

2013

Shapiro, Johanna

To: [REDACTED]

Hi [REDACTED]. I enjoyed your essay about the patient, Mr. L. It provided a much needed caution about the seductiveness of the interpretive process. It's easy to convince ourselves of how perceptive, clever, insightful we are, and not allow experience to correct us. As Freud observed, sometimes a cigar is just a cigar, and sometimes a patient is simply tired and sick, not hostile, withdrawn, or cold.

I also really valued our post-group talk. It's wonderful to encounter a student who, despite all the immediate pressures and preoccupations, truly cares about the profession of medicine. You raised some interesting points about action being the necessary follow-up to "awareness," and your critique of discussions such as ours as being short on specifics was well-taken. I think you and I were trying to make two different points about the video clips. The point that interests me is, what do we do when we see OURSELVES becoming like William Hurt in The Doctor, or some of the other negative role models we observed? The answer is not simple, but does have to do with developing self-awareness; setting behavioral and attitudinal intentions; working with negative emotions; forgiving fallibility; and recommitting to personal change.

I think what you were getting at is, what do we do when we see OTHERS behaving like William Hurt (whether attendings, residents, or other students). Here again, there are no easy solutions, but some of the questions to ask might be: 1) Is this an isolated incident or a pattern of behavior? 2) Is it merely annoying or is it morally reprehensible? 3) Does it threaten the patient physically, emotionally, or spiritually? 4) What are the options for intervention and what risks and benefits do they entail? 5) Who can help? and 6) What can be learned? (obviously not an exhaustive list).

I think in both instances there are paradigms that can be invoked in trying to figure out, "what next?" and I apologize that lack of time and perhaps focus prevented me from presenting these more fully. Let's hope we have the opportunity to do this again in greater depth! In the meantime, thanks for your obvious engagement with the discussion and your incisive observations. Regards, Dr. Shapiro

023

Shapiro, Johanna

To: [REDACTED]

Hi [REDACTED] Sorry about mangling your name – it makes perfect sense when I see it written down!

In any case, thank you for a thought-provoking essay about the limits of medicine. A well-known essayist [REDACTED] who has multiple sclerosis, wrote once that doctors are made uncomfortable by conditions they cannot cure or fix. It's a critical psychological issue that all physicians must come to terms with. Do you reach the end of doctoring when you hit a medical brick wall? I think there is much to be learned from the response of your preceptor, who was not afraid to draw on her emotional resources when her technical resources were used up. This is really what it means to have an I-Thou relationship with a patient rather than an I-It relationship, that you do not abandon her simply because you cannot save her. Your sharing rightfully stimulated an important discussion. Thank you again for bringing to the forefront of our attention. Regards, Dr. Shapiro

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Wednesday, January 29, 2003 5:10 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: PBL humanities assignment

Hi [REDACTED] Sorry we didn't get around to having you present your project (you probably didn't mind that much!). It looks like you also decided to interview one (or more?) patients about best and worst experiences. I wish I could have heard your thoughts on what you learned from this project. Reading your lists, I thought about the importance of not making people wait unnecessarily, being thorough and addressing all of the patient's concerns (or at least letting the patient know that you've heard all the concerns), being respectful of modesty and privacy, and not relying on simplistic solutions to patient problems. How does this correlate with your own conclusions? Regards, Dr. Shapiro

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Wednesday, January 29, 2003 5:03 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: PBL Humanities assignment

[REDACTED], thank you for this witty poem and for your excellent in-class comments. You illustrate humorously but accurately the generic patient role - to passively wait for the physician, to answer his/her questions, to follow directions, and to get little or no response to the disclosure of his/her fears and discomfort. When patients are treated as objects, they feel like retaliating (as in your last line!), and so a vicious cycle starts. Nice work! Dr. Shapiro

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Wednesday, January 29, 2003 4:59 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: PBL humanities assignment

Hi [REDACTED] Sorry about "misnaming" you yesterday afternoon - overall, I didn't do very well in that department! Of course I remember you from the litmed selective and was very happy to see you again.

