

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Thursday, October 13, 2005 12:00 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: PBL humanities project

[REDACTED]s, that was a terrific project - shocking, but terrific. It obviously generated a strongly felt discussion and was a great way to kick off the session. Your example helped illustrate a key aspect of the doctor-patient relationship: its foundation is not primarily based on "liking" the patient. It is probably up to the individual physician to sort out for him or herself exactly what that basis is - altruism, service, responsibility etc. But it's not about who you like and who you don't like, although hopefully you will like a great many of your patients, and unfortunately find a few that you dislike as well. The other issue your project raised was that physicians can have strong emotional responses to patients. Unless we've worked through carefully how we will process and utilize those emotions, they can subtly but significantly effect patient care. Maybe you don't refuse to remove the lice from the Nazi patient, but maybe you are rougher with him than is necessary, or look on him with undisguised contempt. Yet what do we really know about this person, or what his repugnant tattoos really mean, or even why they adorn his body? For me, it's important to acknowledge my shared humanity with even apparently appalling people, to see past their viciousness (while not minimizing this) to their suffering. For you, it might be something else, but whatever it is, it's what made that Jewish nurse try to treat this person with the same care she would extend to any other patient. In any case James, thanks for generating such a passionate dialogue. You made us all think and dig deep into our own values and beliefs. I can't imagine a better use of my time and hope you felt similarly. Regards, Dr. Shapiro

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Tuesday, October 11, 2005 4:46 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: PBL humanities project

Hi [REDACTED], I apologize for not having you share your project - pure oversight on my part. It's really too bad, because I know your fellow students would have appreciated it. Ah, the infamous rectal exam, which strikes terror in the hearts of patients and med students alike. Your 3-way depiction of the thoughts of doctor (what's for lunch?), patient (don't scream), and student (don't laugh and pray you don't have to do it) was really funny, and also held a lot of truth. As we mentioned in class, doctors are allowed a certain intimacy with the patient's body that very few if any others are permitted. There is necessarily a certain suspension of disbelief on the part of doctor and, to a lesser degree, patient: "What? Finger up the rectum? Perfectly normal, just part of the routine." Unless both patient and doctor buy into this convention, there can be trouble, as when, for example, a patient with a history of anal rape cannot tolerate the exam. But even under the best of circumstances, it is an awkward moment, and the skilled physician never allows it to become so "routine" that s/he forgets to prepare the patient with sensitivity and tact. Thanks for addressing this "routine" procedure, and again, my apologies for not giving you an opportunity to share it. Dr. Shapiro

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Tuesday, October 11, 2005 4:34 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: PBL humanities project

Hi [REDACTED]. First, I wanted to thank you very much for taking the risk to share on a personal level in response to Usa's project. That took courage, and I respect that greatly. It's sometimes a hard concept to accept, but who we are as professionals is intimately related to who we are as people, and to me it's a very healthy thing to be able to integrate this aspect of who you are with the process of becoming a physician. You also helped ground our discussion by enabling the authentic voice of the "patient" to be present in the room.

I really liked the take-home message of your collage. It showed us how quickly everything can change in the encounter between one human being and another, how quickly the social mask can slip to reveal the person inside. But only if we let it. Too often we aren't listening carefully enough, we are seeing only what we want to see, and the moment is lost, sometimes irrevocably. It is surprisingly easy for that "cry for help" to fall on deaf ears. However, in the situation you describe, it sounds like you had an outstanding physician role-model who had won this patient's trust and was able to guide his treatment on multiple levels. I'm glad you had this positive experience and learned so much from it. Regards,
Dr. Shapiro

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Tuesday, October 11, 2005 4:23 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: PBL humanities project

[REDACTED] thank you for using your project to focus on the complex issue of identification with the patient. In this case, a woman about your age was suddenly confronted with a life-threatening, possibly terminal illness. The level of identification is potentially high, especially if she shares other characteristics that might remind you of yourself; thus the need for things to be a certain way, and for the *patient herself* to be a certain way may also increase. For example, you may want the patient to be brave to convince yourself that it is possible to cope with a devastating diagnosis. You may need her to survive to reassure yourself about the degree of threat involved. You may find her fear and sadness so unbearable that you cannot really stay present with her. Basically, in situations of strong identification, we can all become so anxious that our responses to the patient are influenced more by our own needs than the patient's needs. This does not mean we should try to "feel nothing" toward the patient. Quite the contrary. Identification can be useful, because it makes it easy for us to empathize with the patient's suffering. True empathy means that we can simultaneously enter into her distress, while also remembering that we are "not-her," and therefore are available to "contain" her suffering. It's a tricky concept, but when you become more familiar with it, you will be able to feel for your patients without being swept away by their plight. Thanks for such an interesting project. Dr. Shapiro

