

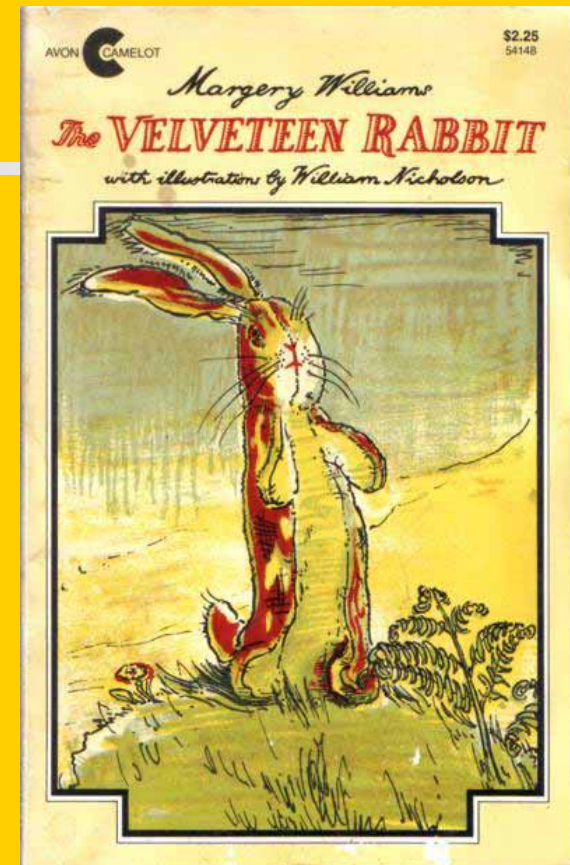
# “Real” Medicine: Who Will You Become This Year?

Johanna Shapiro, Ph.D.

Professor, Department of Family Medicine

Director, Program in Medical Humanities

UC Irvine School of Medicine





# Finally, the Clinical Years:

At last, you are 'REAL' (student)-doctors!

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- Spending all your time with real patients - no SPs
- Learning from and being mentored by real doctors
- Becoming, in the words of the Velveteen Rabbit, "REAL"
- But what does "real" mean?



# Where is your truth?

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- You will see a lot and learn a lot this year
  - You will see attendings and residents you respect and admire, and want to emulate
  - You'll meet patients who humble, inspire, and uplift you, and make you glad you chose to be a doctor
  - You'll also see some docs who are abrupt, callous, even cold, rude, and demeaning
  - And you'll meet some patients who make you feel frustrated, helpless, even angry
- What will you take away from it all?
- How will you become "real"?



# Crash and Burn?

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- Research is depressingly consistent that students become significantly less empathic during the third year of training
- They frequently become more cynical and disillusioned
- These trends are in part due to the gap (chasm) between the “formal” curriculum ...
  - lectures like this one!
  - The SOM Mission Statement
- ...and the “hidden” curriculum
  - how residents and attendings really act -
  - and expect you to act

# Cynicism in Medicine Personified: Gregory House, M.D.

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# What is “Real” Medicine?

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- Unfortunately, some students take away the idea that “real” medicine is
  - Physician-centered, not patient-centered
    - Medicine really revolves around doctors, not patients
    - Patients exist to show off (student)-physician’s knowledge or (when their problems are not easily resolvable) to complicate the (student)-physician’s life
  - About doing “strong work”
    - being fast and efficient
    - disposing your patients
    - not admitting a patient to a crowded service
  - About knowing the right answers, or seeming like you do
  - About not messing up your clerkship evals
  - About doing scut-work for your resident without complaining
  - About lab values, chart notes, and procedures, not patient suffering

# Doctors and Patient





# What is "REAL" medicine?

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- Let's see what the Velveteen Rabbit MSIII discovered:

"What is REAL?" asked the medical student-Rabbit one day.

"Real isn't how you are made," said the wise Skin Horse resident. "It's a thing that happens to you. When you really care about a patient, not just to dispo them, but REALLY care about them, then you become Real."

"Does it hurt?" asked the Rabbit.

