

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Thursday, November 15, 2007 3:12 PM
To: [REDACTED]
Subject: RE: Experiencing Loss Assignment

Hi [REDACTED], I wanted to let you know that, although Dr. [REDACTED] will be responding to you more fully, I also read your essay and admired your insights and awareness. "Lessons learned" can sound a bit cliched, or as though other people's suffering and deaths somehow exist for our benefit. But I do believe that we have an opportunity with each such encounter to deepen our understanding and compassion such that these qualities can be enhanced in future situations. In this sense, your learning struck me as profound. Your patience, respect for, and willingness to engage with the distraught son were really impressive to me. This interaction is the perfect example of how a skilled physician can diffuse and honor a family member's suffering. I also felt your response of humility to the unexpected passing of the first patient you described, your felt realization of the limitations of medicine and the fragility of life are essential to good doctoring. You are correct that much of medicine is about exerting control over health and illness issues, but you soon realize that there is an awful lot that you simply can't control. Coming to terms with this will strengthen an attitude of service, while reducing the need to control inappropriately. Thank you so much for sharing these experiences. Best, Dr. Shapiro

From: [REDACTED]
Sent: [REDACTED] PM
To: Shapiro, Johanna
Subject: [REDACTED] ent

Hi Drs. Shapiro and [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Thursday, November 15, 2007 10:20 PM
To: [REDACTED]
Subject: RE:

Dear [REDACTED] Thank you so much for being willing to share your experience of doing the ultimately futile chest compressions. You are "officially" in Dr. Robitsek's "response" group, but I wanted to let you know that I read your essay as well, and was really struck by how strongly you were affected by this experience. There were so many important points you brought out - when do you "step up," "step in," and is that what makes the difference between a lowly student and a physician? When is it wrong to hang back, and when can automatically "doing" lead to a worse outcome for a dying patient? These are all such good questions, and you really made us think about them. The other point that interested me a lot was the fact that the patient's life was literally in your hands and that that reality was supremely meaningful. That is something I will never experience; but your sharing helped me to understand that phrase in a much more visceral way than I ever have before. I don't know if it was a baptism into reality so much as a baptism into the awesome responsibility of being a physician. Thanks for enabling all of us to reflect on this experience. Best, Dr. Shapiro

From: [REDACTED]
Sent: [REDACTED]
To: [REDACTED]
Subject:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Thursday, November 15, 2007 3:34 PM
To: [REDACTED]
Subject: RE: Assignment one

Dear [REDACTED], although Dr. [REDACTED] has "formal" responsibility for responding to your essay, I wanted to let you know that I'd read it as well and was really touched by it (and thank you for the nice things you said about AoD :-)). You've put your finger on one of the complexities of medicine: a large part of your learning is instrumental and task-oriented - techniques, procedures, differential diagnosis. Since such things are crucial to the practice of medicine, it is easy to see them as ends ("perfect streak," "aced the diagnosis") rather than means to the end of curing the patient or alleviating suffering. It is not that one approach is right and the other is wrong; it is that you somehow need to juggle both simultaneously because what is ultimately at stake is the potential "loss" of the patient as a human being.

When Mr. "Jackson" died, he became a person to you. Perhaps what you need to remember is that it is by no means always easy to connect with another person's humanity. Sometimes I have trouble finding the humanity of a driver who unceremoniously cuts me off on the freeway :-). How much more so when a patient is comatose, barely responsive etc. So you're not always going to be deeply moved by every patient who dies. But figuring out ways of remembering our shared humanness, that every patient is someone's dad, mom, son, friend, is essential to being a good and happy doctor. In fact, your essay demonstrates very well your ability to switch from "CHF/LP" to re-engage with the person of this patient. That is a "streak" you really want to maintain, right up there with those LPs! Thanks again for such a perceptive essay. Dr. Shapiro

From: [REDACTED]
Sent: [REDACTED] PM
To: [REDACTED]
Subject: [REDACTED]

[REDACTED] it
[REDACTED]
[REDACTED]

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Thursday, November 15, 2007 2:14 PM
To: [REDACTED]
Subject: RE: AOD assignment 1