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Tuesday, October 11, 2005 4:11 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: PBL humanities project

[REDACTED] this was an excellent project, nicely conceptualized and well-executed. It makes the critical point that even seemingly simple issues and problems can have complicated back-stories. I was impressed that you paid such careful attention to the patient, and noticed her guilt and anxiety about having taken an antibiotic; her disappointment at not learning the sex of the fetus; the attentiveness of her husband; and the stresses involved in moving and delivering the baby in a different country. As Dr. Rucker pointed out, it is hard to know what these things mean to the patient; but over time if you continue to pay attention you will likely find out. Think actively about your patient - what might be going on? How is she feeling? How am I feeling - but hold your interpretations lightly, and never make the mistake of thinking you know more about the patient than she knows about herself. I enjoyed your sharing this patient's story. Dr. Shapiro

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Tuesday, October 11, 2005 4:05 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: PBL humanities project

[REDACTED], thanks for your intriguing story about the patient and his boots. It sounded to me as though fortuitously you stumbled across something of great significance to this patient - the image of himself as a cowboy, not a patient (which much less desirable role he left to his wife to chronicle). Initially, the meaning of such observations eludes us: Does he see himself as vigorous, independent, and fear encroaching age and mortality? Does he ultimately want to "die with his boots on," so to speak? Is there a whole other story that he did not disclose in the presence of his wife? Is his wife his helper and companion, or does she smother him with worry? What I liked was your ability to engage your patient on a human level by listening to what he thought was important, and respecting (at least in this initial encounter) the division of "labor" that existed between him and his wife. That ability to connect with your patient will help you down the road when there are more complicated issues to talk about than medication refills and cowboy boots. Thank you for this interesting project, Dr. Shapiro

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Tuesday, October 11, 2005 3:56 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: PBL humanities project

Hi [REDACTED] thank you for completing the humanities project "on the spot." I didn't realize that's what you were doing, otherwise I would have asked you to share (darn, right?!). In any case, I thought it was great, and I wish we could have heard you discuss it. It looked like a sketch of a "demonstration" patient, maybe a child, in the spotlight to be "taken apart" by the impersonal analysis of the professor and the greedy eyes of the onlookers (students?). Many articles have been written about the potentially dehumanizing aspect of the clinical gaze, and your drawing captured very well the feeling most patients have at one time or other of being a specimen or object. Of course, you have to look at patients, and looking closely gives you important information. It's just that you never want to forget that you are "looking at" a fellow human being. Thanks again, Dr. Shapiro

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Wednesday, October 12, 2005 11:41 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: PBL humanities project

Hi [REDACTED] You picked a great topic to explore through a point-of-view writing exercise. We all know that obesity is widespread in the American population, and that it is a frustrating problem for patient and doctor alike. However, there is no excuse for a physician who mocks his patient and tries to shame her into weight loss, as you depicted in your writing. You captured very well the patient's feeling of humiliation and outrage at the physician's ridicule and negative judgment. I have heard exactly the same sentiments expressed by many overweight patients who would never dare say them aloud to their doctors, but whose relationships with physicians have been deeply damaged by precisely the kind of interaction you describe. The key here, as we learned again and again yesterday, is to avoid facile assumptions and stereotypes about patients (or people). "Respect your patient" is easy to say, and sometimes much harder than we could imagine to do. Thank you for helping us to see this more clearly by bringing this patient's voice into our discussion. Regards, Dr. Shapiro

Shapiro, Johanna

To: Sheriff, Sara

Cc: [REDACTED]

Subject: RE: PD Humanities write-up

Hi [REDACTED] Thanks for sending me your project. I thought you did an outstanding job of capturing the viewpoint of the patient. I know I personally have gone through similar mental machinations, trying to modify, hone, refine my "question list" to get the most out of what is almost inevitably a somewhat pressured encounter with my physician. I also thought your inner monologue recognized very well emotional issues of the patient, such as embarrassment, self-image, fear of being perceived as demanding or hypochondriacal. Finally, I loved the way you represented possible "power-struggling" between patient and physician through the tussle over the note card. As we discussed in class, perhaps the defining quality of the patient role is loss of control, and retaining the ability to make decision about how we use something even so simple as a question list can help restore some sense of control. The doctor's motivations were undoubtedly benign - increase efficiency, have greater clarity about what the patient was trying to ask etc. - but it is really important to always consider how any given behavior or statement will be perceived from the patient perspective. Excellent work, thank you. Dr. Shapiro

From: [REDACTED]

Sent: Monday, October 24, 2005 11:44 AM

To: Shapiro, Johanna

Subject: PD Humanities write-up

Hi Dr. Shapiro,

Attached is a copy of my PD write-up from last Tuesday. Sorry this slipped my mind until now. I enjoyed finally meeting you and I enjoyed the readings that you made available to us. Thanks.

