

Dear [REDACTED], thank you for completing this essay. I must say that based on your presence in class, you do indeed seem happy, positive, and caring. You seem to be one of those people who "light up the room." As you realize, it is both wonderful to be this kind of person, and also a potential burden as people may "expect" you to be always chipper and beaming. Everyone has limits! Your strategies described below are excellent. And I like your realization that something as simple as attention to time management really can make a difference. You are not necessarily "trapped," you can have a positive impact on your environment. I also liked the idea of thinking of how people being patient with you was a positive thing. That is quite lovely, and a good motivator to pay it forward. Finally, your thoughts about humility are very wise. In some ways, medical training encourages a sort of arrogance, because let's face it, you guys are very smart, and you sure know a lot of stuff. But your perspective honors what I hope no doctor ever forgets - ultimately it is the patient who endures, suffers, hopes, fears. That is indeed humbling. You bring a wonderful self-awareness and deep awareness of others to complement your essentially sunny nature. That is a recipe for an outstanding physician. Btw, it is also okay to have a "grumpy" day every so often (preferably when you can stay in bed :-)). Best, Dr. Shapiro

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

From: [REDACTED]  
Sent: Tuesday, January 12, 2010 3:07 PM  
To: Shapiro, Johanna  
Subject: Assignment #2

[REDACTED]  
Art of Doctoring  
Assignment #2

Reflect on how you personally encourage yourself in attitudes of kindness, patience, caring, humility, especially when you may be feeling the opposite.

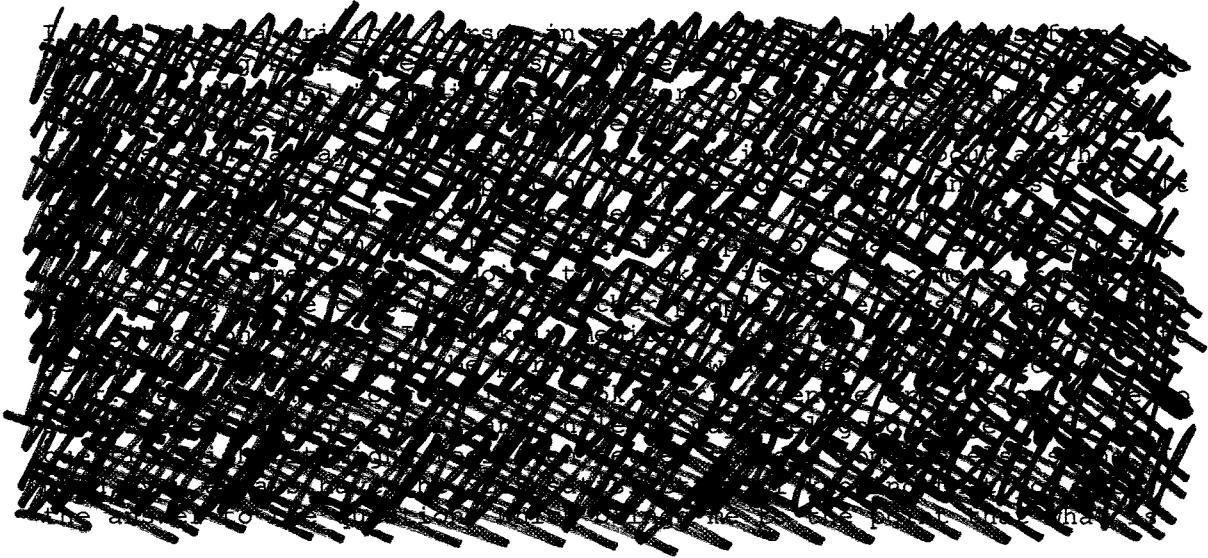
[REDACTED]

Hi [REDACTED], thank you for such a valuable reflection. I think, as you also recognize, that many of the personality types we find in medicine are the hard-driving, Type A. This can be both a blessing (we want doctors who challenge themselves, try their best etc.) and a curse (we've learned that people who only know how to "beat themselves up" to try to excel burn out and develop compassion fatigue). I LOVE the way you describe "thinking from two perspectives". This is so well-expressed, and one of the concepts we've been trying to convey in AoD: there are always at least two points of view involved (sometimes more than that!); and the more you can be aware of both of them, the better you will be at communicating and finding the optimal course of action. I also really appreciate what you say about "helping someone else shine". How right you are that this position is not always easy in medicine, which does tend to be a highly competitive sport. But just as in many team sports, the best games are often team, rather than individual, efforts. The concept of "helping the other person shine" is such an intriguing one. It might be applied to a colleague, or to a junior medical student, or even to a patient or family member (e.g., helping a patient articulate a question, rather than shaming them for "ignorance"). It speaks to a beautiful generosity of spirit, which in turn I think emerges from the confidence that you are a good doctor, that you have a good skill set, that you are "good enough" in yourself (although always striving to build on your current strengths). Finally, you make a good point that it's not all about the outcome (although outcome is very important, obviously). In other words, you can't always control the EFFECT your actions have (does your patient appreciate you? Does your attending praise you?), but the reactions of others should not invalidate your own awareness that you have "done the right thing" or "done your best" under difficult circumstances. Thanks for sharing your views, they will certainly contribute to your being a caring and sensitive physician. Best, Dr. Shapiro

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

From: O [REDACTED]  
Sent: Monday, January 11, 2010 2:41 PM

Mandatory Assignment #2: Write a paragraph or two reflecting on how you personally encourage yourself in attitudes of kindness, patience, caring, humility, especially when you may be feeling the opposite.



