COMMENTS PBL GROUP DR. X 2/12/04

---, thank you for being so honest about your first experience with a dying patient in hospice care. I think your shock and sense of urgency are such natural reactions, especially in a society like ours that is so death-avoidant. It's perhaps the first time that death becomes real, that we begin to "get" that in the end the patients die, our mothers die, and we die. It makes sense that in the face of such awareness, we feel helpless, as though something must be done to change things. I was happy to hear that you had such an excellent role model in your CSE physician, who sounded as though he had made his accommodations with death, and could be fully and comfortably present for the patient and her husband. That kind of emotional steadiness and tenderness doesn't happen overnight, but it is a way of being well worth striving for. A thoughtful and thought-provoking essay. Dr. Shapiro

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I really loved the picture you chose, as well as your sketch. For me, it captured the essential isolation, loneliness, and yearning for freedom that so many hospitalized patients experience. "No one spoke her language" (!). So many patients feel exactly this way. And, like this patient, so many bring an amazing courage and endurance to the experience. No wonder memories of them haunt us. Thank you for this work. Dr. Shapiro

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Hi --. It was so nice to see you. I hope this year is going well for you. I thought your "three-voice" role-play was terrific. To be honest, I heard it a bit differently than did the other students. I thought the patient sounded defiant and hostile, yes, but also terribly frightened and alone. At least in this recounting, the physician seemed somewhat distant, argumentative, and confrontive. By contrast, the (silent) medical student struck me as empathetic ("In you I see pieces of me") and insightful ("You use your words to keep yourself at a distance. Yet your eyes betray you…"). I don't dispute that this girl was psychotic, with schizophrenia or schizoaffective disorder. But in my reading, it was only the medical student who saw her as a human being as well. Next time the medical student should not be afraid to reach out to the patient, to add another voice (and perspective) to the dialogue. A very sensitive and perceptive essay, --. Dr. Shapiro

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Hi --. Talk about a PBL reunion. It was really nice to see you! I thought your poem was very skillfully crafted, with iambic pentameter, aabb rhyme scheme, and even hidden 5 Es (I will have to tell Dr. X!). The poem expresses the hope of all physicians – that their patients will trust them, turn to them in time of need, listen to their wise counsel, respect and esteem them. To earn that confidence, as your poem rightly notes, physicians should be interested in their patients, be able to empathize, bring an artist's sensibility as well as

a scientist's expertise to the bedside, provide strength when the patient cannot muster any, and help and educate in all ways possible. Very well done, --. Thanks, Dr. Shapiro

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--, as I mentioned in class, I liked so many things about your interaction with this patient. First, I was impressed with your careful and close observation of the patient on both the physical and the emotional level. I also thought you did a great job of "staying with" your patient, and not withdrawing when he did not immediately bare his soul to you. Instead of being offended, you were patient but persistent, helping him to tell you what he wanted to disclose, but was also afraid to reveal. I'm also glad you suppressed your impulse to provide facile, but likely empty, reassurance. When phrases like the one you mention ("This too shall pass") are used by the sufferer, they deserve our respect, because the patient finds consolation in them. But for us to impose such instant solutions on others is generally insensitive, more to quell our own anxiety than to offer real comfort to someone else. Let the patient tell you what he or she needs – they generally do. Excellent work, both in the writing… and the doing. Regards, Dr. Shapiro

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This was a very interesting way of showing how two different doctors handled the same situation. I also appreciated your sharing something from your own experience. That's hard to do, but it's really important that physicians remember they are also vulnerable human beings. Further, if we're willing, we can learn a lot about what it's like being a patient by reflecting on our own experience when sick. This was a very clear instance of how a patient can be negatively or positively affected by a few relatively simple behaviors of the physician – listening carefully, the ability to convey his expertise to the patient. Thank you for these contrasting examples. Dr. Shapiro

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--, you captured very well both the concerns of this patient (as well as her unrealistic hopes for a miracle) and the disgruntlement of the doctor. I was especially intrigued that he was able to behave in a professional manner during the patient encounter, despite his not really liking her. What often happens, unfortunately, is that despite our best intentions, feelings of anger, frustration, dislike can often "leak" into the interaction unless we temper them with empathy. You did a really nice job of representing both of these voices honestly and accurately. Thank you. Dr. Shapiro

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Hi --. This was a really strong piece of writing, because it created such a vivid image of this little girl. You really conveyed a sense of her toughness, her precociousness, her need not to be deceived, her need to be heard. She reminded me of many hospitalized kids I've seen, old beyond their years, comfortable with words no kid should have to

know, and a heartbreaking combination of stoicism and vulnerability. You did a great job of seeing through to her core. Thanks for this excellent work. Dr. Shapiro

COMMENTS PBL HUMANITIES PROJECTS
Nov 2006

Hi --. Thank you for sharing your encounter with a severely depressed patient. In this age of SSRIs, it is sometimes easy to be too cavalier about the terrible weight of depression. Your paper and discussion did an excellent job of capturing the emotional impact of this disease. Untreated, it can lead to loss of work, dissolution of relationships, and of course, most seriously, death. In this particular case, based on the limited information you provided, there is every reason to believe the patient's symptoms could be alleviated by an antidepressant. However, the larger issue of how to confront suffering in medicine remains. Your reflection was both thoughtful and empathic. Best, Dr. Shapiro

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--, I believe the sketch of the naked woman huddled in a corner was yours. I'm sorry we didn't have a chance to discuss it in class, as well as the situation which produced it. I did want to let you know that it was a very moving and poignant picture. You were extremely successful in conveying this woman's aloneness, vulnerability, suffering, hopelessness, and despair. If she was a patient, I hope she received the help and support she deserves. Thank you also for your excellent participation in class. Regards, Dr. Shapiro

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--, I appreciated your essay about the first-time parents who burst into tears of joy at their infant's normal 6 week exam. It was a touching reminder that there are so many rewards in medicine, and many of these comes from the gratitude and happiness of the patients (and their families) themselves. As a future physician, you have the great privilege – and great responsibility – of being present at amazing moments of great sorrow and great joy in the lives of your patients. I hope you learn to appreciate and value them all. Thank you also for your interesting and insightful contributions during our session. Regards, Dr. Shapiro

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Hi --. Thank you for your interesting point of view writing. You captured very well the fear and anxiety that can come from even a simple diagnostic procedure. In this case, a needle biopsy of a probable benign cyst is the medically indicated way to proceed. But the patient is reluctant. Her physician offers reassurance; but as we discussed in class, often the best way to address anxiety is to legitimate it, understand it, empathize with it – and then provide reassurance if that is appropriate. Your essay allowed us all to hear this patient's voice clearly. Nice work. I also appreciated your perceptive in-class comments. Regards, Dr. Shapiro

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--, this was a very interesting and effective exercise in adopting the patient's voice. You describe a patient with the terrible triumvirate – obesity, diabetes, and high blood pressure. It sounds as though she and her doctor replicate the same futile pattern: the doctor scolds her and she rejects responsibility, saying she follows a healthy diet and cant exercise. This scenario should be a cue for the physician to change strategies. As an old mentor used to say to me, "Try something different." It also seems the patient derives from secondary gain from her visits to her physician – it's one of the few positive social contacts she has. Can this be used to help promote her health goals? Lack of success with a patient naturally triggers frustration and the desire to blame – sometimes oneself, often the patient. But it more constructively should also trigger curiosity and a sense of challenge about how to engage in creative problem-solving with the patient. Thanks very much for such a thought-provoking piece of writing. Regards, Dr. Shapiro

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--, Thank you for this critical incident essay about an older woman caring for her very elderly mother with Alzheimer's disease who apparently had broken her arm months earlier. You showed a great deal of empathy for the caregiver-daughter, and really seemed to relate to her affection for her mother and at the same time the stressful nature of her situation. It was quite interesting that the diagnosis of a broken bone led to a discussion of the daughter's fears that she could not adequately care for her mother. Ms. X obviously felt comfortable enough to admit to her feelings of being overwhelmed. Finally, I wonder whether your preceptor ruled out the possibility of elder abuse. Alzheimer's can pose almost insurmountable challenges to both patients and caregivers. One of the responsibilities of the physician is to assess whether the burdens of caregiving have crossed a dangerous threshold that requires identifying additional sources of support. In any case, this was a valuable issue to reflect on, and I appreciate you're writing it up. Regards, Dr. Shapiro

COMMENTS PBL DR. MANETA 10/03

Hi, --.
I really apologize that I was unable to stay to hear your role-play. I admit I had high expectations after last year, but I was not disappointed. This was hilarious. You really have a gift for satire. You manage to ridicule doctors (at least plastic surgeons), medical students, nurses, patients, and medical school all in one fell swoop, plus take on a fascinating social issue with medical ramifications (or vice-versa) – the never-ending quest for eternal youth. Thanks for such an entertaining contribution! Dr. Shapiro

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--, you came up with a really creative humanities project, combining "best" and "worst" experience with an imagined point-of-view of a patient who was able to provide very little information and background because of the language barrier. I agree with you that "good listening" transcends cultures, but to listen well to someone from a different cultural background takes extra sensitivity and patience. You also zeroed in on the common communication mistakes physicians make that annoy patients and decrease trust – interrupting, providing poor explanations, showing impatience, and blaming the patient. If you avoid these pitfalls, and practice good listening, your future patients will be much more likely to associate you with their "best experiences" in healthcare. Thank you for this work, Dr. Shapiro

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Hi --. Great job with this point of view writing exercise. You captured perfectly the demoralizing unintentional eavesdropping that occurs too often in clinical care, the patient's anxiety about her symptoms, the effect on the patient of the physician's non-responsiveness, and her hesitancy in asking questions. You are quite skillful in bringing to our awareness all the unstated thoughts and emotions with which patients struggle, but so often don't express. I really appreciated your sensitivity and insight. Regards, Dr. Shapiro

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Hi -- your humorous address by the president of the fictive MMAA (at least I hope this is an imaginary organization!) generated a really lively discussion about malpractice, so much so that Dr. X is looking into ways to address this topic in the curriculum. The healthcare system (no doubt influenced by the legal system) has become increasingly litigious, with the result that too often doctors and patients see themselves as adversaries, rather than therapeutic partners. As I mentioned in class, research suggests that the best protection against medical lawsuits is good communication skills (that, and checking to make sure you are amputating the right leg!). Thanks for getting us all thinking. Regards, Dr. Shapiro

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I thought this was a beautiful poem. To me it spoke of love, loss, continuity, life and death. The quilt seemed filled with imagery – comfort, memories, patterns, stories. And it reminded me of the tangible things that bind us to those we love. Touching and poignant, it was a lovely meditation on how to approach the end of life. Thank you for sharing this. Dr. Shapiro

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This poem created a sad, but also somehow comforting, image: the dying woman, her distressed sons, and (of all things) a kindly surgeon whose prescient vision foreshadows the limits of his own skill, yet does not interfere with his willingness to console both patient and family. Doctors cannot always change the outcome, but they can always provide that "warm embrace" that is the essence of life. Thank you, Dr. Shapiro

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Hey, --, were you planning to take the literature and medicine selective? I'd love to see you there, but I know second year is crazy. Thanks for writing this poem. I like your use of a rhyme and near-rhyme scream to create a certain rhythm and pace to what you're seeing. What you describe is a still too-common tragedy – alcohol-related MVAs that result in the suffering, and often deaths, of innocents. I think you did what you could in these circumstances – offered a prayer for the injured child, and paid attention to your own driving. As you pursue your medical training, you will acquire more skills, more ways to intervene and make a difference in the lives of your patients. But I hope you never forget these two fundamentals – be ready to offer a prayer on occasion, and treat others with respect and care. Nice work, --, thank you. Dr. Shapiro