Great point-of-view writing, tackling that difficult, omnipresent issue of "noncompliance" (a very loaded word, by the way, that I've always thought makes the patient sound like some kind of criminal). You capture very well the ambivalence, fear, and misunderstandings that characterize most patients who do not adhere to their medical regimens. Probing "why" a patient resists medication, and accepting that there is always a certain logic to this resistance, is the first step toward establishing more effective treatment.

Thank you for this good work. Dr. Shapiro

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Wednesday, January 29, 2003 4:42 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: PBL humanities project

Thank you for your heartfelt poem about the patient who had lost his vision due to diabetic retinopathy. I found very moving the way you used darkness not only literally to describe the patient's actual loss of sight, but also as a metaphor for the emotional and spiritual hole into which he had been thrust. The poem also is about bargaining, that common psychological coping mechanism in which we say, I can give up this, and that, and suffer this, but please, not THAT. We bargain with doctors, with our family members, with God - anyone we think might listen. The poem really made me feel how lonely, desperate, and afraid this patient might be. The repetition of the initial couplet is particularly poignant. Thanks for sharing. Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]

Hi [REDACTED] Thank you for your essay, and I'm sorry we ran out of time before you could share it with the group (you probably don't feel that sorry!). You showed courage in adopting the voice of a frightened, lonely, disbelieving patient still struggling to come to terms with a life-threatening diagnosis. I'm glad at least that our group discussion included exploring how to deliver "bad news," since that is one of the issues you examine as well. As you describe in your essay, many patients pray for healing, or at least peace. The responsibility of the physician is to try to accomplish the first whenever possible, but always to help the patient toward the second. This was a thoughtful and moving piece of writing. Regards, Dr. Shapiro

2ND YEAR PBL SESSION 10/02

Hi [REDACTED] Hope everything is going well for you this year. I just wanted you to know how much I liked the poem you submitted for the PBL humanities session. It's a beautiful meditation on life, death, and what truly matters at the end of the day. It is mysterious, intricate, and rich. Thanks for a fine poem. Much good luck in finishing up the year. Regards, Dr. Shapiro

[REDACTED]
[REDACTED], I'd wanted to write you a note before this regarding your PBL humanities project, but the assignments were misplaced. Thank you for using the assignment to explore something so painful and personal. I was a little confused because of the note at the bottom as to whether you were describing your own situation, or only imagining what it must be like for your classmate. In either case, it shows great empathy and honesty of feeling. I am truly so very sorry that either of you, at such a young age, would have to face this awful circumstance. There is no easy consolation in the face of death, and I have rarely encountered a death that seems "fair." We do the best we can, with prayer, hope, and the love of family and friends. My thoughts and prayers are with your classmate and, if needed, you too. Take good care. Regards, Dr. Shapiro

[REDACTED]
Please accept my apologies for not commenting on your PBL humanities project till now (they were somehow misplaced). You wrote a very touching and poignant essay. I was truly impressed at your ability to enter into the loving, suffering mind of this mother. The courage and devotion of parents always amazes me. Thank you for being willing to approach her pain with such clear-sightedness. Regards, Dr. Shapiro

[REDACTED]
Hi [REDACTED] Please accept my apologies for not commenting earlier on your PBL humanities project (they were misfiled). I liked the way your essay explored the metaphor of having a "broken heart" – very perceptive. As we discussed in class, somatization disorders are frequently encountered in primary care, and it can be difficult and frustrating to care for these patients. It's important to remember that they are not malingering, or faking, but truly experience themselves as ill. You'll learn strategies for managing patients like this, but most important is to remember to treat such patients with compassion and respect. Thanks for this essay. Good luck with the rest of the year. Dr. Shapiro

[REDACTED]
Hi [REDACTED] I'm sorry for not commenting sooner on your PBL humanities project (the assignments disappeared for awhile). You picked a great topic to explore in your critical incident essay – the idea that a test or a medication will answer all questions and solve all problems, and the insidious way pharmaceutical manufacturers exploit this belief. I'm glad you were exposed to the role-modeling of a wise physician who didn't succumb to the patient's desire for (the illusion of) certainty. Thanks for this essay. Regards, Dr. Shapiro