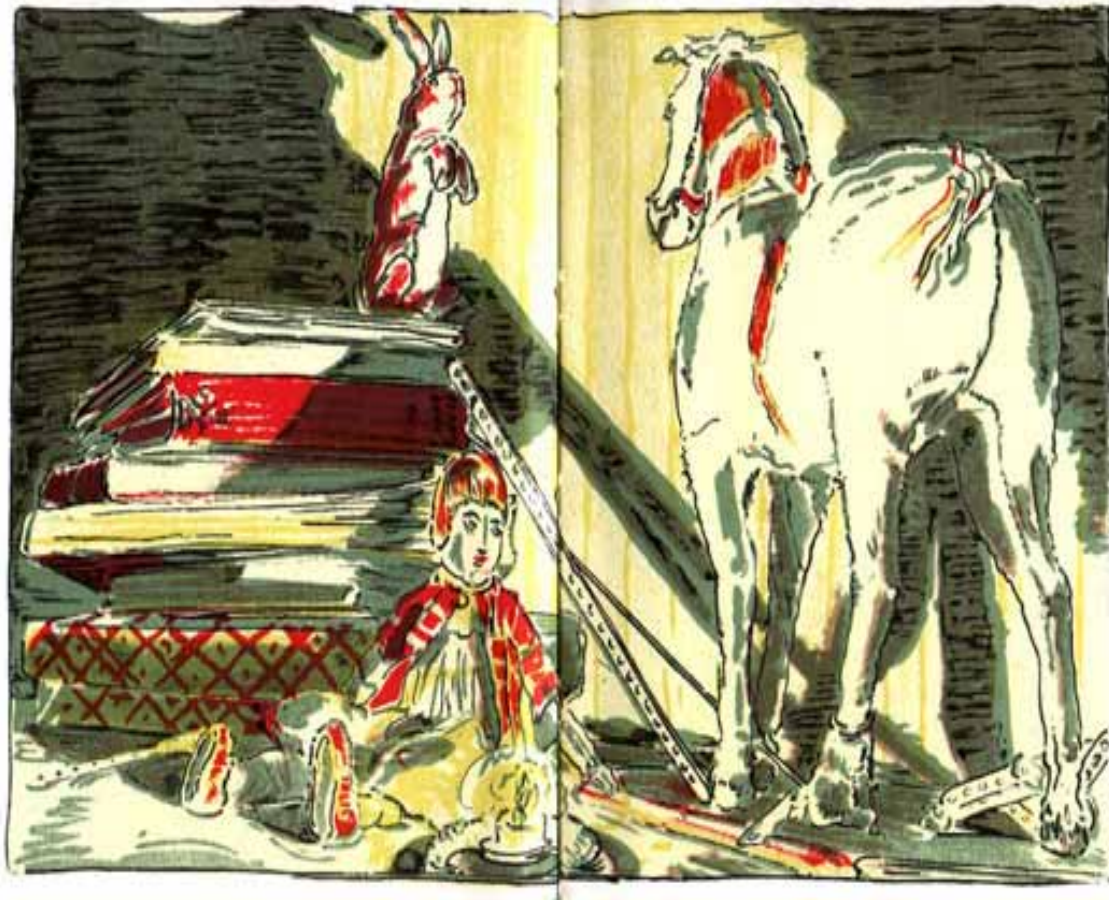
"Sometimes," said the Skin Horse, for she was always truthful. "When you are Real you don't mind being hurt."

"Does it happen all at once, like being wound up," the medical student-Rabbit asked, "or bit by bit?"

"It doesn't happen all at once," said the Skin Horse resident. "You become. It takes a long time. That's why it doesn't happen often to medical students who break easily, or have sharp edges, or who have to be carefully kept. Generally, by the time you are Real, most of your hair has been loved off, and your eyes drop out and you get loose in your joints and very shabby. But once you are Real, these things don't matter at all."