Regards,

[REDACTED]

10/25/2005

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Wednesday, January 25, 2006 1:29 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: Humanities PBL

[REDACTED], again please accept my apologies for the scheduling snafu that led to my absence yesterday. I especially regret not being there after I read your lovely essay. I love the way you start off, "Ah, Miguel." It is such a warm, concerned, intimate salutation. The situation you describe - how lack of a common language complicates and disrupts the doctor-patient relationship - is a really important one to focus on. There was a lot of fumbling and stumbling, but what I liked was that everyone seemed to work together as a team, an imperfect team to be sure, but one united in its efforts to do the right thing by Miguel. I hope very much, after the second time through, that this "story" had a happy ending. Thank you for sending me your work. Regards, Dr. Shapiro

From: [REDACTED]
Sent: Tuesday, January 24, 2006 8:49 PM
To: Shapiro, Johanna; [REDACTED]
Subject: Humanities PBL

Hi Dr. Shapiro,
I am in Dr. Gustins PBL group. We had our Humanities session today and I just wanted to send you in my assignment. You can ignore the rest of the writing on the attachment as it was for the other PBL component I had today.
Thanks,
[REDACTED]

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Sunday, March 05, 2006 11:38 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: PBL humanities project

Hi [REDACTED]. You chose to focus on a fascinating interpersonal dynamic which I don't think has come up before in all the years I've been overseeing these projects. The burden of the patient's disease seems to have fallen entirely on the caregiver, leaving the patient free to enjoy "a beautiful innocence." Of course, it is possible that the patient's beatific demeanor might itself represent a personality change caused by the stroke. However, I have seen several situations such as the one you describe, and have come to believe that through some strange psychological maneuver, the patient relinquishes responsibility for her own care to her companion (usually spouse or adult child, but also sometimes a sibling), who assumes all of the worry, stress, and anxiety that such responsibility brings. The patient meanwhile reverts to an almost child-like state, apparently content to let the other person do the worrying. As you point out, the effects showed in the faces and demeanors of both these women. Adam, you showed excellent sensitivity to a somewhat anomalous situation, as well as good powers of observation and interpretation. This was an intriguing project. Thank you! Dr. Shapiro

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Sunday, March 05, 2006 11:30 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: PBL humanities project

[REDACTED], I'm glad you chose the patient interview option. We can always learn a lot by listening to patients. What strikes me about what your patient told you is how consistent patients' responses are to these questions. Patients appreciate doctors who don't appear rushed, who listen carefully, who are thorough, and who provide understandable explanations. Patients don't like doctors who are rude and insensitive, and who treat the patient as a disease to be cured by a prescription. Isn't it curious that patients tell us so clearly what they need to have a positive experience with a physician, yet too many doctors still feel they can afford not to ignore these "peripheral" aspects of medicine. If over the next years of your training, you can just remember the simple advice of this patient, [REDACTED], you will go a long ways toward mastering the art of medicine. Thank you for sharing this project. Dr. Shapiro

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Sunday, March 05, 2006 11:23 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: PBL humanities project

[REDACTED] thank you for the patient photograph you shared (hopefully with the patient's permission) for your PBL humanities project. The photograph amply fulfilled your stated purpose of focusing on "the patient as a unique individual." In this picture, this man is very much a person rather than an anonymous "patient". His blue stocking cap adds distinction. The grimace on his face is also notable, reminding us as it does of the discomfort of a flu shot, while also suggesting an attitude that says, "Sometimes you have to endure unpleasant things to take care of yourself." In addition to helping me to focus on the individuality of this patient, the photograph also made me feel grateful that clinics like Clinica Carino exist to provide some level of health support to the underserved; and to appreciate that the clinic is there due to the energy of committed students and faculty. Keep up the good work! Best, Dr. Shapiro

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Sunday, March 05, 2006 11:13 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: PBL humanities project