[REDACTED]
Hi [REDACTED] Please accept my apologies for not commenting earlier on your PBL humanities project (they were somehow misplaced). As I mentioned in class, ever since I ran across the term in a British medical journal, I've loved the phrase "heartsink." It is so incredibly human. The preceptor you describe sounds incredibly human. What a great approach to adopt the patient's voice. As I think you learned, it automatically moves you

closer to the patient, who becomes immediately less frustrating, and more understandable. The other teaching examples are so good too, down-to-earth, factual, and compassionate. And of course you're absolutely right – heartsink is not a word reserved for practicing clinicians, it has plenty of applicability to medical students too! Don't despair, however; it is usually a passing phenomenon. Thanks for sharing your thoughts, Dr. Shapiro

Hi [REDACTED]. Hope all is going well for you this year. I'd wanted to respond earlier to your PBL humanities assignment, but somehow they were misplaced for awhile. I really liked your point-of-view writing. You demonstrated a good grasp of what this heart patient might be thinking and feeling. For me, it emphasized once again the importance of trust in the doctor-patient relationship. Your preceptor seems an excellent role-model of a kind, understanding, and patient physician who (despite the long lunches) can appreciate and address the differing agendas of husband and wife. Thanks for taking time and care with this essay. Regards, Dr. Shapiro

2003

Shapiro, Johanna

To: [REDACTED]

Hi [REDACTED] I'm very sorry I was unable to attend the make-up PBL humanities session, but Dr. Rucker kindly shared your projects with me. You did a great piece of point of view writing! Initially, I'm right with the patient, thinking, "Yeah, gangs are scary, punky kids are scary." And by the end, I'm thinking "Thought disorder, paranoia, mania." But the fact that you portrayed this descent into madness so vividly made it easy to feel compassion for the narrator. You were very successful in showing the world through her tortured eyes, and that is what empathy is all about. Excellent work. Dr. Shapiro

Qd03

Shapiro, Johanna

To: [REDACTED]

Hi [REDACTED] Hope this year is going well for you. I'm sorry I wasn't able to see you at the make-up PBL humanities session, but Dr. Rucker did pass along your assignments. I really liked your motivation for pursuing this project – trying to understand more precisely what it was that made patients like your preceptor so much. Another fascinating part is the contrast between student aspirations to technical and knowledge competence, and the patient's emphasis on support, encouragement, and hope. This feedback is borne out in study after study of patient satisfaction. Obviously, patients don't want incompetent doctors, and we assume (not always correctly) a certain baseline competence in residency-trained physicians. But in the end what carries the day is an attitude of genuine caring and concern. I'm glad you've spent time with a preceptor who clearly embodies these qualities. Dr. Shapiro

2023

Shapiro, Johanna

To: [REDACTED]

Hi [REDACTED] I'm sorry I had to miss your make-up PBL humanities session, but Dr. [REDACTED] passed along the projects to me. You created an interesting point-of-view piece of writing. The patient struck me as distressed, frustrated, lonely, controlling, and a little desperate. I was curious enough after reading the essay to wonder, what happened? What was the physician's opinion? How did you feel about this patient? All signs of a story well told. Nice work! Dr. Shapiro, Director, Program in Medical Humanities & Arts

9003

Shapiro, Johanna

To: [REDACTED]

Hi [REDACTED] I hope this year is going well for you. I miss you in the litmed selective! I'm sorry I missed your make-up PBL humanities session, but Dr. Rucker passed along the projects. I enjoyed your essay – there was a lot going on in it. First I was impressed by your careful, detailed observations – always a good sign when a doctor has his eyes open! Your portrayal of the patient is poignant, while you see her physician with equal clarity and compassion, caring, human, but also fallible. A pleasure for me to hear from you, albeit indirectly. Good luck with your boards and the rest of the year, Dr. Shapiro

903

Shapiro, Johanna

To:

Hi [REDACTED]. I apologize for missing the make-up PBL humanities session, but Dr. Rucker did pass along your projects. Thank you for attempting a poem – that can be a challenge. You managed to pack a lot into a few adjectives and nouns – the whole terrifying cycle of frightening diagnosis, awful treatment, and (hopefully) remission and healing. Very nice use of language. Thank you for the opportunity to read this. Dr. Shapiro, Director, Program in Medical Humanities & Arts

0003

Shapiro, Johanna

To: [REDACTED]

Hi [REDACTED]. I apologize for not being able to attend the make-up humanities PBL session. Dr. Rucker shared the projects with me, however, and I wanted to let you know how interested I was in your essay on empathy. I think, as you suggest, the quest for empathy begins by probing our own experience. Often, as you discovered, we come up woefully short. The next step is to try to be fully present with the patient, not pull back in the face of their suffering, so that through careful and compassionate listening and observation you can deepen your understanding. From your essay, it sounds as though you did just that. Nice work! Dr. Shapiro, Director, Program in Medical Humanities & Arts

9003

Shapiro, Johanna

To: [REDACTED]

Hi. Sorry I missed your humanities PBL session, but Dr. Rucker passed your projects along to me. I wish I had been able to learn the context of your poem. It definitely suggested many images and possibilities to me, and captured poignantly the despair and isolation that can drive people to desperate acts. Thanks for making this effort, Dr. Shapiro, Director of Program in Humanities & Arts

Shapiro, Johanna

From: [REDACTED]
Sent: Monday, May 05, 2003 9:23 AM
To: Shapiro, Johanna
Subject: RE: PBL humanities assignment

thanks so much for taking the time to give me personalized feedback. i had such a hard time writing the poem, which really reminded me how scientific i've become. aside from the occasional museum (i'm talking like twice a year), i really don't see the humanities anymore. anyway, this was a good wake up call. thanks again polly

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

From: Shapiro, Johanna
To: [REDACTED]
Sent: 5/2/2003 1:20 PM
Subject: PBL humanities assignment

Hi [REDACTED] Nice to see you again! I just wanted to reinforce the comments I made in group yesterday. You picked a great topic to reflect on - how our assumptions can blind us to the patient's situation. It is a natural human reaction to think that when we are happy, the whole world is smiling (and vice-versa). Actually, as I mentioned, what impressed me is how quickly you recognized your mistake, and were able to create the space for the patient to share his devastating circumstances. As you imply, we need to really practice being patient- (rather than self-) centered to improve our skills at "reading" the patient accurately. We also need to cultivate the flexibility to perceive that our assumptions/hypotheses/imaginings are completely wrong, and to refocus on what the patient is really feeling.

You have some great phrases in this poem: "wound-up arm," "the jack in this box." This latter is a wonderful metaphor for our tendency to objectify and overgeneralize our patients. It is also deeply affecting how you first introduce the hackneyed phrase "...will be the death of me," at the start of the final stanza, then transform it into "not funny," very real death. Great work! Regards, Dr. Shapiro

Hi [REDACTED] I hope it's okay to respond to your projects together. Of course, they were both unique, but what lingered in my mind after your presentations were the (ironic) similarities. You both chose art (watercolor and pencil sketch) to illustrate your points, and perhaps in this case, a picture really is worth a thousand words. Scholars and bureaucrats can write reams about health care policy, but at the end of the day we're left with the unbearably sad images of a young woman with a broken arm and a mother losing her child. What I found ironic was that one social system failure occurred in Mexico, which we're used to thinking of as having endemic poverty and patchwork social services; while the other failure occurred right here in good old USA, the richest and most powerful country in the world. Your touching drawings were a poignant reminder of the human consequences of socioeconomic inequities and injustice. Thank you for this thoughtful work. Dr. Shapiro