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Hi --. Nice to see you again. Hope your little kids are thriving. I enjoyed your point-of-view writing, and especially your explanation of why you chose this particular patient. Sometimes by writing about patients that puzzle or frustrate us, we develop new insights, more patience, greater understanding. It is always a good idea to assume that the behavior of every patient has an internal logic, no matter how absurd it may seem at first glance. As we discussed, the most common reasons why people don't address their medical problems in a timely fashion are 1) fear and 2) other life priorities. Thanks for this good work. Regards, Dr. Shapiro

PBL COMMENTS X 2/9/05

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--, you chose a really good example to illustrate how "overwhelming" a patient with multiple problems, all serious, can seem. Your picture captures in a very touching way both the complexity and chronicity of her problems, as well as her grief and despair. Your portrayal of the patient's face demonstrates not only empathy, but also respect for a troubled young woman struggling with her demons. Thank you for this project. Dr. Shapiro

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Hi --. You actually told this story in class a lot better than you wrote it (that is not meant as a criticism of your writing, but as praise of your abilities as a story-teller!). As we discussed in class, you really told two stories, one story nested in the other. The first story showed us a rough, tough, gruff, gun-toting man who, when somehow you established a relationship with him, astonishingly softened and showed his tender heart. The second story had to do with his offering you the positive role model of the family physician who through those home visits eased both the father's dying and the son's grief. This story speaks to how much a physician can give to a patient at the right time; and how much a patient can give back to the doctor. I liked both your stories and the insights you brought to them. Thank you. Dr. Shapiro

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--, this was an original and creative approach to this project. You did an excellent job of entering into the mind of a little girl in the peds cardiology clinic. Your essay captured very well this child's experience of confusion, difference, and vulnerability. You also helped us all to see how the process of examination and documentation can be very dehumanizing to the patient. The concept of the "clinical gaze" (how the physician regards the patient, i.e., as a fellow human or as a symptom or object) has received much attention from medical philosophers, anthropologists, and sociologists. It is worth thinking about the next time your role as medical student allows you to "gaze" at another suffering, exposed human being. Very well done. Dr. Shapiro

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Excellent work, --, in helping us to imagine the inner world of this young woman with PCOS. Your essay shows a lot of empathy as well as insight into this patient. You also did a very good job of elucidating why even a diagnosis that does not lead to a simple cure can offer such relief to a patient. Patients who have sometimes spent years going from doctor to doctor, only to be told they are hypochondriacal or imagining their symptoms, actually feel a sense of validation when they receive a diagnosis. As we mentioned in class, their sense of control is at least partially restored by being able to "name the enemy." Further, instead of being an "outcast" of the medical community, they

are now taken into its arms and offered help and succor. You illustrated all of this and more in your writing with great sensitivity. Thank you, Dr. Shapiro

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--, thank you for sharing your friend's story and some of your own reactions. I know how difficult it is to open up to this kind of vulnerability, especially in front of others. But, very sadly, such tragic events are part of our lives, both as professionals and people, and it's important to learn how to attend to our own feelings of sadness, fear, and helplessness. I appreciate your courage in offering this example, because it gave all of us the opportunity to reflect on how being a physician may complicate our own efforts to grieve the losses or potential losses in our personal lives. I wish your friend a full recovery and a long and happy life. Dr. Shapiro

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This was a very well-conceptualized and well-written poem, --. It involved and moved me. Your choice of pairing the prom and the leukemia diagnosis concretized through a series of powerful images everything that this girl might be losing. The last couple of stanzas were particularly strong as you list all the things she will not have, and all the things she can not avoid. The reader understands that, from this moment forward, life will be very different for this girl, and she will never be able to return to the innocent concerns she worried about before diagnosis. Your poem helped all of us to reflect on what the experience of a leukemia diagnosis might be like. Thanks for such good work. Dr. Shapiro

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Hi --. Your idea of a dialogue + unspoken thoughts was extremely original and creative. I really enjoyed this project. Also, I thought it illustrated a wonderful progression from embarrassed, withdrawn, mistrustful patient offering "appropriate" responses to someone who could own her emotions, laugh about them, and learn to become comfortable with some degree of discomfort during the physical exam in order to avoid disease later. I also liked the way you brought in gender issues. The patient may have perceived you as less intimidating because you were a woman (as well as younger, and a student). The dialogue is a terrific example of how skillful physicians can win the confidence of patients. Very ingenious and imaginative! Thank you, Dr. Shapiro

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--, I'm glad you chose the patient interview. In the standard medical interview, we never ask questions like this, but they can teach us a lot about our patients. What a horrible encounter on a lot of levels! Especially important is the fact that the experience lingered powerfully in the mind of the patient. Doctors can have strong effects on patients in both good and bad ways. However, knowing that this patient had really been upset and offended in a previous medical encounter would likely be very helpful information to

have in terms of how you approached and interacted with her, especially in the early encounters when you were both still getting to know each other. Thank you for participating in this project. Dr. Shapiro

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--, your essay shows you to be an excellent observer and listener at many levels. You paid close attention to the surface story ("Patient and parents must be taught how dangerous obesity is") and the deeper story ("Blaming and shaming to coerce behavior change"). This physician sounded very concerned for the patient's wellbeing, and no doubt frustrated that the situation seemed out of control. The physician also seemed to have an excellent understanding of how psychosocial issues and family dynamics might affect obesity. The final step is figuring out how to communicate your awareness and insights in such a way that patient and family can hear them.

You also did a great job of trying to imagine your way into the patient's mind: "What must she be thinking and feeling?" Finally, your impulse to give her a hug is something you should not lose track of. Some patients (not all) really do need a hug, and sometimes their doctor is the one who's available to give it. Thank you for sharing this encounter, Dr. Shapiro

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--, after having had a chance to actually read your poem, I'm impressed by how well-written and subtle it is. You conveyed very effectively that sense of just hanging on. Also, the images of fallen leaves and new wrinkles communicate powerfully the impending sense of loss. I imagined the poem as spoken in the voice of the patient, but I realized that the last line could also be the physician replying to the patient, by shifting the meaning of the phrase "just let me get through." A haunting piece of writing. Thank you for sharing. Dr. Shapiro

PBL COMMENTS 2/10/05

Hi --. It was nice to see you again. I'm sorry we didn't have a chance to discuss your project in class. Still, I enjoyed reading your "letter" very much. It was a great idea – original and imaginative. It is pretty cynical – mutual nonrecognition? – but nevertheless funny and perceptive. A Latino M.D. colleague told me once that to many of our Latino patients, all the "white-coated" doctors look pretty interchangeable, so you might be right on that score. Your essay highlights very cleverly many of the resentments, suspicions, and misunderstandings that patients have toward the medical system, as well as how foolish many of the system's rituals appear to patients. Excellent work, --. I hope this year is going well for you. Take care, Dr. Shapiro

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--, thank you for this poem. It's really very good. You created a real sense of this patient. Your poem gave voice to the patient's frustrations, fears, and despair. Not-knowing places the patient outside the pale of community – the medical community signals disbelief, and the social community also expresses skepticism. This is why even devastating diagnoses are sometimes met with relief, even gratitude. The patient is now credible, the patient once again belongs within the explanatory mechanism of his or her culture. This was empathetic and insightful writing. Dr. Shapiro

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Hi --. I'm sorry we didn't get to your project in class. It was really a good poem! It's interesting that you and -- both focused on the worry that the patient does not take the medical student seriously. I especially liked the ending couplet. The grumpy, angry, judgmental, uncooperative patient suddenly seems to soften, reaching out and trying to bond with the "kid." In this poem, you help us to peer past the defensive hostility to a patient who is in pain and afraid. I enjoyed reading this very much. Thank you for this good work. Dr. Shapiro

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Hi --. It was so nice to see you in class – I've missed you! I'm sorry we ran out of time before getting to your project. *Great* dialogue – both internal and aloud! I suspect more patients than we'd like to admit engage in similar thoughts, only, as in your patient's case, the physician rarely gets to hear them. And then we wonder why patients are no shows! Patients worry when their doctors seem unprepared, disorganized, inattentive, uncaring, patronizing, and uninformed – all qualities that appeared to bother your patient as well. You did an outstanding job of imagining yourself into this patient's reality. Excellent work, as always. Hope your year is going well. Regards, Dr. Shapiro

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I loved the last line of this poem – it was such a powerful statement of what kept this patient going. You captured perfectly his simmering anger and resentment. What an original thought that someone might participate in research out of revenge! The other aspect of your poem that really interested me is how it raises the question that many patients ask: why me? If the universe is unfair, if bad things happen to good people, to people who play by the rules, then how do we come to terms with that? Are there other ways of responding to such painful inequities other than rage? Your work made me think, which is always good. Dr. Shapiro

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You did a really good job of entering into your patient's (possible) thoughts about being interviewed by a medical student. You also demonstrated excellent insights into the patient's unstated thoughts and worries. I wonder if perhaps you sensed her distrust. As you probably know, adolescents can be really tough as patients. But it seemed as though eventually, through your skillful self-disclosures and genuine interest and concern for the patient you won her over and even persuaded her to consider counseling to help her with her distress, as well as investigate possible eating disorder, depression, and family conflict.

PBL
Humanities: Empathy Assignment

Contact: Johanna Shapiro, Ph.D.
Phone: 949-824-3748
Email: jfshapir@uci.edu

The goal of this session is to learn something about how the humanities can help develop empathy and understanding in student learners towards patients, physician preceptors, and themselves. We use the unusual method of a creative project as a means of encouraging students to engage imaginatively and emotionally, as well as intellectually, in reflecting on a meaningful experience in their medical training.

To assist your students in completing this exercise, please complete the following steps at least one week prior to the scheduled humanities session:

1. Ask students to identify a patient experience from their clinical setting that made an impression on them in some way. This may involve a patient whom they particularly liked or disliked, whose medical or life situation moved or troubled them, or an interaction between the patient and student, or between patient and physician-preceptor, that taught the students something either negatively or positively about the practice of medicine. The patient does ***not*** need to be someone the student know well or with whom the student has had extended contact.

2. Instruct students that, in order for them to prepare for the humanities session, they must complete ***one*** of the following options below. Whichever exercise they choose, they should try to use their creative work to enhance feelings of empathy for the patient, the physician or both. The completed assignment should be no longer than one page and may be shorter.

a) Critical incident essay – using personal, non-technical language, the student writes a paragraph or two about some aspect of the patient's experience, including the student's own reactions and observations.
b) Point of view writing – the student writes a poem or couple of paragraphs from the patient's point of view, using the first person ("I"), describing an encounter with the patient's physician or the patient's perspective about their illness.
c) Patient interview – the student conducts a brief interview with a patient, asking about their best and worst experiences with physicians
d) Draw a picture – the student makes a sketch of a patient. In this exercise, the student must provide a brief written explanation of why he or she chose this particular patient, and what he or she wanted to capture in the picture.
e) Skit – the student create a role-play about an encounter between the patient and the physician.

3) Students may work together on a project, so long as they both make a substantial contribution to the end result.

4) Remind students that they are strongly encouraged to share their project during the humanities session, so they should try to create a project that allows them to honestly explore a particular difficult or memorable situation, but one which will not make them feel too vulnerable when shared in a group setting.

5) Finally, remind students they must turn in a written product in order to receive credit for this session.

Readings:
There are a number of literary readings provided for the humanities session. These readings are **optional,** and for the students' (and your) enjoyment only. Time permitting, we may read and discuss a couple of the selections in the small group session. A reading packet may be picked up from Terri Dean in the Medical Education Office.

Thank you very much for your flexibility in participating with your group in this session. If you have any questions about the above, or any ideas about how to improve or simply add to the session, please get in touch (jfshapir@uci.edu).