Hi [REDACTED]. Nice to see you. I hope this year is going well for you. I appreciated your essay so much! The situation you describe (inconsiderate, ungrateful patient) happens frequently in medicine. What's really interesting about this situation is not that it occurs, but how we, as health professionals, respond to it. Your initial response is exactly what most people feel - here are the doctors only trying to do their best for the patient, and the patient is curt, even downright rude. Worse, she doesn't seem to want to accept the recommended treatment and instead leaves to pick up her kid. The best sentence in your essay is "The doctor and I knew that she would not come back." That says it all! We make assumptions about people, and then we are certain we are right. How wonderful that you and your preceptor didn't stop after your initial reaction to this patient, effectively dismissing her. Instead, you worked with her, and when to your surprise returned, did not punish her by telling her to come back another day, but accommodated her need. I think she was smiling not only because she felt better (although that was surely part of it), but because you hadn't given up on her, had treated her with respect despite her poor behavior, and, as you pointed out, did not allow your behavior to mirror hers. The result, after awhile, was a positive patient encounter with a good outcome. Your preceptor's philosophy should be tattooed into everyone's forehead. If we all acted on the assumption that "It just takes a little longer for some patients to come around," we could more easily cultivate patience and nonjudgmentalness, which in turn would inevitably lead to better patient care. Thank you for raising this interesting topic. Best, Dr. Shapiro

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Sunday, March 05, 2006 11:48 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: PBL humanities project

Hi [REDACTED] I appreciate your addressing the issue of child abuse in your PBL project, even though it was a very distressing example. The image of a one-year-old child being seized by her ankles and whacked against a railing is one that will stay with me. There is something about being confronted with this level of human evil that is deeply troubling. As you suggested, in a small town where you know everyone in one way or another, it forces you to confront the capacity for evil in a much more personal way than you might in a large city, where we always say, "some psychopath" did this. Here that psychopath may be the school principal or the pharmacist or on a Little League coach. Such knowledge has a potentially life-changing impact, as you point out. There are no answers ultimately, no explanations that satisfy. All that is left us is how we choose to respond in the face of such evil. By sharing this terrible event, you invited us to consider that question. Thank you for that. Regards, Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]
Cc: Maguire, Gerald A
Subject: RE: PBL-assignment

Hi [REDACTED] Thank you for sending me your story. I certainly did enjoy it, and just wish I'd been there for what I'm sure was an interesting discussion! At first when I realized the discrepancy in the patient's history, I thought he must be so deeply mourning his deceased wife that he still imagined her presence with him (this is not a psychotic reaction btw, and often happens in the early stages of grief). But then I got to the zinger! Apparently this gentleman knows how to move on! I would have been fascinated to learn whether Dr. M was able to elicit the same information. This might have been a situation where the patient felt more comfortable disclosing about his new "girlfriend" to a stranger - to confide this to his long-time doctor, who'd apparently also known his wife, might have appeared disloyal! The patient may (or may not) need help in coming to terms with any guilt he feels, but from the way your story reads, it sounds like this is not a problem. I suspect that the patient's improved vitality and health may be at least in part attributable to his newfound romantic interest (as well as his new anti-hypertensive meds), so this may be a story with a happy ending :-). Best, Dr. Shapiro

From: [REDACTED]
Sent: Monday, April 03, 2006 12:10 PM
To: Shapiro, Johanna
Subject: PBL-assignment

Dear Dr. Shapiro,
I don't think I ever forwarded my assignment to you from the Humanities PBL session we had a couple weeks ago. I am also very sorry about the scheduling confusion we had, but I am very appreciative of the short time we got to spend together. I hope you enjoy my story, and thanks again.

Sincerely,

Ross Moskowitz MS2

4/3/2006

Shapiro, Johanna

To: [REDACTED]
Cc: Maguire, Gerald A
Subject: RE: PBL Assignment

Hi [REDACTED] Please don't apologize, it was very nice of you to send your project along. I liked your sketch, it captured this patient's worry and concern very well. Also, you make an excellent point in your essay about pain - it is always debilitating and frightening to the patient, no matter the age, gender, life circumstances etc. In this case, of course your preceptor did the right thing by not making any assumptions about the severity of this symptom, even though it occurred in an otherwise healthy young man. And it's interesting what lies "beneath the surface" in every patient encounter. In this case, you uncovered history of recent cocaine use, and also realized that this young man's entire future might be at stake depending on the implications of his chest pain. Welcome to the sometimes murky, but always meaningful and significant, depths of medicine! Thanks for such a sensitive and well-observed essay. Best, Dr. Shapiro

From: [REDACTED]
Sent: Thursday, March 30, 2006 2:39 AM
To: Shapiro, Johanna
Subject: PBL Assignment

Hi Dr. Shapiro,

Dr. [REDACTED] told us at our last session to email you our assignments. I actually flew out of town that night and just returned last night, but Dr. [REDACTED] can confirm that I had the assignment on hand during our session. So I've attached a word document explaining what I drew in my picture as well as a scan of the picture.