Hi [REDACTED]. Nice to see you again after the litmed class! Thank you for writing up your encounter with a "difficult" patient. It reminded me just how hard the physician's task can be. The doctor, of course, brings his or her own agenda to the patient encounter, but must also be sensitive to the patient's agenda (including the patient's possibility hostility, suspicion, mistrust, fear), and figure out how to integrate both in a way that produces optimal care. A tall order! I guess that's why you spend so much time in training. Take care, and I hope the rest of the year goes well for you.
Regards, Dr. Shapiro

Hi [REDACTED]. I think you trumped everything I had to say in our session with your remarkably insightful line, "It's not the illness, it's the story..." You effectively captured with this one succinct phrase exactly what it's all about. Your essay also raised important, and troubling, questions about iatrogenic disease, compounded by physician negligence, which in turn is a product of a flawed and inequitable health care system. Your patient's ability to come to terms with her situation, and let go of bitterness, even possibly hatred, is impressive, especially in someone so young. I think each of us has to search our hearts and souls carefully to figure out an ethically meaningful response to such tragedies. Thank you for making us think! Regards, Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]

Hi [REDACTED]. It was lovely to see you again, and to enjoy your photographs once more. You really have a talent! I also appreciated your "discourse" on what the photographs meant to you – how the perspective of "large structures" can remind us of our relative insignificance in the scheme of things. Somehow they reminded me of those classic Chinese nature paintings of mountains and waterfalls where, if you look really hard, you see a tiny man herding an ox across a bridge. There we are! Thanks for sharing your work, Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]

Hi [REDACTED] and [REDACTED] Thank you for your thoughtful and moving PBL humanities projects. How serendipitous that they complemented each other so well. Taken together, they gave us a powerful yet complex message. On the one hand, patients are by no means mere "victims" of their diseases, but face their fate with courage and humor. On the other hand, in moments of patient despair and hopelessness, we need to learn how to contain and be present with their suffering, so that we allow them their grief and do not abandon them. Very authentic soul-searching on both your parts. Regards, Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]

[REDACTED], thanks for choosing a great topic to explore in your PBL humanities project. I think one of the hardest patient populations for physicians to treat with compassion and caring are patients with addictions. You see them in ERs in withdrawal or delirium tremens, in clinics seeking drugs, on street corners panhandling (or worse) to support their addiction, and pretty soon they are low-lives, slugs, not fully human. Your experience with a physician trained in the treatment of addiction will stand you in very good stead in the years ahead. Although these patients may at times frustrate you, manipulate you, even lie to you, hopefully you will be able to see their suffering and their humanity, as well as their addiction. Very nice work. Regards, Dr. Shapiro

Q002

Hi, and thank you for making sure that I received your project. It was a sweet and touching essay. I agree with you that the always undeserved suffering of children triggers weighty questions about how our world is put together. The last line is quite beautiful. It is the physician's willingness to leave a little bit of his or her heart with every patient that provides hope and a sense that the patient is not alone in his or her suffering. And don't worry about leaving your heart behind. I can't explain it medically, but somehow it regenerates! Thanks again, Dr. Shapiro

Ago Panossian

Shapiro, Johanna

From: [REDACTED]
Sent: Monday, March 17, 2003 9:14 PM
To: Shapiro, Johanna
Subject: PBL Project

Dr Shapiro,

~~_____~~

~~_____~~

MSII

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

From: Shapiro, Johanna
To: [REDACTED]
Sent: 3/13/2003 11:16 PM

Hi [REDACTED] I'm sorry I had to miss your make-up PBL humanities session, but Dr. Rucker passed along the projects to me. You created an interesting point-of-view piece of writing. The patient struck me as distressed, frustrated, lonely, controlling, and a little desperate. I was curious enough after reading the essay to wonder, what happened? What was the physician's opinion? How did you feel about this patient? All signs of a story well told. Nice work! Dr. Shapiro, Director, Program in Medical Humanities & Arts

Hi [REDACTED]. I really liked your poem/patient statement. And I wasn't kidding when I said it should be outside the door of every exam room! The vulnerability and longings you capture are, in my experience, omnipresent characteristics of almost every patient encounter, from the trivial to the life-threatening. With few words, you said a lot. Thank you, Dr. Shapiro