Regards,
Johanna Shapiro, Ph.D.
Professor, Department of Family Medicine
Director, Program in Medical Humanities & Arts, UCI-COM

PBL GROUP COMMENTS 10/04

Hi --. I'm sorry I couldn't participate in your PBL humanities session, but Dr. X forwarded along your projects. You did an excellent job of trying to understand the patient's denial about his HIV status by imagining yourself in the same situation, and realizing you might have reacted similarly. Denial is an important psychological mechanism to understand. People usually "deny" information that seems so threatening they are afraid at some level they will "disintegrate" if they allow it into their awareness. Therefore, the physician's role is to understand the fears underlying the denial (in this case, perhaps fear of sickness, incapacity, suffering, stigma of HIV/AIDS etc. etc.) and help the patient develop a sense that together, with the physician, these fears can be faced and placed in a more manageable perspective. This is a process, and it's quite possible this patient may skip appointments, not always comply with treatment, and even behave in ways inconsistent with his own health. Such behavior will not be because he's a "bad" patient, but because he's attempting to exercise some control over a life that likely feels very much out of control. Thanks for raising this important topic. Dr. Shapiro

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Hi --. I'm sorry I had to miss your PBL humanities session, but Dr. X kindly passed along your projects. Thank you for your emotional awareness and honesty. All of us have times (plenty of them, in fact!) when we feel overwhelmed, exhausted, burdened, and depressed, and everything feels like "just one more thing." Being aware of these feelings and being able to acknowledge them are crucial steps in ensuring that they do not seep into your life in harmful ways. I wish you had said a bit more about what you learned from the little boy with cancer, but I'm imagining you described it more fully in class. In any case, you managed another absolutely critical "trick" in your survival and flourishing as a physician: that is, recognizing yourself to be in a "dark space," to have the emotional and cognitive skill to "make a radical change," to see the world from a whole new perspective. In this case, you allowed the courage, hopefulness, tenacity (whatever you saw in that smile) of a sick little kid to remind you of what's important in life and maybe who you want to be as a doctor and a person. I can see that this was a very meaningful encounter for you. Thanks for sharing it. Dr. Shapiro

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--, I'm sorry I couldn't participate in your PBL humanities sessions, but Dr. X passed along your projects so I could review them. I liked several things about the essay you wrote. First, you were humble enough to admit that you "couldn't truly understand" the feelings of your patients. That is a very true statement. What we can try to achieve is a "successive approximation" of understanding, a "movement toward" understand of another, and of course this is what empathy is all about. I also liked that you "just stayed" with your patient. It is hard to see someone cry, it can be really hard to see a man cry, and it can be really, really hard for a man to see another man cry! So you should feel proud that you didn't "run away" to check a lab value, or see about the next patient. Sometimes being present for the patient is a true gift. Finally, you chose to reevaluate

your own life in light of the patient's suffering. This process enabled you to place your own miseries in perspective, and to be reminded of the scope of suffering in this world. Allowing yourself to be open in this manner expressed great compassion. Thank you for sharing. Dr. Shapiro

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Hi --. Sorry I had to miss you (and all the old PD gang it seems!) at your PBL humanities session. Luckily, Dr. X forwarded me your projects, so I at least get a glimpse of what went on. I wish I had been able to learn a little more about the patient you presented, but a lot came through in your writing. I imagined the narrator as an adolescent or young adult male (although it could have been a young woman), maybe injured in an MVA, who is angry and sarcastic, and underneath vulnerable, afraid, confused, and pretty hopeless. I was struck by how passive he must feel, in all senses of the word – his literal immobility, as well as his experience of having surgeries the purpose of which he didn't really understand. I also thought it was interesting that, in your point-of-view writing, the patient was addressing an "audience," perhaps of residents and students. This suggested to me that some small part of him might have wanted to reach out, for explanations, support, encouragement. I wonder if that was true in real life. Clearly, your essay engaged me. Thanks for sharing, Dr. Shapiro

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Hi --. Seems like I missed a real PD reunion! I'm sorry I couldn't join your PBL humanities session, but Dr. X passed along your projects, so at least I could participate vicariously. You wrote a great essay! It is indeed telling how a simple structural act (rearranging the people in the exam room) can lead to a whole different experience. I've seen this happen time and again – sometimes exactly as you describe, when a parent leaves the room and the kid's real story spills out; sometimes when a husband leaves the room, and his wife admits he abuses her; sometimes when there have been monosyllabic and seemingly incoherent answers from the patient until a Spanish-speaking physician walks into the room, and the history suddenly makes sense. You really made the right call there. Hope you are enjoying this year. Regards, Dr. Shapiro

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--, I'm sorry I wasn't able to participate in the PBL humanities session, but Dr. X forwarded me your projects so at least I can participate vicariously. It sounds from your essay as though you handled the interview with this adolescent patient and her mom very well. True, she doesn't sound like a problem kid, but no interview is ever easy. As you point out, many of the subjects you need to touch on are inherently sensitive so it's about establishing trust and conveying respect. My impression is that you succeeded on both counts very well. Regards, Dr. Shapiro

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Hi --. I'm sorry I wasn't able to be present at the PBL humanities session, but Dr. X passed along your projects. Thank you for risking a poem – not a lot of people like to write poetry, but sometimes a poem can get at emotions and perspectives that are harder to access in a more didactic essay. I liked yours a lot. You did an excellent job of really trying to see through this patient's eyes, walk in this patient's shoes (which is actually what she's trying to do herself ☺). You express very well her ambivalence about weight loss, her lack of motivation, her fear, the pressure from her physician and husband. Weight loss is a hugely frustrating issue in medicine because being overweight contributes to so many diseases – diabetes, hypertension, cardiac disease, arthritis, possibly some cancers – but is so hard to achieve. Many physicians become irritated with overweight patients and give up on them. It is more useful – and more satisfying – to try to understand the dilemma from the patient's perspective. Often, out of this, the physician is able to reduce feelings of animosity toward the patient; sometimes, new ideas for management can arise out of this kind of exercise. Thanks for this effort, Dr. Shapiro

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Hi --, I'm sorry I wasn't able to attend the PBL humanities session, but Dr. X has sent along your projects to me, so I can participate vicariously! Oh, what a sad picture you've created. Even before I read the explanation on the back, it made me feel really badly for the patient. Although you write that it's hard to understand why the patient cannot lose weight, your picture captures very well his helplessness, grief, and frustration. You're absolutely right that this is an issue that surfaces again and again in medical care because obesity is correlated with so many serious diseases – diabetes, hypertension, cardiac disease, arthritis, possibly some cancers. It is easy for the physician to become frustrated and disappointed in the patient. A more useful approach is to try to understand the patient's perspective, as you do so well in your drawing. From such understanding often emerges greater empathy for the patient, and sometimes new ideas for how to approach this intractable problem. Thanks for this sketch. Dr. Shapiro

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Hi --. How nice to see your name pop up! I'm sorry I wasn't able to attend the PBL humanities session, but Dr. X was nice enough to pass along your projects, so I am participating vicariously. What a difficult situation for this patient, but out of it what a lovely poem of hope and understanding. You paint a picture of a supportive, perceptive physician who listens to his patient, understands and empathizes with her concerns, works out an approach that honors her values and priorities, and provides reassurance and encouragement. The final line says it all – this patient knows that, no matter what happens, her doctor will be by her side. I love it when students memorialize these types of encounters! This is how it should always be. Thanks for sharing, and I hope this year is going well for you. Regards, Dr. Shapiro

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--, hi! Looks like I missed a PD reunion! I'm really sorry I wasn't able to attend the PBL humanities session, but Dr. X passed along the projects, so I get to participate vicariously. Writing from the physician's perspective made this a very interesting essay. I don't know much about worker's compensation cases, but I know a practice heavy on this kind of patient can be quite grueling. There's often a somewhat adversarial relationship – the patient feels the doctor will be skeptical, the doctor wonders, as does your doctor, whether the patient is exaggerating or faking for monetary gain. In your point-of-view writing, the doctor sounds pretty cynical and disillusioned. Is this how you intended to portray him? Did he enjoy this part of his work week or did he find it frustrating? I'm sorry I didn't hear your presentation, I would have learned more. But thanks for contributing an interesting perspective. Hope your year is going well. Regards, Dr. Shapiro

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Hi --. Looks like I really missed a PD reunion! I'm sorry it wasn't possible for me to be present at your PBL humanities session, but Dr. X was nice enough to pass along your projects, so I get to participate vicariously. I liked your essay. I was very touched by the couple's hand-holding, and from your writing I could easily imagine both the woman's disintegration over the last four years, and her husband's loyalty. What a poignant image! I agree with your interpretation – in my view, it *always* makes a huge ethical difference how we treat others, even if we suspect, or know, that they have lost many "human" capacities such as memory and communication. Although the story you relate is very sad, it has a lot of dignity as well, not least of all in the doctor who has intimate personal knowledge of the couple, and is still trying to be helpful, although the major problem has proceeded far beyond his control. Thanks for sharing, Dr. Shapiro

PBL GROUP HUMANITIES PROJECTS 12/16/04

Good work --. It seemed to me you caught something real about this patient – his impatience, his cluelessness about the risks he is taking, his annoyance with the girlfriend, his concern about the ER charge, and finally his simply skipping out ama. Your in-class comments were very valuable too. The indifference you observed toward this young man unfortunately is not atypical. Drug-abusing patients are notoriously difficult to engage, and in the ER setting time is often precious: physicians make many triage decisions about where their time is best spent. Nevertheless, taking a few minutes to caution the patient about the dangers of methemphetamine use, and offering information about rehab programs is not wasted time. On the contrary, even if he does not respond on this particular visit, you've conveyed that there are other choices and options available to him. Most importantly, you've let him know someone cares about him as a human being. Thanks for this strong effort. Dr. Shapiro

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Hi --. Nice to cross paths with you in your PBL class. Thank you for sharing this reflection on the medical school experience. Isn't it a bizarre system when the student-physician is so stressed, exhausted, and in need of care that she almost wishes *she* were the patient?! There is a fundamental and serious discrepancy here. Even a saint can't give continuously without some replenishment. We do our students (and our physicians) a great disservice when we expect them to give knowledgeable, compassionate care and yet require them to work in an environment which regularly depletes and exhausts them. The best way to teach how to care for patients is in modeling this behavior, not only with patients, but with students, residents, and each other. As always, I really appreciate your perspective and openness. Regards, Dr. Shapiro

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Hi --. I'm sorry we didn't have time for you to present your humanities project. I'm glad you chose to interview a patient about best and worst experiences with a physician. Your list is quite typical of what patients like and dislike. Patients tend to like physicians who are knowledgeable, skilled, meticulous, honest, and who listen. They don't like physicians who seem rushed, superficial, who ignore or avoid questions, and who "give orders" rather than negotiate treatment plans. Whenever we take the time to ask and listen, patients almost always teach us important lessons. Regards, Dr. Shapiro

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--, I wish we'd had time to discuss your point-of-view writing. It is excellent! I really felt as though I was hearing the voice of this patient – confused, overwhelmed, grieving, perhaps depressed, and fearful about her own health and what her symptoms might portend. From my perspective, the best line in the essay was when the patient says, "… I won't bring it up unless [the doctor] does." Patients often need help in expressing their deepest fears and difficulties. An understanding and nonjudgmental physician can often

smooth the way. I hope this is what happened in your patient's case. This was a very well done piece of writing. Dr. Shapiro

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--, I'm sorry we ran out of time before you had a chance to share your project. I liked this poem very much (although hopefully in stanza 3, line 3, you meant "antiseptic," otherwise we might have to report this physician to BMQA! ☺). Is it about cataract surgery? It depicts very well the patient's preoperative anxiety and post-surgical gratitude. One of the many details I especially enjoyed was the opthalmalogist's wink. Such a small gesture, but so humanizing. Even a "routine" procedure can be fraught with worries from the patient's perspective and it is the caring physician who can recognize this and extend reassurance and comfort to the patient. This is a very lovely poem. Regards, Dr. Shapiro