# Skin Horse and Velveteen Rabbit



# Real Medicine is What You Make It



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- You don't need to be a martyr or a saint
- You don't need to feel it's your responsibility to right every wrong
- But take a minute as you move through the ward and clinics to reflect on what is happening around you and within you
- Remember you are always making choices about who you want to be
- Don't be afraid of allowing yourself
  - To care
  - To become slightly tattered
  - To suffer a bit alongside the patient (resident)

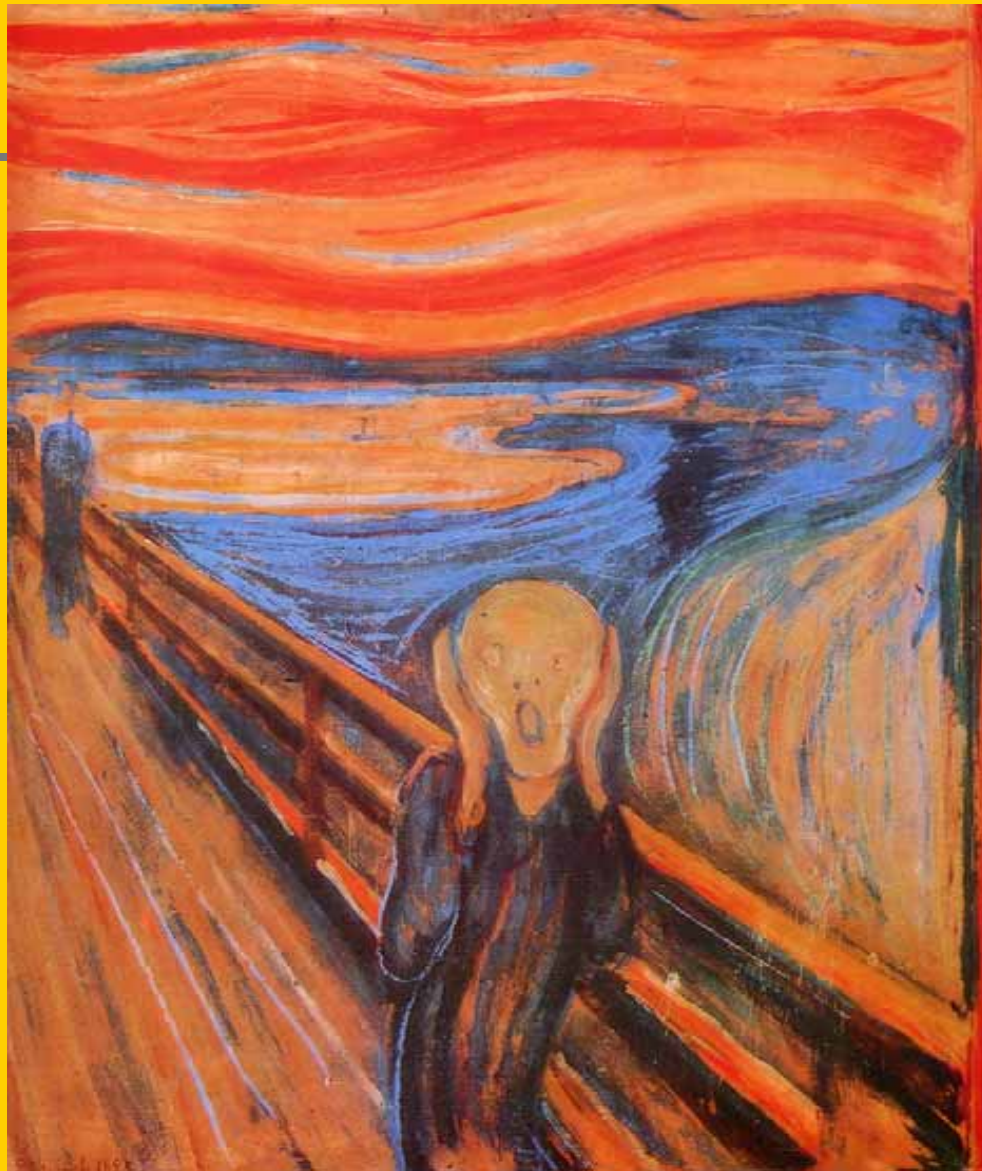


# Responding to Suffering

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- There is a lot of suffering in medicine
- How you respond to it has a lot to do with becoming “Real”
- Who is suffering?
  - Patient
  - Student
  - Resident, attending, nurse, janitor
- You’d like to respond compassionately and humanistically, but it isn’t always that simple

