WHEN THE DOCTOR HATES THE PATIENT

I. Good morning. I'm Dr. Shapiro. I'll be giving a little talk, and then we'll talk about some clinical cases, which will be about real patients, but maybe not quite in the form you've learned to expect.

II. So, finally, it's 3rd year

A. You'll be spending all your time with real patients (no more SPs)
B. You'll be learning from and mentored by real doctors
C. Anybody here ever read The Velveteen Rabbit when you were a little kid?
D. All about how a little toy rabbit becomes "real"
E. And now you all are going to be "real" student-physicians

III. Crash and Burn?

A. Research is depressingly consistent that students become significantly less empathic during 3rd year of training
B. They can also become more cynical and disillusioned
C. How many of you here have heard of the difference between the formal and the informal/hidden curriculum? (What is the informal curriculum?)
D. This is where the gap between the formal and the informal curriculum kicks in with a vengeance

IV. Where is your Truth?

A. You will see a lot this year
B. Great role-models, inspiring patients
C. Also docs that are abrupt, detached, demeaning; patients who make you feel frustrated, helpless, even angry
D. What will you learn?
E. Unfortunately, what some students learn is that real medicine is
    1. physician-centered
    2. about knowing the right answers
    3. about not messing up your evaluations
    4. about going along to get along
    5. about lab values, chart notes, procedures, not patient suffering

V. So what is real medicine?

A. Velveteen Rabbit M.D.
B. Real medicine is what you make it
    1. You don't need to be a martyr or a saint
    2. You don't need to right every wrong
    3. Think about what you see, who you are becoming
    4. Remember you are always choosing who you want to be

So now I'm going to consider a little more in depth how we respond to the suffering of others

VI. 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"

VII. 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**

VIII. 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

IX. 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

X. Patients Most Likely to be Othered

A. Stigmatizing illnesses, medical conditions

B. Patients with mental illness, poor, homeless

C. Patients from other cultures

XI. 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

XII. 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. 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 role models 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