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Hi --. I appreciated the quote from Jung (do you know --- – he is also a Jung devotee). Do you also happen to be a student of Buddhism? I ask because of the boddhisatvha image, and the reference to your travels in Thailand. In any case, you helped us all to reflect on what the "darkness" means in our lives and the lives of our patients**.** Too often I think medicine tries to correct the "imperfections" that life imposes, to restore the patient to a perfection that, of course, never existed. What would it mean if, instead, we were to try to help our patients toward completeness? Thanks for making me think! Regards, Dr. Shapiro

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Your poem really expressed what family practice is all about. Family medicine is about families at all levels: how our genes pursue us, how illness ripples out from the patient to implicate spouses, children, parents, siblings. You wrote two exceptionally beautiful lines in the second to the last stanza: "We are bound to another/ By love and by blood." That is so wise and so true. The skilled and compassionate family doc (and many other specialists as well) recognizes this and knows how to make it a part of his/her practice. I also really liked the lines "When the visit is over/Our patients go home." What is so well-crafted about these lines is that they seem so simple and obvious: Of course, where else would the patient go? Yet, in a metaphorical sense, they express a wonderfully profound insight that patients live within a context, a life, and this is what all physicians need to remember. Excellent effort! Dr. Shapiro

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--, thanks so much for sharing this heartwarming story. Although you did not violate confidentiality in any way, I think I know this physician and he is a great role-model. As you observed, he is also a human being who has human desires to get out of clinic on time occasionally, to take care of personal business. What was so impressive to me was

the doctor's ability to "see the surprise," to realize this was not going to be a quick visit, and to instantaneously adjust his priorities accordingly. Being able to so completely place the patient first, and go the extra mile for a suffering person, is what makes an exceptional physician. Thank you for this essay. Dr. Shapiro

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--, this was a really interesting essay, and I appreciate your writing about this incident. Knowing the "whole story" (in this case brain tumor, surgery, epilepsy, and frontal disinhibition) almost always increases our empathy for the patient. You asked excellent questions about the patient's awareness of the changes in his personality; and about the family's reaction. These show you are beginning to think about the patient from within the context of his lived experience, not simply as a rather odd and annoying person. Thank you for reminding us to take the time to look deeply at our patients. Regards, Dr. Shapiro

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Hi --, it was nice to see you in your PBL class. I thought this was a really good essay. It had the slightly disjointed, random quality that real communication often has. The patient talking about his granddaughter's nickname for him and worries about Santa Claus; the wife disclosing her moving out of the marital bed from fear that her husband might have a heart attack; the patient sharing his exhaustion after a half day of work, and noticing other changes post-surgery. What emerges is a couple struggling with their brush with mortality, partly trying to hide in the quotidian, partly reminding you that they have children and a grandchild, that he has reasons to live. Well-written as always, and capturing the heart of this encounter. Dr. Shapiro

PBL HUMANITIES 12/14/06

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Hi --. I very glad you got a chance to share your patient's situation. This happens more than one would like in medicine. For me, it is a classic example of providing the *appearance* of care, rather than substantive care. The patient's cholesterol is duly checked and documented, dietary recommendations are charted, but the patient's suffering is unabated - worse, ignored. As we discussed, this by no means necessarily implies an incompetent or uncaring physician. But it serves to remind us that it is tempting to take care of the "easy" things, because they can be taken care of. Yet it is a professional and moral imperative to attempt to address the totality of the patient's suffering, even when this appears intractable or unresponsive to intervention. This willingness to simply not turn away from whatever the patient presents is, I believe, the sign of a truly good physician. Thanks for your excellent participation in class today. Best, Dr. Shapiro

--, I realize I didn't say anything specifically about your poem, which I really liked. The way you adopted the patient's voice was very powerful, it really compels the reader to enter into the patient's lived experience. The poem itself is quite complex and filled with beautiful, evocative images. I was especially struck by the metaphor of her condition (ADHD/depression) challenging her attempts at solidity in life, filling her "clinging hands with paper." This was fantastic, troubling and moving. I also thought the line "And here I will remain in splintered images…" perfectly captured this patient's sense of a shattered, groundless life. Finally, the way you alternated the patient's mundane responses to the physician with her inner turmoil and torment was very strong – it was an imaginative way of envisioning the patient's deepest concerns. Thank you very much for conceptualizing this patient's struggles so creatively. It was moving and revealing. Dr. Shapiro

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Hi --. It was really nice to see you again as a second year (by which I can infer that you survived first year :-)). What a great clinical encounter you wrote about. I predict this man and his burned hands will stay in your mind a long time. In a real sense, he was your first patient. How exciting and reassuring that you were able to "stay true to yourself," and fulfill your interview promise to "treat the patient, not just the disease." This commitment will make you a fine physician – hang onto it! Merry Christmas and have a wonderful new year. Best, Johanna

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--, thank you for submitting a humanities project, and I'm sorry we did not get a chance to discuss it in class. I truly hope that you are not describing a personal situation. However, the larger truth is that this young man with cancer is somebody's boyfriend, somebody's son and brother. His medical student girlfriend is someone suffering, hoping, and praying. I hope this is not a picture of you or anyone you know, but the reality is that is *could* be you. Your message is a very important one that I wish your fellow classmates could have heard. Yes, medical school is tough – the pressure is tough, exams are tough, studying is tough, the classes are tough. But it's important to keep a perspective – there are much, much tougher things in life, and as future physicians these are the kinds of things you will have to confront with courage and grace most days of your life. My thoughts are with this young man and his girlfriend. May their sufferings diminish and their strong spirits endure. Best, Dr. Shapiro

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Hi --. I'm really sorry we didn't get to hear about your patient, especially after I saw your intriguing picture. To me it looked like a child, probably suffering from depression, always traveling under a grey cloud, and carrying the weight of the world on his shoulders. You conveyed the mood of despair and hopelessness. It's interesting that you brought up this topic on the day when the FDA came out with a black box warning about the use of SSRIs with young adults, adolescents, and children because of the increased risk of suicide. Regardless, one way or another, I hope this kid got the help he needs. Thanks very much for your many comments today in class. Best, Dr. Shapiro

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--, I was touched both by your sketch and by the scenario you wished to convey. How often that situation seems to be replicated in medicine: the patient is surrounded by people but no one cares. That, of course, is not necessarily because the patient is surrounded by uncaring people; but because it is very easy for most of us to get caught up in our own perspective. The doctor may prioritize the diagnosis, or the chart note. The mother may want someone to listen to her pain and frustration. Children, the elderly, persons with disabilities or mental illness and retardation are especially vulnerable to such marginalization. The young man in your picture looks very alone and miserable. I hope that someone remembered he was there. Happy holidays! Dr. Shapiro

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--, I really liked the three rules you derived from observing the patient in the ER. If you can always keep these in mind, in any clinical encounter, you will already be well on your way to doing right by each patient.

When a patient is in pain, time becomes very distorted. To the staff, it may appear that they are doing everything with all deliberate speed. For the patient, however, each moment is agony. Taking into consideration the patient's subjective experience may encourage you to proceed more quickly, provide what limited comfort you can; or at the least keep the patient apprised of where s/he is in the process and how things are moving forward. As you discovered, what is most difficult for the patient is when s/he feels dismissed or ignored. By attending to the patient's suffering, even if you can't do anything immediately about his/her pain, you will help to make the patient feel less panicked and out of control. I admire that you thought carefully about this patient's plight, and came up with simple but crucial ways of intervening to reduce his suffering. Thank you also for your insightful contributions to the class discussion. Best, Dr. Shapiro

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Hi --, thanks for getting up the courage to perform your skit (with the help of your supportive classmates!). It was clever and insightful on a couple of levels. First, you gently satirized some classic physician-patient interactions: a) interrupting and not listening to the patient b) reliance on medical language c) trying to improve communication by talking louder and slower d) talking about the patient in the patient's presence in the third person. The second twist you added was in reversing the doctor and patient roles, i.e., putting the patient and the "student-patient" in the driver's seat. Although occasionally a bit confusing in your role-play scenario, this "complication" addresses a critical issue in medicine – the fact that, even in the age of the internet, the physician retains most of the control and power in the encounter. The patient can end up feeling helpless; and longing to somehow switch around this inequality. By demonstrating this in the role-play, you

both gave expression to this classic patient fantasy and got all of us to reflect a bit on how issue of power and control play out between doctors and patients. Very creative and perceptive! Best, Dr. Shapiro

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--, I really regret that we didn't have a chance to discuss your critical incident essay in class. This example of a young boy with possible TB exposure because his father is a recent ex-con would have generated an animated discussion I'm sure. You put your finger on the central issue – many things are revealed to physicians which have a stigmatizing component: sexual behavior, history of criminal activity, drug use etc. As you rightly observe, what does not belong in the exam room is the physician's judgment (i.e., "I'm shocked you're an ex-con"). Your job is not to judge this man (and after all, who knows the circumstances of his incarceration?) but to try to figure out how his status may affect your patient, the 4 year old kid. One way, as you noted, would be to determine whether this father could have inadvertently exposed his son to tuberculosis. Another might be to assess whether the father stigmatizing situation was producing social stresses which could put the child at increased risk for physical or emotional abuse (on the other hand, just because he'd spent time in jail doesn't mean he couldn't be a caring father, as witnessed by his bringing his son to the doctor's). I really appreciated the last line of your essay. I completely agree – if you practice medicine properly, you will become a better person; and the converse is true as well – by trying to be a better person, you will also become a more compassionate physician. Thanks for this excellent reflection. Dr. Shapiro

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--, you produced an excellent example of point-of-view writing in the voice of the patient (or actually the patient's mother). You did a really fine job of representing this mom's sadness, sense of loss, frustration, and helplessness regarding her daughter's condition. I also noticed that it is only the medical student who actually looks at the patient and mom – the doctor seems too busy leafing through the information brought by the mom and writing in the chart. I think what you picked up on is how important it is to establish not only the facts (does the daughter hear voices?) but also address the emotional climate in the room. From your description, it sounds like this mom needed support and praise for all the efforts she's made on her daughter's behalf; and even if there is little that can be done to treat her condition medically, to be reassured that the physician will stand by her and offer whatever help he can. Very touching and well-written. Dr. Shapiro

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Hi --. Thank you for sharing this example of a very positive physician role-model. I apologize to you that we were not able to hear about it in class; I know your fellow students would have acquired valuable insights from this encounter. You clearly learned much of importance from observing this practitioner at work in terms of the importance of listening sympathetically as well as "just" writing prescriptions. It also seemed to me you were quite astute in your observations about the family; for example, realizing how strongly identified the father was with his son; and how despondent the mother appeared. You also made an important discovery; i.e., although closure is highly desirable, it is not necessarily the most important aspect of the medical encounter. Patients – and physicians! – can learn to tolerate ambiguity and uncertainty (which will certainly be the case with a child with ADD) if they feel they have support, understanding, and are working together as a team. By paying close attention to what was happening in that room, you took a big step on the path to physicianhood. Best, Dr. Shapiro

PBL HUMANITIES ASSIGNMENT DR. X 10/15/03

Thank you, --, for the sketch of your grandmother. I am very sorry for her loss. Grandparents can be really important in our lives. I loved the: response you gave to the question about why the door and the clock were included in the picture: "Because the doctor was always looking at the clock and trying to get out the door"! I guess this is what you'd call an anti-role model. I admire your willingness to search your own pain for hints about how to become a better doctor. I am quite confident that you will one day be the doctor you imagined, bending over your patients with caring and concern. Regards, Dr. Shapiro

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Hi --. Your essay effectively showed how a simple gesture of reassurance and explanation toward the patient can trigger a story that unfolds "way past" the original presenting complaint. Sometimes hearing the "stories behind the story" can feel overwhelming, but it almost invariably is helpful in the long run. When you know the big stories (infertility, miscarriage), it helps you place the small stories (vaginitis, yeast infections) in context. Also, remember that knowing the big stories doesn't mean you have to fix them. Thank you for an insightful piece of writing. Regards, Dr. Shapiro