# The Scream – Edvard Munch



# Equal and Opposite Impulses in Response to Suffering

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- The altruistic impulse
  - Drawing closer to the suffering other
  - Putting interests of other above self
  - Feeling empathy toward the other
- The impulse to detach and separate from the “contamination” of suffering
  - Literal contamination
  - Metaphoric contamination (vulnerability, loss of control)
- Culture of medicine
  - Emphasis on control and mastery -
    - Don't like situations where you're not in control
  - Vanquish and overcome disease/disability -
    - Don't like situations where you're not being effective



# I /Other Split

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- The more we are afraid of someone else's suffering and difference, the more we
  - Create boundaries/separate ourselves
  - An act of self-protection
- Once we locate fears of our own vulnerability and dissolution externally, in the "other," our anxiety is lessened
- Insiders are bound together by differentiating from/rejecting outsiders - "others"
- This phenomenon can occur toward those more powerful than you
  - Gossiping about "mean" residents
- And less powerful
  - Making fun of/mocking patients
  - Blaming patients for their illness



# Patient Populations Most Likely to be “Othered”

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- Patients with stigmatizing diseases
  - HIV/AIDS
  - Cancer
  - Lifestyle disease/obesity
- Patients who are noncompliant
- Patients with addictions
- Patients with mental illness/homeless
- Victims of intimate partner violence
- Patients from different cultural backgrounds
- Patients of different sexes
  - Poor
  - Less educated

# Obesity







# Counteracting the Impulse to Turn People into “Others”

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- Remember that the relational position you assume toward your patient (resident) is always a moral one
  - Your patient (resident) is affecting you but
  - How you act in response has a significant moral effect, either beneficial or harmful
- Be aware of your own fear and vulnerability
  - Don't allow these emotions to unconsciously drive your behavior to turn people into “others”
- Seek common ground with patient (resident)
  - Imperfection
  - Vulnerability
  - Suffering



# Counteracting the Impulse to Turn People into "Others"

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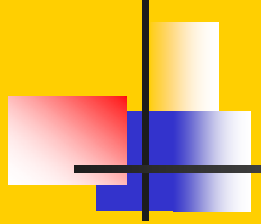
- Allow yourself to connect emotionally
  - Be moved by the plight of your patient
  - Consider that the emotional burden of avoiding the patient may be harder on the doctor than emotional involvement
  - "A doctor's job would be so much more interesting and satisfying, if he simply let himself plunge into the patient, if he could lose his own fear of falling" (Broyard)
- Never forget the personhood of the patient
  - The patient-doctor interaction should be an I-Thou, not an I-It exchange
  - Empathy: skills/attitudes for drawing closer
    - Climbing into the boat
    - Understanding the patient's perspective
  - Respecting difference
    - Accepting understanding of another is always imperfect



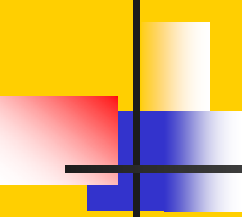
## Maria – *Rafael Campo, M.D.*

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This G2, P1 gives us a confusing  
History. It sounds like she's been pregnant  
Approximately thirty weeks, although  
She can't recall her last LMP> No pain,  
But bleeding for about two days. Of course  
She hasn't had prenatal care, and God  
Only knows where the father is. She works  
Two jobs that keep her on her feet all day.  
She's been in the United States six months,  
And doesn't speak a word of English. Bet  
You she's illegal. Cervical exam  
Is unremarkable, the os is closed.  
I think we need an ultrasound to tell  
Us more. Besides a look at the placenta,  
We need some confirmation of her dates.  
Her uterus can tell us more than she can.



# Metamorphosis - Michael Doo, M.D.



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First contact -  
Via chart, presentation  
A refined conglomeration of  
Vitals and diagnoses  
And physical findings  
Described in the jargon of medicine,  
The abbreviations  
Nigh impenetrable to those uninitiated  
Humanity cloaked  
By a diagnosis  
With each word spoken in  
Your own voice, each exchange whispered  
And exclaimed, with each disclosure  
A cocoon erupts.  
Texture disrupts sterile pages  
Intervene! Help me to look beyond  
this chart with your life  
Deny me the temptation to  
Interpret you as a process, reduce you  
To a treatment plan

Let me in on the irrelevant, the  
Maybe-not-so-insubstantial  
It is no mere conjurer's trick  
To uplift print into humanity  
Construct a being out of labs  
Perhaps it is enough that  
You are my patient - the  
Discovery that I am as  
Human as you  
Perhaps it should not be  
My fate to walk this  
Future alone, in hand with  
Just another case  
Study or learning opportunity  
Just another entry in  
Some log  
Perhaps it is all that ever matters  
Let us take flight! -  
And for even a visit,  
Maybe a lifetime  
Face this world, foreboding, and  
Hopeful, you and me,  
Together.

