

What Doctors Feel: How Emotions Affect the Practice of Medicine Danielle Ofri, MD Boston, Beacon Press, 2013 Reviewed by Johanna Shapiro, PhD Pharos 2014

Emotions in medicine are both a neglected and problematic subject. As internist and author Danielle Ofri observes in her new book *What Doctors Feel*, the model of detached concern is still prevalent in clinical practice and in training. As she writes, “the often unspoken (and sometimes spoken) message in the real-life trenches of medical training is that doctors shouldn’t get too emotionally involved with their patients.” p4 But what does this really mean? Medical education rarely addresses the emotions of learners, although research has documented an intense panoply of positive and negative emotions. Even outstanding physician role models rarely discuss their feelings, leaving medical students to attempt to deduce appropriately professional emotional responses from indirect verbal, nonverbal, and behavioral cues. The medical literature as a whole is surprisingly silent on this topic.

Thankfully, Ofri has stepped forward to tackle this sensitive issue. Through a series of examples derived from her own clinical encounters and those of other physicians, as well as regular citation of relevant literature, she makes the argument (using a metaphor borrowed from the neuroscientist Antonio Damasio) that the physicians’ feelings are the “underlying bass line” p3 exerting a profound effect on their actions regarding patients. In a bold and forward-looking move, Ofri calls for careful attention to, understanding of, and skill to work with personal emotions in the interests of patient well-being. Although she rarely uses this term, in effect she suggests that physicians need to develop emotional intelligence.

Following in the footsteps of Jodi Halpern, Jack Coulehan, William Branch, and countless other physician scholars, Ofri reminds us of the key role of empathy as the gateway to managing one’s emotional reactions and achieving the goal of compassionate care. She recognizes that it is easiest to feel empathy when the patients’ suffering “makes sense,” p10 and much harder when it does not. Yet empathy (which of course is not the same as enabling or indulging the patient’s every claim) is essential in all clinical encounters, not simply those involving likeable and grateful patients. Yet how to cultivate empathy under challenging, time-pressured circumstances is rarely included in the curriculum. Reflecting on her own training (mostly by older white male physicians) she identifies the quality of respectful curiosity, “the . . . act of taking a patient and her story seriously,” p54 as going a long way toward yielding positive doctor-patient relationships.

The chapter “Can We Build a Better Doctor” skillfully dissects the multiple pressures on medical students to deidentify with the patient and instead cathect to the residents and medical team. This often means prioritizing efficiency and productivity over compassion, laughing at or making fun of the patient, and not protesting the use of derogatory terms such as “gomer” (an elderly, demented nursing home patient) or a racially charged term such as “status Hispanicus” to refer to a vocal patient in labor. This and similar chapters on medical malpractice point to some of the systemic underpinnings of physician disillusionment and resultant “bad behavior,” and suggest that solutions focused only on the individual level are doomed to failure.

Ofri does the medical community a favor by naming some of the most difficult emotions that physicians experience, starting with fear. There are small fears (looking or actually being incompetent in a given situation) and large fears (is this really the right profession for me?) in medicine, all culminating in the oppressive fear of doing irreparable harm, or even killing a patient. Ofri points out the paralyzing nature of some fears, and consequent suboptimal (or terrible) care to patients, as well as great suffering to the

physician. This is a heavy burden to bear, but it cannot be addressed by silence. Ofri recommends stress management, support groups, and mindfulness meditation, all of which have been demonstrated to improve physician well-being. But until the culture of medicine shifts so that it can acknowledge these fears, medical students and their role models will have to struggle along in relative isolation.

Another emotion to which Ofri deservedly gives much attention is loss and grief. Medical students at an early age and physicians throughout the course of their career are surrounded by chronic suffering, progressive incapacity, and death. How—and when!—do physicians mourn these losses? How—and when!—do they appropriately give vent to their grief? All too often, as Ofri and others have observed, grief is simply buried. The team moves on to the next patient and there seems to be no time and no inclination to mourn. Ofri points out that sadness, like fear, is unavoidable, and further, that neither emotion is without value (the alertness that results from a certain level of anxiety can keep the physician on her toes; grieving for a patient can bring some measure of peace to the physician), but the key is to learn how to navigate these emotions so that they do not destroy the physician, but rather serve the larger goals of patient (and physician) well-being.

Ofri also discusses shame, and its disabling properties. Whether her distinction between guilt (about a specific behavior) and shame (a more global experience) is accurate, her larger point is that the toxic blaming and shaming that still occurs in medical school and residency training has persistent negative effects that paradoxically make it more difficult to accept responsibility for mistakes and apologize to patients. The tendency to hide and cover-up incidents perceived to be shameful, and the resultant quest for perfectionism, is both unrealistic and detrimental to good patient care.

Burn-out, stress, and disillusionment with the profession of medicine are also considered in *What Doctors Feel*. Ofri pinpoints many causes, from paperwork, time pressures, financial demands, family strains. None of these insights is new—much research and anecdotal reports already exist supporting the deleterious consequences of these conflicts. But Ofri brings these experiences to life. She is particularly eloquent on the emotional toll malpractice suits extract, citing evidence that concludes that, whether the physician is found liable or not, the emotional reverberation of anguish and self-doubt is lengthy and profound. In her words, they are “soul-corroding events,” p190 often because the physician had a strong emotional connection with the patient.

What Doctors Feel is written in accessible, personal style, easily absorbed by lay persons, medical students, and physicians alike. One of the most touching aspects of the book is the narrative of Julia, a longtime patient and undocumented immigrant with two children about whom Ofri wrote in *Lost in Translation*. Charting the ups and downs of Julia’s progressively worsening struggle with genetically induced CHF while she is in her thirties and forties is a moving example of relationship-centered care. Ofri does not shy away from documenting the joys and heartbreak she experiences in caring for Julia. She does not expect that she—or other physicians—should feel such emotional connection with all patients. But she does fearlessly excavate all that it can mean to step within the orbit of a patient’s suffering, yet not be pulled so closely that she implodes. The result is a portrait of the doctor we would all long to have as we embark on our final journey.

What Doctors Feel takes a crucial step into the murky waters of emotion, long a taboo subject among both academicians and practitioners. It points the way toward systematic research, teaching, and clinical practice that acknowledges the humanity of the physician, as well as of the patient, in the service of better patient care.

Dr. Shapiro is Director of the Program in Medical Humanities & Arts and Professor of Family Medicine at the University of California, Irvine, School of Medicine.