IMPROVING PHYSICIAN QUALITY OF LIFE

- **Current thinking about stress and burn-out assumes it is something that**
  - **can be quantitatively assessed**
  - **should be managed, reduced, like blood sugars**

In line with one of the central components of modernist medicine, it relies on concepts of risk and self-surveillance in that the individual learns to perceive herself as "at risk" and learns that such risk must be assessed through constant self-vigilance

There is also a strong implication of "value": stress is distressing to be sure, but, like illness, it threatens productivity. The inference is that an unstressed physician is a productive physician

Are You at Risk for Burn-Out? These are typical question used to quantitatively assess risk

Behavioral stress/burn-out management
The "cause" of stress is often located in work itself; therefore work (including patients) becomes the enemy
Escaping is the solution
And stressed-out physicians are often given behavioral prescriptions

But such an approach, while having some merit, may be too superficial to fully address the underlying root issues
We might start with the language we use: Stress has become the ubiquitous, catch-all term. But we may be applying a medicalized term to a spiritual crisis. We might do better to consider whether some physician distress is not explained by the term "anomie"
Anomie suggests that something is seriously awry in the meaning of a doctor's work; and part of this problem may be found in the nature of the dr/pt relationship
As Arthur Frank has observed…

Working at the Right Level

- **In the absence of a broader, deeper context, the activity-based, avoidance-based approach of stress reduction is likely to become just another stressor devoid of meaning**
- **People can tolerate, even thrive, on stress if they find their work - and their life - meaningful**

Family doctors have always known where the meaning and rewards of their practice are found: in relationships with patients

We can draw on new theories to help deepen our understanding of the meaning of medicine

- **Now we need new theories to remind us of old wisdom**
  - **Relationship-centered medicine (Beach, Inui)**

- **Narrative medicine (Charon)**
- **Appreciative inquiry (Branch)**
- **Finding meaning in medicine (Remen)**

Relationship-centered medicine

- **Genuine relationships in healthcare are morally valuable**
  - **Dr./pt encounter series of moral moments and choices**
  - **Physician, as well as pt., can be "remoralized" through their relationships**
- **Relationships depend on**
  - **Self-awareness and self-knowledge**
  - **Other awareness (empathy, understanding of the other)**
- **Personhood of both patient and doctor, as well as their roles, is always implicated in relationship**
  - **Patient is a human being, not a scientific object**
  - **Physician is also a human being, not merely an active instrument**
  - **Both physician and patient can suffer or benefit as a result of their encounter**
- **Emotional engagement and connection are cornerstones of relationship**
  - **Detachment and neutrality do not further relationship**
  - **Do not "protect" physician**

Narrative Medicine

- **Recognition that each patient – and each doctor – has a story**
- **Ability to listen to the patient's story, rather than "take" a history**
  - **Listening "with" rather than "to" (Frank)**
- **Capacity to be moved by the patient's story and suffering**
  - **Steadiness and tenderness (Coulehan)**

Sharing stories with colleagues (Remen)

Appreciative Inquiry

- **An organizational change methodology that focuses attention on the root causes of success within an organization rather than on barriers and deficiencies**
- **Processes that call attention to exemplary professional behavior**
  - **Telling stories about medicine that uplift and revitalize (Remen)**
- **In response, individuals become more mindful and intentional about their behavior**
- **Builds competence, confidence, and hope**
- **More motivating than traditional problem-focused approaches**
- **Way of leading toward institutional cultural change**

Rediscovering the heart of medicine

- **Positive involvement with everyday practice**
  - **Practice being fully present with patients (focus on the patient, rather than self)**
    - **Accept the "gifts" patients give**
  - **Rediscover medicine as a "calling"**
  - **Look for awe and wonder**

- **Risk relationship/Reduce isolation**
  - **Connect with patients**
  - **Be open with family and friends**
  - **Share stories with colleagues**
- **Self-care**
  - **In addition to exercise and healthy lifestyle habits, relaxation techniques**
  - **Reconnecting with what provides joy and meaning**
  - **Focusing on gratitude**
  - **Self- and other-forgiveness**
- **Seek refuge and sanctuaries**
  - **Safe places literally and metaphorically**
  - **Outside of practice, but within practice as well**
  - **Personal reflection, meditation, prayer, journaling**

I'll conclude with three examples of how anomie can be transcended in clinical practice