Take Care,

[REDACTED]

3/31/2006

PBL Maguire Humanities assignment

Hi [REDACTED] I'm sorry I was not there to hear you present your humanities project, but I appreciate your sending it along to me anyway. I liked your use of first person, it was an effective way to move inside the perspective of this stroke patient. I also liked the way you combined both first person narrative and poetry – very creative! I must confess, however, that after 10 years, I worry a bit about the goals this patient has set. It is natural, of course, for paraplegic and quadriplegic patients to long for return of function. In fact, I've had several paraplegic people tell me that they have the same recurring dream about getting up from their chairs and leaving them behind! However, I wonder whether this patient is clinging to an old, pre-stroke identity, and is resisting integrating this new identity. Will this patient ever walk again? I hope so. But she may also need to contemplate what life would be like without walking, to find other ways to be "herself" again. Thank you for this interesting and moving project. Best, Dr. Shapiro

Shapiro, Johanna

From: [REDACTED]
Sent: Tuesday, February 07, 2006 9:37 AM
To: Shapiro, Johanna
Subject: RE: Pbl humanities assignment

Thank you for your kind words. It was certainly a beneficial experience and I just hope these thoughts stay in my head in the coming years when I haven't seen a bed in 30 and 40 hours. I am very excited about the coming times.

From: Shapiro, Johanna
Sent: Wed 1/25/2006 11:08 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: Pbl humanities assignment

Thank you for sharing your personal experience of illness, [REDACTED]. It sounds as though, while miserable, it was fortunately transitory (at least I certainly hope so!). Still, you were able to extract from it a core insight about illness – the way in which it deprives the patient of the familiarity and security of a healthy body. *All* illnesses have this effect, from the most trivial to the life-threatening. This loss of safety and control is one of the factors that makes illness so demoralizing. As I mentioned in class, I was impressed by the “lessons” you extracted from this event in terms of truly empathizing with the subjective experience of your patients. Best of all, I liked your conclusion that before you are a doctor, you were a patient. That feeling of kinship with your patients, that ability to bridge the gap between physician and patient, that capacity to be a “wounded healer,” is what will help you to become a truly good doctor. Well done project! Dr. Shapiro

Shapiro, Johanna

From: [REDACTED]
Sent: Tuesday, April 04, 2006 12:23 PM
To: Shapiro, Johanna
Subject: RE: PBL-assignment

Dr. Shapiro,
Thanks for the feedback, and I'm glad you were able to appreciate the insight I was trying to express. Dr. Maguire had given me the guidance to focus on empathizing with the patient, and finding ways to do that, which I thought was excellent advice.

I too am optimistic that the story is one with a happy ending. To this day I don't know if the girlfriend he was referring to is real or if he was trying to make a joke, but what I took from the experience was that there are still some boundaries between myself and the patient, since I am still a student; however, it is okay, because I still feel the patient and I had mutual respect and understanding for one another (and I know some day these boundaries will slowly dissipate).
Thanks again, and take care.

Ross

From: Shapiro, Johanna
Sent: Mon 4/3/2006 1:26 PM
To: [REDACTED]
Cc: Maguire, Gerald A
Subject: RE: PBL-assignment

Hi [REDACTED] Thank you for sending me your story. I certainly did enjoy it, and just wish I'd been there for what I'm sure was an interesting discussion! At first when I realized the discrepancy in the patient's history, I thought he must be so deeply mourning his deceased wife that he still imagined her presence with him (this is not a psychotic reaction btw, and often happens in the early stages of grief). But then I got to the zinger! Apparently this gentleman knows how to move on! I would have been fascinated to learn whether Dr. M was able to elicit the same information. This might have been a situation where the patient felt more comfortable disclosing about his new "girlfriend" to a stranger - to confide this to his long-time doctor, who'd apparently also known his wife, might have appeared disloyal! The patient may (or may not) need help in coming to terms with any guilt he feels, but from the way your story reads, it sounds like this is not a problem. I suspect that the patient's improved vitality and health may be at least in part attributable to his newfound romantic interest (as well as his new anti-hypertensive meds), so this may be a story with a happy ending :-). Best, Dr. Shapiro

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Sent: Monday, April 03, 2006 12:10 PM
To: Shapiro, Johanna
Subject: PBL-assignment

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Sincerely,

4/4/2006