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I'm glad you chose this particular option, --. It's always interesting to hear what patients like and dislike about their physicians - and by listening to them, we can always learn something! What a great question to regularly ask ourselves: Are we behaving in ways that are nonjudgmental, concerned, and empowering of our patients and others? The negative experience is a cautionary tale about how easy it is to lose a patient's trust (this doctor probably did not even recognize the damage he had done) and the potentially long-lasting consequences of such an act. You did very nice work on this project. Dr. Shapiro

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--, you proved yourself to be an excellent observer of this patient. Actually encountering diseases and conditions you've read about in the flesh (so to speak ☺) can be exciting and fascinating, perfectly natural responses. I'm glad that you were able to hear "the story behind the story." It was also perceptive of you to realize that, in this case, as in many others, it was enough to simply listen. Your patient didn't want you to change her life, just see her perspective. Good work on this essay. Regards, Dr. Shapiro

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Hi --. Sorry I had to leave before hearing your poem. I really liked it. You played around with rhyme in a creative way. More importantly, you shared an important realization – how much you can give to patients simply by listening to and addressing their most

deeply felt needs and longings. In this case the need for both father and son was the power of shared and sincere prayer. I'm sure I don't have to caution you that praying with patients does have certain inherent risks – namely, if the impetus comes from the doctor rather than the patient as an expression of the doctor's need rather than the patient. It is important to be cautious about inadvertently taking advantage of the unequal power differential in the doctor-patient relationship. That having been said, praying with a patient can be a wonderfully healing experience, not only for the patient, but for the doctor (or volunteer ☺) as well. Thank you for tackling a topic that deserves lots of thought – and possibly prayer ☺. Regards, Dr. Shapiro

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Hello, --. I apologize for not being able to hear the presentation of your project, but you made terrific comments in class. Thanks for being so involved! Your essay was a thoughtful reflection on the nature of a particular specialty, in this case Radiology. One of the benefits of the tag-along program is that you can start thinking about how to determine a good "fit" between you and a particular specialty. Many physicians say they made this choice with insufficient information, and then spent many years frustrated and discontented. Your observations about Radiology were astute. It is clearly not a "people" specialty! I know several really nice and incredibly smart radiologists, but interacting with others is not their forte. But I wouldn't necessarily define the issue as "selfishness." We all seek affirmation in different ways (whether through patient gratitude, or colleaguial respect, or publications, or professional awards), but choosing to be the guide and companion of another human being as they face suffering, uncertainty, and death, is not primarily about selfishness. It's more about knowing yourself deeply, and being comfortable with that knowledge. Thank you for such a thought-provoking essay. Regards, Dr. Shapiro

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Hi --. Please accept my apologies for not being able to stay for your presentation. It is a valuable meditation on one of the most fundamental questions of life, namely, how do we face death? The texts you've chosen to cite are stark confrontations with the possibility of meaninglessness and emptiness. I was not familiar with the Crane quote, but it reminded me of Camus' existential formulation of the benign indifference of the universe. I have read the Hemingway excerpt before, but each time I read it is chilling in its rage and despair. I think you must recognize the value of literature, because these two small quotes give us much to meditate on about the human condition. Thanks for bringing these to our attention. Regards, Dr. Shapiro

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Hi --. I'm sorry I couldn't stay to hear your patient interview. The worst experience made a great point – it is all too easy to get caught up in "making a point" or "proving yourself right." When this becomes the goal, the patient invariably suffers. Also, lecturing patients is usually not an effective way of effecting difficult lifestyle changes.

But speaking from your concern and caring for the patient can help. The other example is one that restores your faith in human nature: A doctor who actually thinks about his patient, and takes time out of his personal life to make a reassuring home visit! These lessons aren't complicated, but they are a lot harder to put into practice than to preach. It's also striking how long the memories of these encounters lingered in the patient's mind. Thanks for this very nice work. Regards, Dr. Shapiro

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--, I apologize for not being able to stay to hear your essay, but I did appreciate the perceptive comments you made in class. It sounded as though you spent an interesting afternoon observing Mr. X struggle with medical decision-making. My own opinion is that serious, even life-and-death medical situations shouldn't be like buying a car: "This is the price, here are the extras, these are the options." The value of having a primary care physician who has personal knowledge of the patient is that he or she can factor in intangible factors such as the patient's personality, living situation, or coping resources that might tip the balance in favor of a particular intervention. Of course, the choice is ultimately the patient's, but some of those feelings of fear of making a poor choice that Mr. X expressed can be mitigated by the guidance and insights of a concerned and involved physician. Thanks for this interesting essay. Regards, Dr. Shapiro

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What, no poem! Just kidding – I liked this essay a lot. It sounds like the kind of thing that is published in JAMA's A Piece of My Mind. It demonstrates your powers of observation – all the carefully observed details, as well as some of your stereotypic assumptions about the meaning of those details. I am so impressed with your level of awareness, both of external and internal phenomena! You were also honest and forthcoming about your biases and judgments, as well as how quickly the patient picked up on them. It can be scary how quickly the energy can shift in a patient encounter, but if you are able to identify the causal factors, you can also have more chance of shifting it back again. By the way, this doesn't mean always accepting the patient's story at face value – there are aspects of this story that don't quite add up, and the missing pieces might well involve psychiatric disorders, substance abuse or both, as we discussed – but it does always mean respecting the patient's story, and the fact that he either believes it or at least wants to believe it. It was nice to see you, --. I hope you have a great year. Regards, Dr. Shapiro

PBL
Humanities: Empathy Assignment

The goal of this session is to learn how the humanities can help develop empathy and understanding for both patient and physician. To complete this exercise, you must identify a patient experience from your clinical setting that made an impression on you in some way. This may involve a patient whom you particularly liked or disliked, whose medical or life situation moved or troubled you, or an interaction with the physician that taught you something either negatively or positively about the practice of medicine. The patient does ***not*** need to be someone you know well or have had extended contact with.

Assignment (to be read in the small group discussion and collected at the end of the session): Please complete ***one*** from the following options. Whichever exercise you choose, try to use your creative work to enhance your feelings of empathy for the patient, the physician or both. The completed assignment should be no longer than one page and may be shorter.

f) Critical incident essay – using personal, non-technical language, write a paragraph or two about some aspect of this patient's experience, including your own reactions and observations.
g) Point of view writing – write a poem or couple of paragraphs from the patient's point of view, using the first person ("I"). Imagine that you are standing in the shoes of the patient. Describe an encounter with the patient's physician or the patient's perspective about their illness.
h) Patient interview – conduct a brief interview with a patient, asking about their best and worst experiences with physicians
i) Draw a picture – make a sketch of a patient. Provide a brief written explanation of why you chose this patient, and what you wanted to capture in your picture.
j) Skit – create a role-play about an encounter between the patient and the physician.

Readings:
The readings are **optional,** and for your enjoyment only. Time permitting, we will read and discuss a couple of the selections in the small group session. A reading packet may be picked up from Terri Dean in the Medical Education Office.

PBL HUMANITIES PROJECTS.5/03/05

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--, I liked this choice of a project. We always learn interesting things when we actually listen to our patients! This patient's observations confirm what is also reported in many research studies on patient satisfaction: Patients don't like doctors who don't take their concerns seriously, who trivialize their symptoms, and who don't respect the knowledge the patient has about his or her own body. Patients like doctors who "genuinely care" about the person of the patient, offer compassion and understanding, and are thorough and take time with the patient. It's simple to say, but harder to put into practice. Nevertheless, if you really value these qualities, this is the kind of doctor you'll become. Thanks for such a good essay. Dr. Shapiro

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What a sad, mournful little haiku. Your accompanying illustration also is sad – the patient lying in his hospital bed reminds me of someone in jail. Your use of the first person brings both you and the reader closer to this little boy and his grief. The hardest thing in the world is sick kids. Yet, as you point out, these kids evince unbelievable courage, maturity, and insight, and inspire their families and doctors alike. Thank you for sharing a bit of this kid's story. Dr. Shapiro

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--, this was a really interesting project. I especially appreciated your acknowledgment that you had made certain assumptions about how the patient would respond. We all do this constantly, but when we can set our assumptions aside, we usually learn worthwhile things. It's easy to always make things "about us," in this case about physicians, assuming that what makes a medical encounter "the worst" for someone will have to do with characteristics of the physician. Bad news trumps nice doctor every time. In fact, what made this a terrible experience for your patient had nothing to do with the doctor, but her discovering that her daughter has a chronic, incurable, often disfiguring disease that can produce life-long complications. On the other hand, what made it bearable was the compassion and understanding of her child's physician. Thanks for this nice work, --. Regards, Dr. Shapiro

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--, thank you so much for having the courage to dig deep and share this touching poem about your mom. I can feel your love and loss in every sentence. It is a beautiful way of memorializing your mother, and perhaps some day you will feel comfortable sharing it with your family. I hope you have good and caring people in your life whom you can talk with about your mother's life, as well as her death. I hope you do not take it amiss if I say that everything you learn and suffer from your mother's death over the years (and it will take years to come to terms with her absence) will go into making you a more sensitive,

compassionate physician. This is such a difficult thing to endure, but you will get through it. Thank you again for taking this risk. Regards, Dr. Shapiro

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This was a heartfelt and sensitive piece of writing. You did a great job of finding the voice of a mother of three triplets diagnosed with autism. The way you narrated the chronology of the story swept us all up in first, the mother's joy, then her worry, next the devastation of diagnosis, and finally her renewed joy on the other side of despair. Therefore the story had a certain symmetry that was very satisfying aesthetically. More importantly, what probably struck most of us in the room as a horrifying outcome (*three* autistic toddlers!?) was ultimately perceived by the mother as a blessing. Your ability to see past your own assumptions to the mother's perspective on her experience indicates both empathy and openness. Thank you for sharing this story. Dr. Shapiro

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--, I loved this piece of writing. It was so straightforward about your lack of personal experience with addicts, and often funny in a self-deprecating way. As we talked about in class, patients will introduce you to all sorts of things for which your own life history has not prepared you. I think when you come from a place of honest ignorance and a desire to understand, rather than a place of judgment, most patients will not be either embarrassed or insulted. Your essay also reminded me of how often the patient is our teacher. I hope you never lose the humility that allowed you to be "taught" by an ex-heroin addict. Thank you for your work. Dr. Shapiro

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--, you shared a great experience. Even reading about it second-hand was inspiring. I really liked your use of the phrase "wonder and awe." There's lots of disappointment, lots of heartache, lots of cynicism in medicine, but there are incredible, miraculous moments if only you are willing to look for them, acknowledge them, and remember them. These are the moments that will sustain you during your training and beyond. You've created an important one right here. This woman, her family, and her doctors are *exactly* why you are studying for the boards right now! Thanks for this essay, and good luck with your studies. Dr. Shapiro

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Thank you for this thoughtful, honest essay. Addiction is an incredibly hard problem to deal with. This is one where there are no easy answers, and sometimes no answers at all. I'm glad you selected a "filthy-rich" addict, to remind us that addiction comes in all shapes and sizes. On a literary level, you did a really nice job of tying together the essay through the letter H – heroin, heroine, harmless. On a personal level, there is your struggle with anger and judgment on the one hand toward this woman who is supposedly responsible for two "harmless" little lives, while on the other also wanting to extend

some element of understanding, some fellow feeling toward this human being. Finally, on a professional level, you are faced with a problem far bigger than any doctor's office can contain. I appreciate your exploring your feelings about this difficult subject. Dr. Shapiro

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--, the last several sentences of this anecdote are really powerful. The vividness of your description allowed me to imagine what that exam room felt like when the doctor intoned, "You are blind." The small things – the patient guided by his mother's hand, the look of despair on his face – make this story even more poignant. I would only take partial exception with the ophthalmologist's last statement. Although there are many situations in which nothing can be done medically, there are always ways in which the physician can stand with the patient and help them with whatever must come next. This is the art of medicine. Thank you for sharing this experience. Dr. Shapiro

