Tea and empathy: a universal remedy

Before becoming a medical student, I worked as a carer. Within 30 min of my first home visit, the sobering nature of care work had sunk in. I was anxious to get through the day without causing someone to fall in the shower or being responsible for the wrong medication being taken. With experience my anxiety lessened, but I still felt that the best I could hope for was to not make things worse. Indeed, in many cases, there was very little that could be done to improve the individuals’ quality of life. This is part and parcel of caring for individuals who live with chronic and degenerative diseases.

Much to my relief, however, it soon became apparent that there was something that could make a difference—a cup of tea. I hadn’t thought about it previously, but much relief can result from making someone a cup of tea—and having a conversation. It may not be a lifesaving treatment, but tea and empathy go a long way. For many of the people I saw, the most difficult aspect of their illness was not the disability, but the social isolation that came with it. Tea drinking offers a temporary moment to distract oneself, yet it is more than that. It is an opportunity for someone to express themselves and be listened to.

As most Brits already know, tea is a drink for all occasions. In the cold, tea warms you and in the heat, cools you. It comes in many flavours, but in this piece, I refer to the anglicised version of black tea—for which you may refer to George Orwell for an excellent recipe and for which you may refer to George the anglicised version of black tea—of the people I saw, the most difficult aspect of their illness was not the disability, but the social isolation that came with it. Tea drinking offers a temporary moment to distract oneself, yet it is more than that. It is an opportunity for someone to express themselves and be listened to.

As most Brits already know, tea is a drink for all occasions. In the cold, tea warms you and in the heat, cools you. It comes in many flavours, but in this piece, I refer to the anglicised version of black tea—for which you may refer to George Orwell for an excellent recipe and commentary. I suspect, though, that this sentiment would apply to most forms of tea, or indeed, any hot drink. And it doesn’t end there—some claim that tea drinking got our ancestors through the Blitz. I’m not so sure, but there is no denying that drinking tea has become an important ritual in the most mundane and most extraordinary circumstances. In fact, tea was important enough to the British government that, in 1942, they purchased the entire available tea supply in Europe to boost morale.

Coming from a Jewish family, I have noticed that central to the process of mourning is the tradition of consuming copious amounts of tea (probably medically inadvisable amounts). You cannot alleviate the pain of a grieving loved one, or lessen the burden of their struggle, but you can make them a cup of tea and listen. In the structured mourning that follows a funeral, known as a Shiva, everyone will have a cup of tea in their hand (with the exception, perhaps, of those individuals with a somewhat rebellious disposition).

Healthcare professionals and caregivers themselves can also benefit from tea drinking, providing an opportunity to unwind and reflect. It is, indeed, difficult to think of a scenario in which tea does not have some value. It helps us cope with the most difficult of situations; for example, by promoting reflection. A cup of tea is symbolic of a wider sentiment, when we don’t have anything left to give, we can still make a cup of tea. Death denial and defiance are rife. Understandably, we are uncomfortable with our own deterioration and the inevitable consequences. It is easy to become fixated on the quest for solutions. In Being Mortal, the American surgeon and writer Atul Gawande acknowledged, ‘The simple view is that medicine exists to fight death and disease, and that is, of course, its most basic task. Death is the enemy. But the enemy has superior forces. Eventually, it wins.’

Many view this as distasteful and morbid, but if we really value the quality of life over its quantity, we must eventually accept Gawande’s diagnosis. The state of modern medical knowledge—which humankind has striven throughout its history to develop—has no doubt greatly improved the well-being of those lucky enough to have access to it. We also endeavour to develop more sophisticated and more accessible therapeutics. This, too, is a worthwhile and noble cause. Yet there is merit in a pinch of realism. Expensive and debilitating treatments, which may have little effect on the progression of a disease, are not always the best solution for every patient. Sometimes what is needed is acceptance and rumination. ‘Tea and empathy’ are not a solution but a means to cope. We must keep sight of the caregiving side of healthcare and when necessary ‘put the kettle on.’

Joshua Fletcher

St George’s, University of London, London, UK

Correspondence to Joshua Fletcher, St George’s, University of London, London SW17 0RE, UK; m1602390@gsgl.ac.uk

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Not required.

Provenance and peer review Not commissioned; internally peer reviewed.

© Author(s) (or their employer(s)) 2020. No commercial re-use. See rights and permissions. Published by BMJ.

To cite Fletcher J. BMJ Supportive & Palliative Care 2020;10:127.

Received 10 April 2019
Accepted 28 August 2019
Published Online First 3 September 2019

ORCID iD Joshua Fletcher http://orcid.org/0000-0002-7276-8524

REFERENCES