# Metamorphosis





# I stare out

– David Kopacz, M.D.

I stare out across the frozen lake  
the water blends into the sky  
the ice stretches out  
the cars go by on Lake Shore Drive  
the belly of the pregnant woman  
stretches up toward the sky  
the mustache of the resident  
hides his upper lip  
as he watches the screen while the ultrasound  
slides over the belly of the pregnant woman  
the dimensions of new life flash on that screen  
as he reads them aloud  
I memorize  
I see the lake and the sky  
there is no difference to me  
I see a truck pulling a house on the road  
and the lake and the sky and the ice  
stretch on around  
until I feel sad and imprisoned  
because my life is not my own  
because I am not sure what is left of me  
as I think this

I boil with hate  
at the forces shackling me  
at myself  
at the mustachioed resident  
a personal hate for the mustachioed resident  
who blew his top  
when I didn't know on my first call  
who threw the book at me  
I look at the clock, 4:30 AM  
"Then read the chapter on it," he says  
I look at the clock, 4:40 AM  
"You must really be dazed out,  
you're still on the first page," he says  
I personally hate the mustachioed resident  
particularly his mustache  
it hides his upper lip  
and I boil with hate  
and I'm just tired, man  
and I feel deflated with pain  
for everything that binds every being  
for the constrictions and dissatisfactions of life  
I look out across the sleeping city  
I am mostly awake  
I can more than imagine the pain of life  
the woman with the belly breathes and cries  
new life born with a pungent mess  
the baby breathes and cries  
I breathe and remain silent

# Despair, Suppressed Rage



Munch Museum Oslo

Edvard Munch: 'Despair', 1893-94. Oil on canvas, 72.5x87 cm





# They sit at attention

- Jennifer Kuangwei Yee,  
M.D.

1.

They sit at attention staring  
At the drawn curtain which fails  
To hide the sound of bad news  
Being delivered.  
And they listen, giving no illusion  
Of privacy which was relinquished  
Upon admission.  
They throw open bed covers  
Revealing every wrinkle, sore, scar,  
Touching each one without fear or shame  
Gazes steady and strong, they ask  
The hard questions and make  
The hard decisions I ethically  
And maybe avoidantly  
Leave up to them.  
They don't believe in magic, but  
They talk openly of God.  
And in the hospital room's dim light,  
I know they see much more than I,  
Standing outside shading my eyes  
From all left stark and bare in daylight.

2. It is dark when I arrive at the hospital  
And it is dark when I am ready to leave  
But I look at this piece of paper,  
Barely legible, that the patient has handed to  
me.

I think those are numbers written there, and  
He thinks they could be wrong,  
But I find this home number in the chart  
For this patient too sick to recall.

And I dial the number to find his wife's  
Voice, warm, strong, and true  
"Tell him my car's in the shop right now.  
Will you tell him I love him too?"

I call her back at his bedside and  
Holding the phone to his ear I see  
Life in his eyes in cachectic face, and  
Steady voice from tracheostomy.

For in this man who was called "rock,"  
Poured much vitality  
So much happiness in 20 years of marriage,  
That now carried him through physical tragedy.  
And though that morning I arrived with  
Footsteps alone and heavy  
That evening I left rejuvenated,  
With hope, feeling free.

3. When I surrendered  
Window shutters flew open  
And three birds escaped.

Pieta -  
Vincent  
Van Gogh





# Summary

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- Sometimes you will feel the impulse to pull away from your patient because she is demanding, difficult, annoying, dying
- Sometimes you will see your “role-models” withdrawing, detaching, blaming, or mocking patients
- Think about your reflexive response
- Think about getting on the same side as your patient
- Think about empathizing with your resident
- Think about drawing closer
- Think about what will make you a “real” doctor”

