optimizing the physician-patient relationship.<sup>16</sup>

The three types of empathy may be useful in thinking about your patient in an empathic manner. Rehearsing with yourself by asking yourself, 1) What would you think? 2) How would you feel? and 3) What you would like someone to do for you? may help. If, for example, you imagine that you were just diagnosed with a life-altering condition (eg, cancer) that might help you before you have that difficult conversation with a patient. It can be difficult putting yourself in someone’s shoes, but do your best to connect verbally and nonverbally, speak slowly, be curious, find things you have in common, listen actively, share, and always be supportive.

## 7) Pay Attention to Detail

*“It’s attention to detail that makes the difference between average and stunning.”—Francis Atterbury.*

One time in the emergency department, I was seeing a patient for chest pain. In the next stall over, the emergency staff were treating a patient, and I overheard them, “We have unstable atrial fibrillation; patches applied. I’m clear, you’re clear, all clear.” BAM! Then silence for a few seconds, then “Get Cardiology STAT!” Having overheard this, I pulled back the curtain “Cardiology here!”

I don’t know if they were more shocked at how quickly I appeared or at the patient’s status. “Help us!” they pleaded. I noticed an unresponsive patient with the monitor showing ventricular fibrillation. I turned the energy to 200 joules on the biphasic defibrillator, charged it, and then defibrillated the patient back to normal sinus rhythm.

Later, upon review of the rhythm strips, we noted that the patient had been in atrial fibrillation with rapid ventricular response around 170 beats per minute, and blood pressure was 70/40 mm Hg, indeed hemodynamically unstable atrial fibrillation. Then, we noted they had incorrectly performed defibrillation, not synchronized cardioversion, with 150 joules biphasic. We could see the defibrillation pulse R wave delivered precisely on the top of the T wave, and they had actually induced ventricular tachycardia!

So, the key takeaways are: 1) Attention to detail; 2) Always have a plan B in case a problem occurs. “No plan survives contact with the enemy.”—Helmuth von Moltke. You go in with a plan A, but things change rapidly, and you need to have a backup plan or plan B; 3) Everything we do or say, or fail to do or say, has consequences; and 4) Not all patients behave or respond equally.

## 8) Develop Resilience

*“It’s not the strongest of a species that survive, nor the most intelligent, but the ones most resilient and responsive to change.”—Charles Darwin*

It was Christmas Day and I was a newly minted intern working the dayshift in the emergency department. There was a huge Christmas tree out front, ornaments, holiday music, and the nurses were wearing their Santa Claus hats.

Suddenly, the entry doors from the ambulance bay burst open: Katie, a 9-year-old girl with blood-stained clothing was rushed in on a gurney. The EMS staff were doing CPR on her as they rushed her in. After 45 minutes, my attending physician called the code. Then came the impossibly horrible part of going to meet with the parents with my attending in the visitor room. I still remember the parents' look of absolute disbelief and utter pain. The worst part was they had bought Katie a new bike for Christmas, and she had gone for her first ride on the street when she was hit by a drunk driver.

This was my first brush with the death of a child, and it was hard for me. I remember my attending physician putting his arm around me and saying, "this goes with the territory."

Resilience is necessary to survive the frequent exposure to illness and death that doctors face. You will need to take a step back and stay emotionally strong, knowing that you've done your best and need to move onto the next patient. Without resilience, the emotional burden that comes with such illness and death is just too heavy for most people to shoulder, and they burn out. I have found that an optimistic attitude as well as a strong social support network help a lot. In addition, cognitive reframing, toughening up, grounding connections, and work-life balance are resilience-building strategies.<sup>20</sup>

## 9) Take Responsibility - The Buck Stops With You

*"I am not a product of my circumstances. I am a product of my decisions."*—Stephen Covey

Although there are many players in the current health care system, as a doctor, you will be the one that everyone else is looking up to, for a decision. If you have not already, you will encounter critical moments where every minute counts. During such situations, you will need a quick mind, extreme calmness, and most important of all, decisiveness. Know that making no decision is a decision itself and has its consequences. Daring to decide during those critical moments may save a life.

I do not doubt that you will experience a sense of accomplishment and fulfilment from your daily work, but I'm afraid you will also experience frustrations and disappointments. During those moments of disappointments, remember "You drown not by falling into the river, but by staying submerged in it."—Paulo Coelho. And when one day, you are tired of all the routines as a doctor, remember John Rockefeller's words: "The secret of success is to do the common things uncommonly well."