Hi [REDACTED] thank you for your poem. I liked your writing it in the first person, because it took someone who could easily be dismissed as "hypochondriacal," "somatizing," etc. and put a human face on her fears and anxieties. You also did a great job of showing a respectful and attentive physician response. The outcome, as you conclude, is that the patient feels reassured and taken care of. Nice work! Dr. Shapiro

Hi [redacted]. Great choice of a topic to reflect on. Great use of the first person voice. You really capture the subjective experience of mania in the line "I am the world." And by using this same line as the conclusion, you skillfully suggest the cycling process of bipolar disorder. And I applaud you for recognizing the normalcy within insanity (which probably implies insanity within normalcy, right, which would be you and me, right?). The short line you use is very effective as a means of underlining each statement, all so powerful. I really liked this poem. Could I have your permission to use it in an undergraduate class I'm teaching on literature and medicine (one of our topics is mental illness)? Thank you, Dr. Shapiro

Hi, [REDACTED]. Thank you so much for having the courage, first to listen to this woman's story; and secondly, to share with your PBL group. I'm imagining that it was a painful story to hear, and perhaps even more painful to reflect on. Nonetheless, I'm so glad you presented it, because for me it makes an essential point about the experience of pain: often physical pain, with or without a clear organic basis, is an expression of psychic pain as well. Your poem does a beautiful job of bringing this reality to our attention, by telling a story so gripping and appalling that we can't ignore it. Your use of a short line throughout the poem is also powerful. It reminds me of someone surrounded by pain, spitting out brief words only to sink back into the agonizing morass. This was truly remarkable work and showed both great craft and great empathy. Dr. Shapiro

█, I liked your poem "Waiting Room." One of the challenges of being sick is that we become so dependent on others' time, especially physicians' time. As you pointed out in class, "waiting" has a metaphorical as well as a literal meaning. Patients not only wait to see the doctor, but they wait to find out whether they will live or die, recover or succumb.

Thinking about sick doctors is also a worthwhile exercise. How hard it can be to cross that line from physician to patient! It reminds me of the "circle of care." Physicians often tend to think of their relationships with patients as unidirectional – patients bring problems, doctors cure them. In my view, true healing is bi-directional. At their best, physicians heal patients, but physicians are also in need of healing, and some of this healing can come from our contact with our patients, if we let it.

Thanks for your work, Dr. Shapiro

9003

█, I loved your skit! It was very true to life, and also very funny. (Interestingly, I tackled the same subject in a role-play I wrote a couple of years ago. I even included susto! It's attached for your reading pleasure). I also really appreciated your empathy for both doctors and patients. Both groups can end up unhappy and frustrated in these encounters across language. And you are absolutely right – a good maxim is that, no matter how tough it is for the doctor, it's always worse for the patient. Although it is challenging, with enough goodwill on both sides, it's possible for doctor and patient to transcend language barriers and have a meaningful exchange. But it's sure not easy, and often it's the doctor-patient relationship that is the thing sacrificed. Thanks for making us think about this issue. Dr. Shapiro

Hi [REDACTED] Nice to see you again! I just wanted to reinforce the comments I made in group yesterday. You picked a great topic to reflect on – how our assumptions can blind us to the patient's situation. It is a natural human reaction to think that when we are happy, the whole world is smiling (and vice-versa). Actually, as I mentioned, what impressed me is how quickly you recognized your mistake, and were able to create the space for the patient to share his devastating circumstances. As you imply, we need to really practice being patient- (rather than self-) centered to improve our skills at "reading" the patient accurately. We also need to cultivate the flexibility to perceive that our assumptions/hypotheses/imaginings are completely wrong, and to refocus on what the patient is really feeling.

You have some great phrases in this poem: "wound-up arm," "the jack in this box." This latter is a wonderful metaphor for our tendency to objectify and overgeneralize our patients. It is also deeply affecting how you first introduce the hackneyed phrase "...will be the death of me," at the start of the final stanza, then transform it into "not funny," very real death. Great work! Regards,
Dr. Shapiro