The Person Behind the Fracture: Are We Listening Enough?

Jeff Walter Rajadurai OR[1], Ashok Shyam[2,3]

Learning Point of the Article:

In orthopaedic practice, the job rarely ends with restoring anatomy. What we are really try to restore is the person behind the injury. It needs a conscious effort to stay patient-centered, even when the workload is high and time is limited.

Introduction

"The good physician treats the disease; the great physician treats the patient who has the disease." – Sir William Osler

When we walk into the outpatient clinic each morning, what do we really see? To the untrained eye, it is a sea of X-rays, plaster casts, and post-operative scars. But for us, every file number has a face, and every fracture hides a story. Osler's old reminder, that is, we treat people and not just conditions, still rings true, but it is worth asking ourselves if we are listening as much as we think we are.

The Reality We Live In

Our days are not easy. A single clinic can stretch into hundreds of patients. Trauma calls arrive at midnight when fatigue is at its peak. Hospital systems demand documentation, coding, and efficiency. From the outside, it may appear that we are rushing from one radiograph to the next, focused only on alignment and implants. Yet those of us inside this profession know that the story is far richer.

Most of us still pause, even if briefly, to reassure an anxious family, to explain why conservative treatment might be safer than surgery, or to remind a patient that healing takes time. These conversations rarely get recorded in case sheets, but they are what patients remember years later. Communication, as studies remind us, is not a side note; it is a central determinant of trust and satisfaction [1].

What Patient-Centeredness Looks Like

It is not always grand gestures. Sometimes it is making the effort to understand whether a patient can afford a particular implant. At other times, it is in adjusting our plans so a farmer can return to his crops or a schoolteacher can get back to her class. Increasingly, we are also learning to share decisions; inviting patients into the discussion about whether to operate or to wait, about which implant to choose, or about what rehabilitation will realistically look like[2].

Technology has altered our practice in remarkable ways. Arthroscopy, robotics, and newer biologics have shortened recovery, reduced complications, and given patients better outcomes. But these advances, rather than distancing us from our patients, have given us more ways to serve them. Patient-reported outcomes now feature alongside radiographs, reminding us that success is measured as much in lived experience as in bone union [3].

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Author's Photo Gallery

Dr. Jeff Walter Rajadurai OR

Dr. Ashok Shyam

[1]Department of Orthopaedics, Madha Medical College and Research Institute, Chennai, Tamil Nadu, India,
[2]Indian Orthopaedic Research Group, Thane, Maharashtra, India,
[3]Department of Orthopaedics, Sancheti Institute for Orthopaedics and Rehabilitation, Pune, Maharashtra, India.

Address of Correspondence:
Dr. Jeff Walter Rajadurai OR,
Department of Orthopaedics, Madha Medical College and Research Institute, Chennai, Tamil Nadu, India.
E-mail: jeffy.walter@gmail.com

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The Quiet Part of Our Work

There is another side of orthopedics that does not make it into conference slides. It is the surgeon who stays back after rounds to console a worried mother. It is the senior doctor who volunteers at a camp where no one can pay. It is the resident who, despite exhaustion, answers the same anxious question 3 times because the patient needs to hear it again. These are not statistics, but they are the essence of patient-centered care.

Listening Enough

Hence, are orthopedic surgeons today patient-centered? We believe they are, perhaps more than they are often given credit for. The essence of what we do is to restore dignity, independence, and hope. That cannot be achieved without placing the patient at the very Centre. Yet Osler's caution is still relevant. Behind every fracture is not just an X-ray but a life interrupted. Our challenge is to ensure we never become so focused on the technical that we forget to listen to the personal.

Conclusion

Orthopedics will keep advancing, with better implants, smarter machines, and more refined techniques. However, the true measure of our work is simple: not how many bones we fix, but how many lives we restore. If we continue to remember the person behind the fracture and listen, even in our busiest hours, we will remain faithful to both the science of orthopedics and the art of medicine.

Declaration of patient consent: The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given the consent for his/ her images and other clinical information to be reported in the journal. The patient understands that his/ her names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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