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Hi --. Nice to see you again, and I'm sorry you didn't get to present your project. Your essay is a thoughtful and insightful piece of writing (plus the last line is very funny – now I'll know what the abbreviation MMRS stands for!). We all have stereotypes and make assumptions about others – what's good is when we can catch ourselves and revise our views based on new information. In your case, the devastation you expected as a result of an AIDS diagnosis was nowhere to be found (except in the blood counts). Instead, what you encountered was a man at least in part "redeemed" by his terrible disease. This anecdote reminds me that life cannot be reduced to simplistic verities – it is a lot more complex, in both good ways and bad, than can be explained in a microbiology lecture. Good luck with your boards, and hope the year finishes out well for you. Regards, Dr. Shapiro

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Ouch. --, this is a very well-observed and hard-hitting essay. I so wish we'd had time for you to read it. It is very well-written – your use of capitalization in referring to The Doctor (with no name); and your two concluding sentences underscore your point (not that it really needs the emphasis, who could miss it?). As a faculty member, I regret that you were exposed to such bad teaching. But sometimes it is the "anti-role models" who become our best teachers – of what *not* to do. As you say, there are so many ways in which this was a bad interview: no exam, no eye contact, cookbook "plan" (if it can be called such), and blatant racial stereotyping. Not to mention zero interest in this patient. My only consolation is that if you can see *why* all this was so wrong, you are well on your way to being a good doctor. Dr. Shapiro

PBL HUMANITIES PROJECTS – X – 5/03/05

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I liked the emphasis you put on "healing" (instead of "curing" or "treating") in your haiku. Healing is a construct that encompasses the multiple levels of care possible in medicine – physical, emotional, and spiritual. The patient – socialized to view the body as a machine and eager to find a quick fix for ailments – expects a "miracle" pill. But the wise physician, modeling him/herself on Hippocrates, knows his/her goal is larger and more nebulous, but truer to the ancient art. --, your summary statement in class was truly eloquent. You expressed very well all those intangible, but critical elements of the art of doctoring. Thank you! Dr. Shapiro

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--, thanks for sharing your painful and tragic experience in Africa. For me, there were two layers (at least) of difficulty. The first had to do with the intimation that, with proper medical facilities, this child need not have died. (Not to get political on you, but if you look at our foreign (nonmilitary) aid allocation and compare it to the expenditures on the war in Iraq, you really have to question our priorities as a country). On an even more fundamental level, and the one you wrestled with in your song, is the question of innocent suffering. This question has confounded even great religious thinkers over the centuries, and caused them to "argue with God" as you did. This, I feel, is a healthy response. Each of us in the helping professions, in our own way and time, *should* reflect on this question in a way that has meaning for us. It seemed to me that you did so through your song. The lyrics and the melody expressed both your anguish and ultimately your trust in God's love, despite what you had seen. Ultimately, I think we all must make a similar choice – do we believe in a benevolent universe that somehow encompasses the pain and suffering of innocent? Or do we take this pain and suffering as evidence of existential meaninglessness? Difficult questions indeed, but well worth asking. Dr. Shapiro

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--, this is a very well-written piece. It successfully captures the jittery, jerky thinking of an addict, as well as the manipulative calculations to achieve the desired goal – scoring drugs. The last line packs all that cynicism and calculating stratagem into a single, revealing word. Yet the fact that you chose to write the poem in the voice of the patient suggests that you have room for understanding and even empathy. It's not an either/or but rather a both/and situation. Addicts are often scheming, dishonest, and difficult to establish a genuine relationship with because of the overpowering influence of their addiction. At the same time they are wives, fathers, children, people trying to live lives. Somehow we must balance both sets of knowledge simultaneously. Thanks for such an interesting take on this patient. Dr. Shapiro

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--, this must have been a haunting experience for you. One of the most frustrating things is to see patients who are really sick, and then lose them to follow-up. It's a good argument for continuity care! I respected your admiration for this non-English speaking mother, who nevertheless was trying to advocate for her kid. Sometimes pediatricians find such patients annoying, but often their instincts about their children are right. Learning to accept the limitations of medicine, the limitations of the health care system, and (sometimes most difficult) your own limitations as a physician are not necessarily lessons taught in the formal curriculum. Yet they are issues that must be reconciled in becoming a physician. I suspect the image of that little boy will be with you for a long time. And maybe that's not a bad thing. Dr. Shapiro

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--, I was impressed and moved by the level of empathy your series of haiku and the poignant sketch expressed toward this patient. Addicts are usually not anyone's favorite patient. They are often manipulative, untrustworthy, calculating, and exploitive. Yet, as you so well realize, they are also sad, empty, trapped human beings. I also liked the image of doctor and patient "together searching." Helping the addict to salvage her life is a difficult, and often unsuccessful, enterprise. Nevertheless, it always begins by negotiating a relationship and being willing to care. Good topic! Dr. Shapiro

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--, you are a talented artist. (HIPPA is happy this is not a sketch of an actual patient). The expression on the little girl's face is very moving – to me it expresses fear, determination, sadness. I recognize this expression as very similar to one I've seen on the faces of many hospitalized children – a look that is old beyond their years, that makes you aware these kids are having to grow up too fast. I hope over the course of your career you get many pictures, poems, plants, and pies from grateful patients! Dr. Shapiro

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Hi --. Nice to see you again ☺. Great topic! The whole concept of the patient's hidden agenda is a really important one in medicine. Your depiction is classic: patients typically present with a vague somatic complaint (stomach ache, headache, overall body pain), but underlying it is depression or a stressful situation. Often, patients do have other issues that they want to discuss with the physician, but are reluctant to bring up for reasons of shame, stigma, privacy, ambivalence etc. As we discussed in class, it is part of the physician's obligation to look for hints that the patient has a hidden agenda, to listen for those small outward manifestations of the interior dialogue you presented so well; and then, if necessary, to take the initiative to try to elicit it. You imagined this patient's dilemma with good detail and sensitivity. Regards, Dr. Shapiro

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--, your sketch of the patient with "pain all over" diagnosed with fibromyalgia was very empathic. Her expression seems angry, anxious, inward-turning, mistrustful. It seemed to me you had excellent insight into her initial rejection of antidepressant medications, and that your comment might well have had the positive effect of humanizing you in the patient's eyes as well as creating some bonding (both patients). The fact that it didn't "work," in the sense that the patient appeared to distance from you, is unfortunately one of the realities of clinical medicine. We don't always get the response we want from patients, all we can do is cultivate skillful behaviors that maximize the possibility that our words and behaviors will reach them. In fact, what you recounted about the end of the interview suggests that indeed, the patient was touched by your efforts, and that you had earned her respect and perhaps the beginnings of trust. Good work! Dr. Shapiro

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--, what an unbelievable incident! Even more shocking is the patient's complete displacement of blame onto the nurse, his unrepentant attitude, and his threat that he might repeat this behavior (with you) if he is "tempted." How fortunate that you had a wise and skillful attending to model appropriate limit-setting that the patient might accept. In a situation such as this, it might not be out of line to request a psych consult. It's one thing to be a sexist, but quite another to bite a woman's breast. I would also worry that this individual may be abusive to his wife. Because of the enormity of this patient's behavior, subsequent comments, and total lack of insight, I would not hesitate to establish clear boundaries, for example letting him know that he must refer to you as Ms. --, and to warn him against any inappropriate physical contact. It is not part of your job as a physician to accept physical threats or emotional abuse from patients. Above all, with a patient like this, *never* laugh or otherwise give the patient any encouragement. In most situations, laughing and joking with a patient can reduce tension, but here it is likely to feed his delusion that his victim is "asking for it." This is a seriously troubled patient who needs to develop both insight and ways of better managing his aggressive impulses. In short, he needs help, although he may not be willing to receive it! Thanks for focusing on this very challenging event. Dr. Shapiro

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I really liked your essay. It showed empathy toward the little girl, and admiration and respect for her mother. You make an excellent point about how hard it is for parents to advocate for their children, especially parents who do not speak English, have a low socioeconomic level, and are unfamiliar with the American medical system. I also was horrified at the surgeon's suggestion of amputation. It seems a very severe "remedy," and if this child was my daughter, I would certainly seek other opinions and options. I'm glad to see you on the side of the patient. Try to stay there, it's where the doctor should be. Thank you, Dr. Shapiro

PBL HUMANITIES PROJECTS March, 2007

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Hi --. Please accept my apologies for the confusion around our session. I'm very glad that at least I got to read your patient point-of-view essay. I found it to be insightful and moving. You are very skillful at imagining the patient's pain, fatigue, helplessness, despair, and fear. In particular, your essay captures how the well-meaning encouragement and recommendations of others can feel like an additional burden. To a man who can barely walk, the idea of exercise becomes a Mt. Everest, just another mountain he will probably never climb.

I think the whole language of "fighting/giving up" is intriguing. If we used different language with less judgment, would we feel more compassionately about these choices? Giving up seems weak, wimpy, something a quitter would do. But acceptance, and the conscious decision to use one's limited time in ways more meaningful than continuing rounds of chemo and radiation, might appear wise and courageous. And of course there is a critically important place for resistance against disease. But the moral judgments that creep in, both from self and others, may needlessly complicate an already complicated situation.

Thank you very much for this excellent effort. Dr. Shapiro

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--, I was intrigued from the very first sentence in your essay. You address one of those pretty insoluble dilemmas of medical training. Learners can read articles, watch videos, engage in virtual study, practice on dummies – but there always must be a first patient. Could initial training be more extensive and thorough? Undoubtedly, and the fact that training hospitals are associated with socioeconomic status of patients is a completely legitimate ethical concern. We compound this concern, I believe, when we approach these situations without either honesty or compassion. No one explains to the patient what is happening. Everyone pretends that this is how it always is. No one (except the 2nd year med student) seems to notice that the patient is "leaking" (great description!) anxiety and discomfort. There are more ethical, transparent ways to approach such situations; I hope you will see them modeled during your training. Best, Dr. Shapiro

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--, thank you for this thoughtful little essay. I loved that you could see not only the patient's physical decline, but his spiritual decrepitude as well. You are seeing with "whole" eyes! You have also described a key aspect of understanding one's patients. When you encounter the patient in clinic or the hospital, you are seeing a cross-section of this person – and usually one of the least flattering. Illness often diminishes people; they are reduced to a collection of studies and lab results, an

ever-shrinking lump in the bed. The patient role so often involves regression, loss of probably no way to restore your patient's independence; although problem-solving about crucial ADLs and IADLs can sometimes be helpful. However, recognizing the source of your patient's suffering (rather than making attributions regarding pain or loneliness) will make him feel understood and less alone. Once you are able to do this, you can help him mourn his losses; and perhaps as well identify aspects of his increasingly limited existence that still bring him joy and meaning. Thanks for sharing. Best, Dr. Shapiro

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What a troubling experience, --. What follows is not meant as a criticism of your preceptor, since neither of us knows all the circumstances of this encounter. Rather, I'm making some general observations about a patient who appears to be depressed and possibly suicidal.

1) **With a patient in the distressed condition you describe, playing "devil's advocate" should take a back seat to earning the patient's trust, offering empathy and stimulating hope. In this case, the physician seemed to side with the patient's husband rather than the patient, thus inadvertently creating an alliance with the former "against" the latter; and having the unintended effect of making her feel even more isolated, alone, and "crazy."**
2) **When a patient appears to be depressed, the health provider *always* should ask specifically about suicidality; the more so when the patient is overtly verbalizing suicidal threats. This patient should not have left the clinic without careful evaluation of the intensity and extensivity of her suicidal ideation. Did she have means; previous history; intention; other risk factors. Maybe she needed immediate voluntary or involuntary (51/50) hospitalization. At the least, I would have wanted to warn the husband that his wife was at serious risk; and to make a suicide contract with her before she left the clinic.**
3) **When the health care situation of the patient is acute (whether because of extremely high blood pressure; or because of suicide risk), if it does not warrant immediate hospitalization, a follow-up appointment should always be made within the next day or two. This gives the patient a concrete data point to hang on to; and will give the physician some peace of mind that she will be seeing the patient for reevaluation very soon.**

There are many more things that could be said about this situation as you describe it. Primarily, however, I want to validate your sense of unease and concern. This was a potentially extremely serious situation that deserved to be treated with the utmost care. Prescribing an antidepressant sounds quite appropriate. However, it should have been one step among many other very important ones.