## 10) Count Your Stars

*"Lately, I've been, I've been losing sleep  
Dreaming about the things that we could be  
But baby, I've been, I've been praying hard  
Said, No more counting dollars, we'll be counting stars."*  
—Lyrics from "Counting Stars" by OneRepublic

I would like to think that you, as a doctor, are inspired by your life-saving mission in medicine. If you are spending your life chasing coin, you will miss out on counting your stars: the lives you have improved and saved already and the thousands of lives you have yet to touch. In other words, when you truly follow your passion as a physician, then money and fame will be a by-product of your efforts. But if you chase the money and fame in the first place, then the true joy of being a doctor will elude you.

## CONCLUSION

Beyond the medical knowledge that we have discovered over the centuries that make a good physician, there are certain traits that great physicians have. These include being a great detective, staying healthy, relaxing, listening well, finding your passion, treating the whole patient, showing empathy, paying attention to detail, resilience, taking responsibility, and counting your stars. It's often the small gesture or little things said by the great physician that makes a big difference. Applying some of these tips will help you enhance your patient care and brighten your stary sky.

## References

1. Lin K. What makes a doctor truly great. *Fam Pract Manag* 2018;25:40.
2. Dopelt K, Bachner YG, Urkin J, Yahav Z, Davidovitch N, Barach P. Perceptions of practicing physicians and members of the public on the attributes of a "good doctor". *Healthcare (Basel)* 2021;10:73.
3. Grundnig JS, Steiner-Hofbauer V, Drexler V, Holzinger A. You are exactly my type! The traits of a good doctor: a factor analysis study on public's perspectives. *BMC Health Serv Res* 2022;22:886.
4. Fitzgerald FT. Curiosity. *Ann Intern Med* 1999;130:70–2.
5. Rammya M. The pursuit of being a good doctor. *BMJ* 2019;366:l5139.
6. Markotic V, Pokrajcic V, Babic M, et al. The positive effects of running on mental health. *Psychiatr Danub* 2020;32:233–5.
7. Piercy KL, Troiano RP, Ballard RM, et al. The physical activity guidelines for Americans. *JAMA* 2018;320:2020–8.
8. Romani M, Ashkar K. Burnout among physicians. *Libyan J Med* 2014;9:23556.
9. Robertson K. Active listening: more than just paying attention. *Aust Fam Physician* 2005;34:1053–5.
10. Kacperek L. Non-verbal communication: the importance of listening. *Br J Nurs* 1997;6:275–9.
11. Moslehpour M, Shalehah A, Rahman FF, Lin KH. The effect of physician communication on inpatient satisfaction. *Healthcare (Basel)* 2022;10:463.
12. Conyers L, Wright S. Designing one's life in medicine. *Postgrad Med J* 2020;96:313–5.
13. Lee DH, Reasoner K, Lee D. Grit: what is it and why does it matter in medicine? [e-pub ahead of print] *Postgrad Med J*. <https://doi.org/10.1136/postgradmedj-2021-140806>, Accessed November 21, 2022.

14. Wikipedia. Gillian Lynne. Available at: [https://en.wikipedia.org/wiki/Gillian\\_Lynne](https://en.wikipedia.org/wiki/Gillian_Lynne). Accessed November 21, 2022.
15. Chang AA, Siropaides CH, Chou CL. Improving communication skills: a roadmap for humanistic health care. *Med Clin North Am* 2022;106:727–37.
16. Decety J. Empathy in medicine: what it is, and how much we really need it. *Am J Med* 2020;133:561–6.
17. Fragkos KC, Crampton PES. The Effectiveness of teaching clinical empathy to medical students: a systematic review and meta-analysis of randomized controlled trials. *Acad Med* 2020;95:947–57.
18. Morse DS, Edwardsen EA, Gordon HS. Missed opportunities for interval empathy in lung cancer communication. *Arch Intern Med* 2008;168:1853–8.
19. Goleman D. What makes a leader? *Harv Bus Rev* 1998;76:93–102.
20. Hart PL, Brannan JD, De Chesnay M. Resilience in nurses: an integrative review. *J Nurs Manag* 2014;22:720–34.