Dear [REDACTED], Dr. [REDACTED] will be responding more fully, but I wanted to let you know I read your essay, and found it very thoughtful and thought-provoking. I think one of your main points is that your patient needed to grieve the loss of her foot, even though medically it might appear she was just "wasting time" moping about the inevitable; and very possibly from a medical standpoint, there may have been greater risk with delay. Nevertheless, to me your insight is right on the money. Truly informed consent to this amputation involves at least a partial acceptance of the loss of this body part, with all its multiple intimations of mortality and implications for the future. That doesn't necessarily happen on doctor time, but on patient time. I'm really glad that you could see this. Best, Dr. Shapiro

-----Original Message-----

From: [REDACTED]
Sent: [REDACTED], 2007 8:03 AM
To: Shapiro, Johanna [REDACTED]
Subject: AOD [REDACTED] 1

[REDACTED]

[REDACTED] all.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Tuesday, January 15, 2008 12:17 AM
To: [REDACTED]
Subject: RE: Assignment #2

Hey, [REDACTED]. Good luck finishing up your interviews, just don't freeze completely. Thank you for sharing these thoughts. I like your "macroscopic perspective," especially because I think far too often most of us have a "microscopic perspective," with the microscope focused exclusively on ourselves! When our kids were growing up, unfortunately each one had a fairly challenging medical issue. Once I remember complaining to my husband that we were cursed, and that everyone else had such an easy life! (Embarrassing but there you have it). He encouraged me to talk more deeply with people we knew; and lo and behold, I learned that we were all struggling with stuff; and that many other people had much scarier problems than ours. And that says nothing about classism, racism, and sedism that perpetuate so many unspeakable horrors on a daily basis around the world (and in this country).

You are a deep thinker, so I also appreciate the simple strategies you have for keeping your perspective. Glancing at your friendship bracelet and seeing your father or a loved one in every patient are useful short-cuts for reminding yourself of who you want to be and how to get there. As Einstein said, keep it as simple as possible, but not simpler.
Best, Dr. Shapiro

-----Original Message-----

From: [REDACTED]
Sent: Monday, January 14, 2008 10:29 PM
To: Shapiro, Johanna; [REDACTED]
Subject: Assignment #2

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Tuesday, January 15, 2008 12:07 AM
To: [REDACTED]
Subject: RE: Assignment 2: How I cope

[REDACTED], what a lovely reflection. Thank you for entrusting us with your thoughts! This is only my opinion, but I think it is not either/or, but both/and. If you felt your life had to be perpetually miserable because of others' suffering, all that accomplishes is two ruined lives. I guess the way I see it is that, paradoxically, it is precisely because we can feel true grief that we can feel true joy; precisely because we suffer loss that we can appreciate fullness. I don't mean to sound pollyannish, but it seems to me when we look into dying and suffering clearly enough, we do not have to become jaded; but we can become less afraid. When this happens, it makes it more possible to remain open to the whole experience - as the Buddhists say, a thousand joys, a thousand sorrows. In my judgment, you are much more victorious than victim. Keep delving into yourself. It's a lifelong process. Best, Dr. Shapiro

-----Original Message-----

From: [REDACTED]
Sent: Monday, January 14, 2008 6:58 PM
To: [REDACTED]; Shapiro, Johanna
Subject: Assignment 2: How I cope

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Wednesday, January 16, 2008 12:24 AM
To: [REDACTED]
Subject: RE: Assignment 2

[REDACTED], I just love what you have to say below! It has a lot to do with "don't know" mind. When someone does something to upset us, it is easy to say, "What a jerk." And, you know, that might be the reason: that person might just be a jerk. But it is just as likely - in fact, I'd say a lot more likely - that, as you say, there are other explanations that make you feel a lot more sympathetic. Sometimes, as with the bad driver, we may never know those "reasons" but I think, on the whole, it's wise to assume they're there; with patients, you are more likely to discover them, although not always (being a patient in my book pretty much is a sufficient "reason" for a ton of otherwise irritating behavior!). And of course, finding a reason doesn't necessarily justify or excuse behavior, it just reminds us it has a certain logic from that person's perspective. You can still try to set limits, change, or negotiate the behavior, but with your "everything has a reason" approach, you can do so from a place of much greater compassion and caring. It's a powerful combination. I appreciate your insight. Dr. Shapiro