Thank you for sharing. I too very much hope that this patient found the help and support she needed to make a psychologically healthier life for herself. Best, Dr. Shapiro

PBL HUMANITIES SESSION X 1/24/06

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Thank you for sharing your personal experience of illness. 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

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--, this turned out to be a very interesting interview. As we discussed, patients always mention the same qualities that make for a good doctor – being able to make a connection, take time with the patient, be thorough, convey caring and empathy. When doctors fail to communicate these qualities (even if they may feel them), and appear hurried, superficial, uncaring, the patient is dissatisfied and mistrustful. Also, as the vegan example illustrates, doctors must take the beliefs, concerns, and practices of their patients *seriously,* which means they must learn skills of negotiation and ability to think outside the box. Nobody said being a doctor was easy, right? But by keeping such guideposts in mind, it is possible to be not only a competent physician, but one who has the trust, confidence, and respect of one's patients. Good effort, thank you. Dr. Shapiro

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Hi --, this sounds like an excellent interview. I didn't quite grasp in class the patient's desire to be treated as an "equal," but I'm glad you mentioned it, it's is a very interesting point, which is in part mediated by age and culture (e.g., sometimes patients who are elderly, or sometimes patients from other cultures, may view the physician as more of an authority figure), but which is increasingly common, due in part to the accessibility of medical information on the internet. I think it may be more accurate to say that the goal is not "equality" in the relationship (despite the internet, physicians obviously have much greater knowledge of disease than do most patients), but mutual respect regarding the unique expertise that doctor and patient each brings to their encounter.

In terms of poor encounters, it's interesting how the same issues keep appearing – inadequate information, hurried and harried physicians, doctors practicing defensive, rather than compassionate, medicine. Let's hope that your generation of physicians will be able to avoid making these same mistakes. Best, Dr. Shapiro

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--, this was a creative and original twist on the humanities assignment. You succeeded very well both in conveying the hectic nature of this practice, as well as the unique concerns and problems of each patient. What I found particularly fascinating is that even a highly specialized doctor, like a hem/onc physician, must deal with many other aspects of patients that fall outside his or her specialty – family worries, mental problems, mistrust and skepticism. The voices of these three patients, so different from each other and so authentic, are proof of the importance of learning about human nature, regardless of whichever specialty is chosen. For better or worse, our humanity cannot be neatly categorized and compartmentalized, and constantly spills over into all areas of life – and medicine. Thanks for such an interesting project.

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Hi --. Wow, your project really took me by surprise, and I must admit to my embarrassment, revealed some of my own biases. It was a pretty funny essay, which I believe did poke gentle fun at a certain kind of narcissism and self-absorption that characterizes a certain segment of "the OC" (and I *never* use that expression!). Yet, although it is easy to make snap judgments about people, our analyses usually come up short. "Beauty" is a complex cultural issue, influenced by all sorts of complex psychological, social, and even economic factors. For example, cosmetic surgery in Brazil is prevalent among all socioeconomic classes. While it is easy to become disenchanted with a lifestyle in which a major focus seems to be improvement of superficial physical attributes, it is also true that sometimes cosmetic procedures can make a positive psychological difference in patients' lives.

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--, thank you for sharing your thoughts about this patient. You extracted a valuable lesson – the more we assume, the less we understand. Of course, it is "natural" to think the patient's wife would have been overjoyed at her husband's weight loss success, as you were overjoyed for your mom. But often people surprise us. One of the tenets of family dynamics is that any kind of change, even positive change, can throw a family into disequilibrium, because they are unable to utilize their familiar patterns (no matter how dysfunctional). Weight loss in this society comes replete with so many psychological and emotional (as well as physical) that it is not remarkable that it triggers complex responses both in patient and in family members. If you were this patient's doctor, your next move might be bringing in the wife to "win her over" – both to her husband's cause, and her own! Understanding her perspective would be the first step toward bringing her on board. This was a great example, thank you for sending to me. Dr. Shapiro

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--, this looked like a very informative interview. I liked the way you kept it in the "voice of the patient," I could really imagine this 50 year old woman saying these things. It's

interesting how patients always say the same things – they like doctors who take a personal interest in them, who put the patient at ease, who are caring, who take time to explain things and conduct a thorough examination, and don't patronize the patient but also don't hide behind medical jargon. They don't like doctors who are hurried and harried, who send conflicting messages, who give unnecessary medicines, and who are shut out of the flow of information about their own bodies. It doesn't sound that complicated, does it? Unfortunately, it can be, because you're juggling both the medical and the psychosocial. But this balancing act is something you get better at as you proceed through training, so long as you continue to value both the science and the art. Thanks again, Dr. Shapiro

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--, thanks for getting our humanities discussion off to such a great start yesterday. I greatly appreciated the honesty you displayed about your own initial emotional reaction. The problem of minimizing the patient's *subjective experience* of their condition (as opposed to its objective, measurable reality) is widespread in medicine, and almost always results in the patient's feeling misunderstand and demeaned. Just having awareness of your emotional response is very commendable. But you went further, and questioned your feelings, and reminded yourself to try to see through this mother's eyes. As you thought about what the news about her child's FTT (failure to thrive) must be like for the mom, you generated many valuable insights – she might feel inadequate, she might worry about losing the bond between her and her child, she might be suffering in part from post-partum depression. In a short time, you went from labeling the woman's response as "overreacting" to considering that it could be "normal." That ability to step back and see things differently is what will keep you an excellent physician as you continue your "marathon" journey. Best, Dr. Shapiro

PBL HUMANITIES SESSIONS 4/27/06
DR. X'S GROUP

Very funny skit! I actually ended up feeling very sorry for that poor patient, so suspension of disbelief was not a problem. It's hard, but I think just as important, to recognize that we need to have compassion and understanding for the physician as well. --, you portrayed someone who must be deeply unhappy in his work, someone who has unwittingly exiled himself from the real rewards of his profession – the caring and respect of his patients. It's easy to think you will never be that person – and yet so many doctors turn into him. The deepest value of your skit, I believe, is not in getting us to laugh at this physician (which is pathetically easy!), but in helping us to register some of the warning signs indicating that we too are beginning to walk down that same road. Thank you for making us simultaneously laugh – and think! No mean feat. Dr. Shapiro

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Hi --. Nice to run across you in PBL! You are such a beautiful writer. I thought the concluding lines were particularly moving. The similarities we find between ourselves and others along the way are gifts because they allow easier entry into the experience of others. But it is the patients who are not "just like us" with whom we need to make that greater effort of hands and eyes and heart, through our roots, branches, and yes wrinkles (as this wrinkled old lady affirms ☺) to achieve understanding, receptivity, and "absorption" of the other.

Your point is well taken that we never fully experience what the patient experiences. This is probably a good thing because otherwise even the strongest and most compassionate physician would soon be overwhelmed. I think clinical empathy involves allowing oneself to feel even a fraction of the patient's pain just for a few minutes, then using that insight to work toward bettering the patient's condition. Even accomplishing this is more challenging than it sounds.

Thank you -- for your always passionate reflections on the person and physician you are becoming. Best, Dr. Shapiro

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Excellent work, --! I really liked the way you adopted the patient's voice in your essay. I think you helped the rest of us not only to comprehend the patient's predicament, but to empathize with it. This patient is clearly burdened by her mother's care and is crying out for help – and not just for her cold. You heard her, and that is the critical first help in providing real, meaningful help. If you were really her doctor, you could follow in the footsteps of your excellent preceptor, listen, care, think about the patient as a whole person, help her to laugh a little, and as Dr. X pointed out, help her identify relevant resources. Often patients get their "foot in the door" with a biomedical symptom, but

their real agenda is much more complex. Although dealing with the patient's role of caretaker of a aged mother with Alzheimer's might seem to fall outside of the physician's professional obligations, in fact by doing so you will probably do a lot more to improve her health than giving her all the antibiotics in the world. Thanks for such a well-written and sensitive essay. Dr. Shapiro

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--, you chose a very interesting patient to interview, someone who sadly has had more than his fair share of experiences with physicians. His story gives us a glimpse into what it is like not only to have a chronic, life-threatening disease, but also a stigmatizing one. In a sense, it is reassuring to hear that most of the patient's negative experiences happened in the past, and suggest that some progress has been made in terms of attitudes of health care professionals toward patients with HIV. What patients want from their doctors ultimately doesn't vary too much, regardless of the disease from which they suffer: they want competent, knowledgeable, compassionate physicians who take an interest in their lives as well as their diseases. And yes – patients can usually tell when their doctor is faking concern and caring. I'm happy that this patient finally found a doctor who was neither disrespectful nor homophobic, but rather someone whom he could trust to stay the course on many levels. Thank you for sharing this patient's insights with us. Dr. Shapiro

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--, your focus on this young mom (only 23!) with some parenting skills deficits really raised some great questions for all of us to consider. As you pointed out, it sounds like mom loves and cares about her little son and wants to do right by him, but doesn't always take the best approach. If you haven't discovered it already, you will – moms are usually super-sensitive about any implication that they aren't "good mothers." So usually the best way to offer a suggestion about parenting is to first make sure that mom feels you and she are on the same side. Start with a genuine compliment: "You seem really caring and concerned about your son." Then empathize: "Wow. He seems like a handful." Then try to deepen your own understanding by finding out more (nonjudgmentally!) about the kid's and mom's home life. Finally, you can zero in on your specific concern, again padded with plenty of empathy. "I can certainly understand how you could get exasperated with --." You might offer alternative strategies (distraction – "let's color while we're waiting for the doctor"; behavioral reinforcement – "sit quietly, and we'll go to the park afterwards"; or others), while cautioning that using derogatory terms won't result in the desired behavior and will only hurt the little boy's feelings and harm his self-esteem. Ideally, such feedback could be expressed within the context of a mutually trusting and respectful relationship.

I also wonder whether it might be appropriate to consider that some African-American patients may take a little longer to trust the good intentions of their health care providers because of historical medical exploitation such as the Tuskegee experiments about which many people in the black community are aware (as well as other more recent and

sometimes more personal negative experiences). Of course, this may not necessarily be a factor, but if so, any attempt to "direct" the mom's parenting should be undertaken with special tact and humility.

--, thank you for sharing this incident. It deserves all the careful reflection you gave it.
Dr. Shapiro

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I can see from your essay how much you admired this patient who is able to maintain a cheerful and grateful demeanor despite so many life blows. He is a perfect example of how sometimes patients can teach us a great deal and be role models for how we would like to respond to difficult personal situations. I also agree that his doctors deserve some credit for the patient's confident and trusting attitude. Even in the face of very challenging circumstances, a caring, confidence-inspiring physician can ease the patient's distress. I'm glad that you have had this memorable encounter so early in your training, and I hope both this patient and his doctors will stick with you. Thanks for your essay.
Dr. Shapiro

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DR. X'S GROUP

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--, I'm sorry that we didn't get to your project in class. It was intriguing and surprisingly moving. I gathered from your note that the woman portrayed was facing risky surgery and even in the best-case scenario would like not make a complete recovery. The pictures seemed to represent important aspects of her life. By blurring and distorting them, you conveyed very powerfully how her normal life would soon be lost forever. Learning to appreciate the beauty of that picture – and it is there – will be a lifelong project. Thank you for contributing such a creative and empathetic piece of work. Dr. Shapiro

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Thanks very much, --, for this touching drawing. You know, there are lots of tears in medicine (not all of them the patients'), so it's good that you are starting to see them and learn to be comfortable with them, and sometimes even welcome them as an expression of deep and authentic sentiments that perhaps initially can't be put into words.