Dear [REDACTED], thank you for sharing the thoughts below. Of course, it is often hard to take the other person's perspective, either because of lack of time, or lack of desire! I LOVED your page example - it is so mundane, and therefore so worth analyzing, because it happens multiple times every day, every week, and unless you learn to deal with its inherent challenges, you will simply keep repeating a dysfunctional emotional cycle. You describe beautifully the shift from self-focus (natural and normal) and resentment (also natural and normal) due to exhaustion, burden etc. to other-focus (patient and family suffering) and gratitude (for all that you have in your life and even for the opportunity to be of service to another).

The other example is so good as well, for similar reasons. You demonstrate beautifully your capacity to first identify your own feelings (annoyance at grouchy pt) and then to consider other, more benign stories about the patient, and refusing to take the attack or grumbling too personally (and as a result act defensively). It is not that it is right or okay for a patient to act harshly toward you, but once you understand the many emotional and physical factors that may have pushed the pt over the edge, it is easier to absorb it and move past it. I also appreciated your language - talking about a "grouchy" patient is a little bit cute, it makes me think of the Seven Dwarves :-); whereas if you call the patient "demanding" or "hostile" you are already starting to blame and pathologize the pt, which will probably not go anywhere very good.

Finally, you are absolutely right in your conclusion. It's not possible to be perfect (at least, not most of the time :-)), so we want to be gently encouraging of ourselves to just be one or two degrees "better" than if we had just reacted reflexively without thinking. I can see you have a very good grasp of how to do this, and your patients will be the beneficiaries. Thanks again, Kenton!  
Dr. Shapiro

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**From:** [REDACTED] ] On Behalf Of [REDACTED]  
**Sent:** Monday, January 11, 2010 8:40 PM:  
Here is my Assignment #2.

2010

[REDACTED]  
I, too was very moved by your story and am honored that you were able to share this experience with us. Having gone through my own share of personal and family illnesses and experienced a different, very aloof, physician response to our family's needs, I can tell you how special your encounter was. My experience motivated me to be different, yours motivated you as a role-model for wonderful behavior. I know that you are and will continue to be that role-model for other individuals like you who desperately need the touch of a caring healer.

D

[REDACTED], MD

[REDACTED] I was so incredibly touched by your note and essay. I am always struck by how much of who we are remains hidden, until we take the risk to share something of ourselves. I feel deeply honored that you entrusted us with this story.

What a painful, painful experience. And what a wonderful physician role model you had in your internist. Even at this remove, I am moved when I read about his "kneeling down" and lifting your face out of your hands. I think you are describing one of the greatest gifts a physician can give a patient (and family): when everyone else is swept away in terror, panic, and despair, the physician is there as a calm, courageous, steady, yet compassionate presence, offering hope if possible, but ready to face the worst if necessary WITH the suffering patient and family.

This line of yours brought me to tears: "...through grief and struggle arose a new hope and steel resolve..." For me it encapsulates all that is noble and beautiful in the human spirit, our capacity to rise like a phoenix from the ashes of our own pain to commit to life and to others.

I hope it is not too tangential for me to share a personal resonance with your story. When my father was 17, his own father died of a massive MI at age 36 (as his father had died at age 48). That event changed my father's (and family's) life forever (he had to drop out of college to support his family; one of his brothers converted from Judaism and became a Christian minister; and the third brother became a cardiologist). This loss of a grandfather I never knew nevertheless profoundly shaped my own life story, and propelled me as well toward a career in medicine (although not being as smart as you, I had to settle for being a shrink :-)).

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

From: [REDACTED]  
Sent: Monday, November 09, 2009 9:21 PM  
To: [REDACTED]; Shapiro, Johanna  
Subject: Personal grief thoughts..

Dr. [REDACTED] and Dr. Shapiro,

[REDACTED]

2010

██████████, I know Dr. ██████████ responded to you (and beautifully, I thought); but I just wanted to say that your essay affected me deeply. I hear how devastated you are by the death of your friend; and how the guilt of not being able to contact her prior to her surgery lingers. I do not mean in any way to rationalize your feelings, but it did strike me that your friend left you a "cryptic" message; didn't mention the surgery; and that she never wanted her family and friends to worry about her. Tragically, she was dealt a very cruel hand, and there was not a lot she could control in her life. She could determine to some extent how she presented her illness, and how she wanted people to respond to her situation. I understand that you would have felt a lot better if you'd been able to embrace her and talk with her and prepare to say goodbye. But it occurs to me that this might not have been what she wanted. I suspect, as Dr. ██████████ said, she knew you were a good friend indeed. We often focus on the small things we might have controlled, and ignore the really big thing that we can't control: the loss of a wonderful young woman. If I may, allow your grief to be pure, uncontaminated by self-blame. Thank you so much for entrusting us with this story. Dr. Shapiro

I too am moved by your story and your pain. I loudly echo Dr. ██████████ words. You are a wonderful human being, or you wouldn't feel this pain. And you have learned a wonderful lesson, that you never say good bye with out letting that person know what they mean to you. "I love you" are such powerful and meaningful words to the person who hears them and to the one who says them. (Perhaps saying said them allows room for forgiveness if one forgets the next time?)