From: [REDACTED]
Sent: Tuesday, January 15, 2008 7:53 AM
To: Shapiro, Johanna; [REDACTED]
Subject: Assignment 2

Hey Dr. Shapiro and [REDACTED],

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Tuesday, December 11, 2007 12:44 AM
To: [REDACTED]
Subject: RE: Assignment #2

Hi [REDACTED] Thanks for turning this in so promptly :-). I really like all your approaches. Climbing into the patient's shoes, even if you don't want to be there initially, is an almost fail-safe way of eliciting kinder, more caring behavior from us. I know it works for me almost every time. The trick, as you've obviously learned, is to have the strength to put yourself in the patient's shoes, even though you may initially feel that they don't "deserve" it.

In psychology, your second strategy actually has an official name: "downward comparison." It is an effective way of reminding ourselves that our lives aren't the absolutely worst lives in the world :-). I know from lots of personal practice with this one that it works well too :-). Again, it is all about shifting our perspective and our story. When we keep telling ourselves "poor me," life seems pretty bleak. When we say, "Well, I'm having problems, but they aren't as bad as what other people have to deal with," we realize we have many blessings. Remembering all the blessings in our lives not only helps us, but helps us be gentler with others, including patients.

Finally, you are absolutely right that the only way you can nurture and care for others is if you know how to nurture and take care of yourself.

Good work, [REDACTED]. I hope you will share some of these thoughts tomorrow. Best, Dr. Shapiro

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Wednesday, December 12, 2007 12:54 AM
To: [REDACTED]
Subject: RE: Assignment #2

[REDACTED], thank you for sharing the memory of your own pediatrician as a positive role-model who still inspires you to be an outstanding physician yourself. This is a perfect example of what I was trying to get at with the "wisdom sayings" exercise, only in visual/emotional form. When you are feeling closer to W.C. Fields than you'd like, you "counteract" those emotions with the image of your jolly, welcoming, warm, and friendly pediatrician. I imagine that just remembering him softens your (understandable) tensions and annoyances, and makes you want to be "like him" in your own interactions. Merry Christmas, Happy New Year, and see you in 2008 :-). Dr. Shapiro

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Wednesday, December 12, 2007 12:37 AM
To: [REDACTED]
Subject: RE: Dec 11 exercise and overall ability to finish course

Hi [REDACTED] I appreciated your participation in class today - lots of really good points. I also liked your thoughts about The Card, and the power of trianing our minds. You (and your wife) are absolutely right in using what has been called "neurolinguistic programming" to change apparently deeply entrenched belief systems. I love the "trick" of writing about an ideal other, then changing from 3rd to 1st pronoun. I imagine this is very effective. I also like the reframing of the content into positives (i.e., "doesn't think first of himself" to "giving and altruistic"). Finally, the 20 x a day repetition I'm sure is powerful (plus linking it to using the bathroom - maybe a little crude, but no doubt effective :-)).

In terms of completing AoD, I appreciated your "plan" and think it should work well. I just wanted to clarify a few things: 1) Is The Card your 2nd required assignment or an extra assignment? It doesn't really matter, but just so we can keep track. 2) You mention substituting another written assignment for an earlier missed class. I apologize, but I don't have that. Can you resend it (or Dan do you have this?) ? 3) According to my records, we don't have the 1st required written assignment from you. You can turn this in any time, but again, just so you know. Please let us know if this is not correct. 4) As we discussed in class, an outside activity (such as attending church) can substitute for one class attendance, so long as you write up a paragraph about how the sermon (or anything else that you experienced) will help you be a better doctor.

I hope all this makes sense. We all share the same goal - to make sure that you are able to complete AoD in a way that is a valuable and meaningful for you - so let's keep on track in that direction. A HUGE congratulations on your wife's pregnancy - becoming a parent is such a wonderful (although definitely challenging :-)) part of life. I wish you both a very Merry Christmas, and a beautiful and fulfilling new year. Best, Dr. Shapiro
