PBL HUMANITIES ASSIGNMENT DR. MCGUIRE 10/15/03

[redacted]

Thank you, [redacted], for the sketch of your grandmother. I am very sorry for her loss. Grandparents can be really important in our lives. I loved the: response you gave to the question about why the door and the clock were included in the picture: "Because the doctor was always looking at the clock and trying to get out the door"! I guess this is what you'd call an anti-role model. I admire your willingness to search your own pain for hints about how to become a better doctor. I am quite confident that you will one day be the doctor you imagined, bending over your patients with caring and concern. Regards, Dr. Shapiro

[redacted]

Hi [redacted]. Your essay effectively showed how a simple gesture of reassurance and explanation toward the patient can trigger a story that unfolds "way past" the original presenting complaint. Sometimes hearing the "stories behind the story" can feel overwhelming, but it almost invariably is helpful in the long run. When you know the big stories (infertility, miscarriage), it helps you place the small stories (vaginitis, yeast infections) in context. Also, remember that knowing the big stories doesn't mean you have to fix them. Thank you for an insightful piece of writing. Regards, Dr. Shapiro

[redacted]

I'm glad you chose this particular option, [redacted]. It's always interesting to hear what patients like and dislike about their physicians - and by listening to them, we can always learn something! What a great question to regularly ask ourselves: Are we behaving in ways that are nonjudgmental, concerned, and empowering of our patients and others? The negative experience is a cautionary tale about how easy it is to lose a patient's trust (this doctor probably did not even recognize the damage he had done) and the potentially long-lasting consequences of such an act. You did very nice work on this project. Dr. Shapiro

[redacted]

[redacted], you proved yourself to be an excellent observer of this patient. Actually encountering diseases and conditions you've read about in the flesh (so to speak ☺) can be exciting and fascinating, perfectly natural responses. I'm glad that you were able to hear "the story behind the story." It was also perceptive of you to realize that, in this case, as in many others, it was enough to simply listen. Your patient didn't want you to change her life, just see her perspective. Good work on this essay. Regards, Dr. Shapiro

[redacted]

Hi [redacted]. Sorry I had to leave before hearing your poem. I really liked it. You played around with rhyme in a creative way. More importantly, you shared an important realization – how much you can give to patients simply by listening to and addressing their most deeply felt needs and longings. In this case the need for both father and son was the power of shared and sincere prayer. I'm sure I don't have to caution you that

praying with patients does have certain inherent risks – namely, if the impetus comes from the doctor rather than the patient as an expression of the doctor's need rather than the patient. It is important to be cautious about inadvertently taking advantage of the unequal power differential in the doctor-patient relationship. That having been said, praying with a patient can be a wonderfully healing experience, not only for the patient, but for the doctor (or volunteer ☺) as well. Thank you for tackling a topic that deserves lots of thought – and possibly prayer ☺. Regards, Dr. Shapiro

[redacted]

Hello, [redacted]. I apologize for not being able to hear the presentation of your project, but you made terrific comments in class. Thanks for being so involved! Your essay was a thoughtful reflection on the nature of a particular specialty, in this case Radiology. One of the benefits of the tag-along program is that you can start thinking about how to determine a good "fit" between you and a particular specialty. Many physicians say they made this choice with insufficient information, and then spent many years frustrated and discontented. Your observations about Radiology were astute. It is clearly not a "people" specialty! I know several really nice and incredibly smart radiologists, but interacting with others is not their forte. But I wouldn't necessarily define the issue as "selfishness." We all seek affirmation in different ways (whether through patient gratitude, or colleaguial respect, or publications, or professional awards), but choosing to be the guide and companion of another human being as they face suffering, uncertainty, and death, is not primarily about selfishness. It's more about knowing yourself deeply, and being comfortable with that knowledge. Thank you for such a thought-provoking essay. Regards, Dr. Shapiro

[redacted]

Hi [redacted]. Please accept my apologies for not being able to stay for your presentation. It is a valuable meditation on one of the most fundamental questions of life, namely, how do we face death? The texts you've chosen to cite are stark confrontations with the possibility of meaninglessness and emptiness. I was not familiar with the Crane quote, but it reminded me of Camus' existential formulation of the benign indifference of the universe. I have read the Hemingway excerpt before, but each time I read it is chilling in its rage and despair. I think you must recognize the value of literature, because these two small quotes give us much to meditate on about the human condition. Thanks for bringing these to our attention. Regards, Dr. Shapiro

[redacted]

Hi [redacted]. I'm sorry I couldn't stay to hear your patient interview. The worst experience made a great point – it is all too easy to get caught up in "making a point" or "proving yourself right." When this becomes the goal, the patient invariably suffers. Also, lecturing patients is usually not an effective way of effecting difficult lifestyle changes. But speaking from your concern and caring for the patient can help. The other example is one that restores your faith in human nature: A doctor who actually thinks about his patient, and takes time out of his personal life to make a reassuring home visit! These lessons aren't complicated, but they are a lot harder to put into practice than to preach.

It's also striking how long the memories of these encounters lingered in the patient's mind. Thanks for this very nice work. Regards, Dr. Shapiro

[redacted], I apologize for not being able to stay to hear your essay, but I did appreciate the perceptive comments you made in class. It sounded as though you spent an interesting afternoon observing Mr. Waters struggle with medical decision-making. My own opinion is that serious, even life-and-death medical situations shouldn't be like buying a car: "This is the price, here are the extras, these are the options." The value of having a primary care physician who has personal knowledge of the patient is that he or she can factor in intangible factors such as the patient's personality, living situation, or coping resources that might tip the balance in favor of a particular intervention. Of course, the choice is ultimately the patient's, but some of those feelings of fear of making a poor choice that Mr. Waters expressed can be mitigated by the guidance and insights of a concerned and involved physician. Thanks for this interesting essay. Regards, Dr. Shapiro

[redacted]
What, no poem! Just kidding – I liked this essay a lot. It sounds like the kind of thing that is published in JAMA's A Piece of My Mind. It demonstrates your powers of observation – all the carefully observed details, as well as some of your stereotypic assumptions about the meaning of those details. I am so impressed with your level of awareness, both of external and internal phenomena! You were also honest and forthcoming about your biases and judgments, as well as how quickly the patient picked up on them. It can be scary how quickly the energy can shift in a patient encounter, but if you are able to identify the causal factors, you can also have more chance of shifting it back again. By the way, this doesn't mean always accepting the patient's story at face value – there are aspects of this story that don't quite add up, and the missing pieces might well involve psychiatric disorders, substance abuse or both, as we discussed – but it does always mean respecting the patient's story, and the fact that he either believes it or at least wants to believe it. It was nice to see you, Nate. I hope you have a great year. Regards, Dr. Shapiro