Would I be wrong in guessing that your friend, after all her medical experiences, is happy that you are becoming a physician, and one who truly cares?

Asking for forgiveness, and truly forgiving, are two traits worth learning. Your story tells us you have learned the first. The Art of Medicine heals too, as well as the science.

I send all my best wishes for your success in doctoring and in humanness.

Thank you for sharing the nuanced thoughts below. What you're describing has sometimes been called "dual awareness," i.e., awareness both of the patient and family and of your own responses), and has been identified as an essential "double movement" in effective clinical practice. In fact, although being courageous enough to spend some time in the other's shoes is an essential way of establishing trust and gaining understanding, it is also important to retain your own perspective, so you don't get "submerged" in the patient's suffering. When that happens, it becomes very hard to be useful to the patient, because you've been completely absorbed into their perspective. I also think that the bedrock, in your words, of patience and equanimity activates some of the best tools we have to strike this balance. What an imaginative and creative idea you have about "narrating" the entire scene from a 3rd person point of view. It makes perfect sense to me that this change in perspective can develop new insights, challenge assumptions and expectations, and act as an antidote to impatience and frustration. In my view, you are not talking so much about detaching (i.e., "I feel nothing") as "repositioning" both emotionally and intellectually. In my experience, and as you observe, a lot of good can come from doing so. I appreciate your insights. Dr. Shapiro

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**From:** [REDACTED]  
**Sent:** Saturday, January 09, 2010 12:24 AM  
**To:** Shapiro, Johanna; [REDACTED]  
**Subject:** Assignment #2 for Art of Doctoring

Wow, ██████████ I can't imagine how stressful and life-changing this must be for you. You "hide" it so well - always being pretty positive and upbeat whenever I see you. I think the pain of seeing your father go through this is so highly compounded by a sense of helplessness in you. Here you are, a student of medicine, and you can't "fix" him. As you said, there are so many layers of loss and grief here. Your father's loss of a lung...his loss of a level of quality in his life...the loss of dignity of being "whole"...your family's loss of the father they once knew - perhaps a strong vibrant quiet leader - to someone who is suffering...your loss of the man perhaps that you knew...the loss of perhaps not knowing how to be there for him...and with all those losses, there are all sorts of layers of grieving, which is handled differently by every individual. One word of encouragement - grief is a process that has a life of its own (we will talk about that today), but that process needs to work itself through. If it is done well (allowed to take its course), the end result will be some sense of peaceful equilibrium - albeit a new equilibrium different from before. It's so normal to experience all the feelings you have, and for your father to also. There is no promise of painlessness in this life, but as we work through our experiences, there is always opportunity. We are here for you if you need another ear. DR

snake - in the throes of grief, both your own and your father's. He is mourning and afraid and so are you. I deeply respect your efforts to console your father, even as you are dealing with the loss of the father you knew. I am sure he needs your love and support, even while he is still struggling with how to accept it. I would only encourage you, in the midst of being strong for your dad, and I'm sure other family members, that you find a way to acknowledge your own anger, confusion, helplessness and fear. It is evident what a good son you are; yet as you realize, illness hurts not only the patient, but ripples out to distress all those around him or her. Finally, it is a tribute to you that, in the midst of such grave personal challenges, you find the energy and compassion to think about the suffering of the patients and families for whom you're caring. May you and your family find the grace and grit to navigate this journey. Best, Dr. Shapiro



██████████ AoD 2009-10

**THE ASSIGNMENT: WRITE ABOUT A PERSONAL ENCOUNTER WITH LOSS AND GRIEF.**

██████ thank you for this essay. I was very moved by what you wrote. Your phrase re the patients who were coding, "... people hidden by the silence of intubation tubes..." resonated deeply for me. It is a kind of sanitation of the dying process. Your writing helped me to understand better just how much you all - and all doctors - have to do just trying to keep people alive. In many settings, such as SICU, you can't grieve because you are just working so darn hard. And obviously, that is the right priority. I hope however that, as you conclude, there are moments when you can "catch your breath," and let it all sink in. This is a bit of a stretch, but the last "pose" in yoga (fitting called the corpse pose!), is one where you lie completely still and allows your body, heart, and spirit to absorb and consolidate everything that has gone before. Those times of consolidation, although you appear to be "doing nothing," I've come to believe are crucial in helping us catch up and make sense of what's come before, so that we are prepared to go forward. Keep on the look-out for and cherish those moments of pause. Best, Dr. Shapiro