

Improving Physician QOL: Old Answers in New Bottles

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Stress and Burn-Out Management

- Current thinking about stress and burn-out assumes it is something that
 - can be quantitatively assessed
 - should be managed, reduced, like blood sugars
- Issues of risk and surveillance
 - Continuous self-monitoring
 - Goal of restoring productivity within system

Are You at Risk for Burn-Out?

- Are you highly achievement-oriented?
- Do you tend to withdraw from offers of support?
- Do you have difficulty delegating responsibilities to others, including patients?
- Do you prefer to work alone?
- Do you avoid discussing problems with others?
- Do you tend to blame others?
- Are your work relationships asymmetrical; that is, are you always giving?
- Is your personal identity bound up with your work and professional identity?
- Do you often overload yourself – have a difficult time saying no?
- Have you lost your sense of hopefulness?
- Do you feel vulnerable all the time?
- Do you feel overwhelmed by unfinished personal business?

Behavioral stress/burn-out management

- Stress/burn-out conceptualized as a problem of work
 - Stress management conceived as remediating a deficit, or lack, in the physician's work
 - Therefore "escaping" from the problem is the solution
- Stress management conceptualized as a behavioral act instigated through self-control
 - Practicing relaxation
 - Spending time with family
 - Exercising

What's really the problem?

- Medicalization of anomie
 - Webster's: personal unrest, alienation, and uncertainty that comes from a lack of purpose or ideals
 - Application of the disease model to a spiritual crisis
- Patients and doctors are isolated from each other even as they work, suffer, and hope side by side
- Doctors often feel something crucial to who they are is being destroyed in the way they practice medicine (Arthur Frank)
- Illness demoralizes the pt; the practice of medicine also demoralizes the physician (Frank)

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

Oh, those good old days!

- Family docs have always known where the rewards of their practice are to be found –
 - In the money?
 - In the status?
 - In the hours?
- Relationship with patients
 - Not that these are uniformly rewarding or gratifying
 - As Anatole Broyard once wrote, ““A doctor’s job would be so much more interesting and satisfying, if he simply let himself plunge into the patient, if he could lose his own fear of falling”

New Theories

- 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 Care

- 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, 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

Care for the Patient

- “Not every patient can be saved, but his illness may be eased by the way the doctor responds to him - and in responding to him the doctor may save himself...they can share, as few others can, the wonder, terror, and exaltation of being on the edge of being”
 - Anatole Broyard, *Intoxicated by My Illness*

Night on Call

- Rita Iovino, M.D.

There are sometimes such moments of magic,
when the sky and mountains melt into the dawn
when the blue-purple horizon yields to the sun,
and the trek home
becomes a moment of epiphany.

Everything is still
and only the faint noise of sparrows
permeates the air.

The exhaustion and sweat and scrubs
become an exclamation of rebirth.

The gift of being a doctor
is magnified like dandelions blowing in the wind,
and one knows the skill of giving life,
the gift of alleviating pain;

the long night suturing becomes a dream
because now one more person
becomes whole by your latex gloves.

The sun breaks into a million bright lights
as you go home to sleep.

"Twisted Smile," *Mortal Lessons*

- *Richard Selzer, M.D.*

I stand by the bed where a young woman lies, her face postoperative, her mouth twisted in palsy, clownish. A tiny twig of the facial nerve, the one to the muscles of her mouth has been severed. She will be thus from now on.

The surgeon had followed with religious fervor the curve of her flesh; I promise you that. Nevertheless, to remove the tumor in her cheek, I had to cut the little nerve. Her young husband is in the room. He stands on the opposite side of the bed and together they seem to dwell in the evening lamplight, isolated from me, private.

Who are they, I ask myself, he and this wry mouth I have made, who gaze at and touch each other so generously, greedily?

The young woman speaks. "Will my mouth always be like this?" she asks.

"Yes," I say, "it will. It is because the nerve was cut." She nods and is silent.

But the young man smiles. "I like it," he says, "It is kind of cute."

All at once I know who he is. I understand and lower my gaze. One is not bold in an encounter with a god.

Unmindful, he bends to kiss her crooked mouth and I am so close I can see how he twists his own lips to accommodate hers, to show her that their kiss still works. I remember that the gods appeared in ancient Greece as mortals, and I hold my breath, and let the wonder in.