VULNERABLE PATIENT POPULATIONS

I. Good morning. I'm Johanna Shapiro. I'm a psychologist by training, and I've worked in medical education for the past 30 years. In order to be as transparent as possible, I wanted to mention that my scholarship and teaching is almost exclusively with medical students and residents, not nurses. In fact, from what I've encountered in the nursing literature, and occasional talks such as this to nursing students, I've found nurses to "get" what I'm talking about and to share a similar orientation with me much more readily than physicians.

II. This session will be primarily interactive and experiential. It will be divided into 2 1 ½ hour parts, with a short break in the middle. At the start of each section, I'll give a brief orienting presentation. Then, in the first section, we'll discuss a series of vulnerable patients, presented through the medium of poetry. In the second section, you will all participate in a brief writing assignment about a particular patient of your own, and then we will discuss these writings and what you can learn from them.

III. Vulnerable patients
A. Different definitions of vulnerable patients
B. Patients may be vulnerable medically (e.g., immuno-compromised pts)
C. They may be vulnerable in terms of decision-making competence (e.g., children, elderly demented, mentally ill pts)
D. They may also be vulnerable because of various social and cultural factors
E. It is primarily this latter category that I will be discussing with you today

IV. Basic premise
A. All people, including healthcare professionals, have different ways of responding to the suffering of others – drawing closer, drawing away
B. Drawing away from basically involves turning the patient into an "other" – a rejected object or scapegoat
C. What I'll be arguing is that certain groups or categories of patients are viewed within medicine as more permissible to "other"
D. Thus these groups of patients become vulnerable to this othering, or drawing away from

V. Equal and opposite responses to the suffering of others
A. Altruistic impulse
1. **drawing closer to suffering other**
2. **put interests of other above interests of self**
3. **feeling empathy toward other**

B. Impulse to detach and separate from contamination of suffering
1. **literal contamination**

2. **metaphoric contamination (vulnerability, helplessness, loss of control)**

C. **Separation becomes frustration becomes anger becomes "hatred"**

VI. What Triggers the Drawing Back Response?

A. **Evolutionary advantage**
B. **Cultural/philosophical elements**
   1. **Emphasis in our culture and in medicine on mastery/control**
   2. **Importance of vanquishing/overcoming disease**
   3. **Cultural valuing of an ideal self**
      a. **pure, clean, distinguishable from those who are contaminated**
      b. **immune to fragmentation and corruption**

VII. I/Other Split (psychiatrist and psychoanalyst Lacan)

A. **Human tendency to mark difference as more significant than similarity**
B. **Infer something dangerous and threatening from difference**
C. **Define ourselves not just in terms of self, but in terms of other**
D. **Positive identity is often achieved through comparison to negative identity**
E. **To recognize ourselves as pure, healthy, good, it helps to have another who is contaminated, ill, bad**
F. **The more the other can be confused with the self, the more urgent is the need for boundary demarcation**
G. **Once we locate our own dissolution and vulnerability externally, our anxiety is domesticated, becomes more manageable**
H. **All identities that are threatening to the clean, pure self, become other**

VIII. Scapegoating

A. **Individuals and groups pursue wholeness by rejecting frightening and impure elements of themselves and projecting them onto others**
B. **Patient (especially certain kinds of patients) are defined as the outsider, binds insiders together**
C. **Scapegoat must be symbolically banished, differentiated from self**
D. **Blaming pts for their illness; for their noncompliance**

IX. Patients Most Likely to be Othered

A. **Stigmatizing illnesses, medical conditions**
B. **Patients with mental illness, poor, homeless**
C. **Patients from other cultures**

X. Counteracting the Impulse to Draw Back

A. **Identification and acknowledgment of our own vulnerability, lack of control, limitations, and imperfections**
B. **Seeking common ground with patients – willingness to accept similarity**
C. **Empathy – understanding the patient's perspective**
D. **Respecting difference – accepting that we will never be able to perfectly understand the other**

XI. Examples

A. Othered patients – create a sense of discomfort, difference, strangeness; evoke impulse of negative judgment; also have a certain power which can evoke fear

XIII. Noncompliant Diabetic Patient

A. The Promise– doctor's priorities vs. patient's priorities; patients who don't care about themselves, don't know anything about their disease; physician helplessness at overwhelming social problems masked by focus on noncompliance

B. Walking the Dog – affection for patient; thinking outside the box; acceptance of limitations; commitment to patient underlies ups and downs of care, successes and failures of physician

XIV. Patients with Disability

A. Spastics – animal and insect comparisons; separation between healthy and "othered" spastics; asexualized; "pure" becomes a negative; lack independence ("can't feed themselves")

B. Protect Yourself from This – issue of protection (from contamination); looking away – attempt to avoid engagement; the narrator urges recognition – "you know that you can never leave her now"

XV. Drug-Addicted Patient

A. Junkie on the Phone - drug-seeking patient lies, manipulates; seen as self- and other – destructive; tone of poem is angry; rejects collusion, but also rejects patient

B. Jamal – mother has betrayed most essential responsibility because of her drug habit; yet tone is compassionate; addict is humanized

XIV. Cross Cultural Patient

A. Maria – chart objectifies pt; but objectification is not value-free; negative judgments toward patient; demeaning

B. What Is Lost – sense of presence with patient; effort to enter patient's world; awareness of limitations; willingness to share care with other resources of social/cultural support (extend system)

XV. Drug Addicted Patient

A. Junkie on the Phone – frustration, anger, focus on patient's self-destructive behavior; focus on boundaries, rejection of collusion

B. Jamal – the mother is a monster, has caused innocent suffering; yet the narrator allows the possibility of her humanity, however limited and flawed

XVI. Intimate Partner Violence

A. S.W. – resident defines his role narrowly; knows what has happened but doesn't want to get involved; focus is on his own achievement; refuses to engage the patient

B. You Think You Know Me – limitation of taking algorithmic approach to patient care

XVII. Summary

A. Sometimes you will feel the impulse to pull away from a patient
B. Sometimes you will see colleagues, other health professionals detaching, withdrawing, blaming, mocking
C. Think about your reflexive response
D. Think about taking the risk to join with your patient
E. Think about drawing closer to your patient
F. Think about what will make you a real doctor