I was impressed by how much thought you put into your selection of media. I agree the picture has a childlike quality (before you explained it, I actually thought the picture showed a little girl).. To me, this represented not only the patient's concern for her children, but also her child-like vulnerability and helplessness. It somehow seemed very appropriate to me that you used the same tools that you employ to chart and highlight the

patient's physical progress to represent the patient's emotional fear and suffering. Your project was creative and poignant. Thank you for this effort. Dr. Shapiro

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--, you presented a fascinating and unusual situation. Although you won't see many child molester in either your training or your practice (at least I hope not!), you *will* encounter patients about whom you have strong negative feelings (and often appropriately so – think racist patients, drunk driver patients, self-destructive alcoholic patients, manipulative drug-abusing patients). Then it becomes a moral decision as to what you owe this individual in your role as physician, no matter how repugnant you find them personally. Without in any way excusing their behavior, it may help to think about the suffering and pain in their lives that has led to this twisted expression.

Dr. X made an excellent point that the best way to get a handle on the patient's feared, distasteful, or repellant dimensions is to put them on the table. It is possible to convey to the patient that even child molestation, neo-Nazism, drug-dealing to minors are not forbidden subjects, but can be discussed patient to doctor. Having such a conversation will help you better understand both the patient and his/her repugnant behavior and help you identify and mobilize the necessary resources to keep it in check while offering him/her the best medical help possible. In short, I would say that your professional responsibility is to treat all of the patient's diseases to the best of your ability, including his psychological issues, while making sure he is not a danger to society. But walking that line will always be a challenge.

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--, I could see, listening to you in class and then reading your essay, that you were genuinely moved by this patient's plight. You present a frequently encountered dilemma for physicians: what is their role vis-à-vis terminally ill or chronically ill patients who cannot be saved or cured; and whose pain and suffering cannot be completely controlled. It is easy for the doctor to feel helpless when there is "nothing more to do." But more experienced physicians come to realize that this attitude is misplaced. There is *always* something the physician can do, whether it is help with pain control or simply not abandon the patient but accompany her as far as possible down the road that awaits her. This is not an easy task and requires both considerable fortitude and compassion. I also think that while your attending was on the right track in terms of trying to reframe the patient's life in more positive terms, it's important not to "cheerlead" too quickly in the face of intractable suffering. When someone is despondent and in pain, it can seem a bit callous to tell them to "cheer up" and "enjoy life." Often we make statements like these to calm our own anxiety rather than truly help the patient. A critical first step is to let these patients know you hear them and are strong enough to listen to their pain without immediately trying to change it. Focusing on this patient was an excellent choice – you gave us all much food for thought. Dr. Shapiro

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Thank you for sharing about your interesting encounter with the newly retired patient scheduled for a colonoscopy. Although the preventive screening for colorectal cancer is important, equally important is his needing to find a direction for the next stage of his life. Your project was both original and insightful. By choosing to photograph yourself instead of the patient (setting aside HIPPA constraints), you literally placed yourself in his shoes. This perspective allowed you to contemplate his dilemma respectfully and compassionately. Your photograph conveys beautifully the confusion of the patient ("what way am I facing?") as well as his desire to move forward. I hope doing this project has helped you to appreciate what a privilege it is to participate as part of your work in relationships where people wrestle with such core life questions. Dr. Shapiro

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You came up with a clinical situation really worth pondering, --. The apparently illogical and frustrating exchange you reported is a fairly common one in clinical practice, but not an easy one to address. It reminds us that human beings are not primarily rational creatures, especially when they are in the grip of powerful emotions. To treat this woman contemptuously or dismissively ("Well, if you're worried about lung cancer, then quit smoking"), does not honor the psychological complexity of her struggle. As we discussed in class, most people find it very difficult to make lifestyle changes, and embarking on that goal requires commitment over time from both patient and physician. In this case, those difficulties are likely compounded by your patient's having lost both of her parents to cancer. She needs ongoing support and encouragement (as well as firmness) to help her deal with her fears and take positive steps toward taking responsibility for her own health. Luckily, it sounds as though she has found a physician who can both empathize with and guide her. Thank you for sharing this incident. Dr. Shapiro

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--, your drawing is very expressive and helped me really *see* this little girl's pain. As we talked about in class, this might well be a patient who could benefit from more probing if her symptoms do not resolve readily. Is there anything more going on at home other than an uncomfortable bed and poor diet? We know that children often somatize psychological distress, so I'd want to reassure myself that the little girl your drew was happy and well-adjusted, albeit constipated. Thanks for your participation in this session. Dr. Shapiro

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You brought up a great issue, --, one we all needed to talk about. Thank you for being brave enough not to turn away from what your instincts told you. I thought it was pretty amusing that initially you sought a medical explanation for the husband's staring – talk about iatrogenic disease!). What is not funny at all is the underlying dynamic. You handled the situation well. I agree with you that such issues "should be" unimportant. Unfortunately, sometimes they're not. If you sense tension/discomfort/anger/fear in a patient that seems to be directed toward you, don't be afraid to clarify what is bothering

the patient. Who knows, maybe this guy has a Persian son-in-law. But it's also possible that his question ("What part of the Middle East are you from?") hides a deeper concern. Getting the patient's issue out in the open will likely detoxify them to some extent; in any case, it will make it clearer how best to respond. It seems to me you have the right to claim any identity that fits – American, Iranian, Persian, American-Iranian etc. As Dr. X wisely pointed out, what used to be an innocent part of social conversation can take on accusatory, even threatening overtones, and of course you are not obligated to answer at all. But how you respond may well determine the parameters of your future relationship with this patient. Again, I admire you for facilitating such a valuable discussion. Dr. Shapiro

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--, you described a fascinating incident. I'm sorry we didn't have time to discuss it. A thousand bucks in a roll. Wow. You are absolutely right that this gift does create a sense of obligation toward this patient which the physician will not be able to entirely overlook. I'm not sure what to make of the preceptor asking your opinion of what to do. Perhaps it was an educational exercise that grew out of his recognition that you might confront a similar dilemma someday. Maybe he just wanted advice! In any case, I'm curious too about what you replied. My own opinion is that the best thing would be to return the money to the patient as quickly as possible. Although on the surface the gesture seems generous, it is also manipulative, and therefore something the doctor would have to address directly with this patient if their professional relationship was to continue. I've seen patients give doctors flowers and candy and cookies and sweaters and even poems, but I've never seen a wad of bills. Maybe I need to switch to a different clinic ☺. Thanks for sharing. Dr. Shapiro

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Great topic, --, I'm really sorry we didn't get a chance to discuss your thoughtful essay in class. Breaking bad news doesn't exactly get easier (or at least it shouldn't) but it becomes more familiar and therefore a little less scary – for the physician. Putting yourself in the patient's shoes can hurt, but in a good way. The empathy you felt for this patient is precious – don't lose it.

You engaged in an excellent role reversal exercise by imagining what *you* would want in that same very difficult situation. I think you expressed very well what most people ultimately want – for the physician to be brave enough not to obfuscate or beat around the bush; to explain what can be done, and what *should* be done; and to show that s/he cares and is committed to helping the patient in all ways possible. Of course all patients hope for cure, but if that is impossible, they want the sense of presence and companionship that you describe – that whatever lies ahead, their physician will not abandon them, either literally or emotionally. As you surmise, breaking bad news goes with the territory of being a physician. You've already learned a valuable lesson about how to help your future patients face this very difficult moment. Dr. Shapiro

PBL Humanities Project X 12/12/03

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Dear --, thank you for your incredibly artistic photos. I wish you had discussed them in class, so I could understand their connection in your mind to patient care. Since I didn't provide you the opportunity to do so, I'll give you *my* interpretation (and then you can correct me!). Piers are interesting architectural concepts: basically they allow us to go where normally we are not equipped to venture. In your pictures, I'm also struck by the *structure* of the pier – how many carefully constructed pieces are necessary to provide the stability and support to allow us to walk safely. Of course, this all makes me think of clinical practice – how you and your fellow students painstaking build a structure of knowledge and skills that enables you to proceed into the "sea" of the patient's illness and suffering. Talk about unknown waters! For piers are somehow mysterious, and of course they just *end*, and there you are in the middle of nowhere. The sunset and seascape just help me maintain a perspective of humility, reminding me that we can never know everything, but that the pain and suffering encountered in medicine are somehow contained in the beauty of the world as well.

Anyway, although I may be completely off-base, that's the beauty of art – it communicates in vastly different ways to different folk. Thanks for sharing your work. Regards, Dr. Shapiro

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Hi --. Nice to see you! Hope everything continues to go well for you this year. I liked your "first ever" attempt at drawing (I would have been curious to hear your thoughts about how this medium – chalk, colored pencil? – compares to photography in terms of your goals and purposes as an artist, but this was a little off the track of our discussion!). The theme and conceptualization were wonderful. This is truly a "point-of-view" drawing if ever there was one! I particularly liked that you made the little girl faceless – perhaps to make her a more generic pediatric patient, and perhaps to suggest that fear has (temporarily) obliterated much of her identity. Naturally, all the little girl can see of the doctor is his needle – his identity/humanity has disappeared, just as hers has. Your sketch made me want to crawl under the table with that kid, and just hug her for a moment. Thanks for your always creative work! Regards, Dr. Shapiro

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Hi --. I wish we'd had a chance to discuss your point-of-view writing. I'd like to have found out what was wrong with this patient, and what kind of relationship he has with a doctor he calls "--." Clearly she is someone he trusts, but he also sounds pretty desperate, and may have invested her with more magical powers than she possesses! Someone who says "all this bad stuff will disappear" may have an overly simplistic view of the likely effects of treatment. Your writing also conveys how difficult it can be emotionally for patients with physical anomalies, particularly in the region of the head or face, even when

these many be “within normal limits” or “not serious”. --, thanks for completing this exercise and for contributing this patient’s perspective. Regards, Dr. Shapiro

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Hi --. What happened to the musical rendition?! But no problem, I enjoyed the haiku very much. Haiku are fun to fool around with, but they can be surprisingly hard to write – and understand! The idea of a haiku dialogue is cool – I like this! Here you seem to have a patient who is at least starting to acknowledge his genetic heritage, the problematic influence of friends, and the fact that he is not in control of his drinking (maybe he’s started AA?). The doctor’s response is harder to interpret – perhaps it refers to the discouragement that can arise from seeing “many” alcoholics, and how it is easier, more “convenient” to focus only on the “one.” The sense of futility is reinforced by the image of ink “struck down” on (prescription) pad, which suggests to me the possibility that the patient will be “struck down” by his alcoholism, or that the physician will be “struck down” by the overwhelming burden of treating these patients. In any case, I liked reading these, and they certainly caused me to reflect. Regards, Dr. Shapiro

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Hi --. Thanks for sharing (by proxy) your poem. It was a really interesting topic – one I think we’re going to have to think more about from an ethical as well as utilitarian perspective, as “full body scans” become more available and popular. Your poem did a great job of showing the incomprehensibility of much of even “common” medical language, although as you pointedly note, all patients understand the word “death.” I also thought it depicted very accurately the way many, if not most patients, think about statistical probabilities and risk. Finally, the poem is excellent for the way it so consistently represents the voice of this angry, cynical, confused (and probably frightened) patient. Excellent work, --! Regards, Dr. Shapiro

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Wow, what a story! No wonder the mom is on Paxil and wanting more!Your sketch admirably captures the normal stresses and strains of life layered over by single parenthood, a child with a seriously out-of-control history, and real external threats. All I can say is that my hopes – and probably the physician’s hopes as well – are that this kid is indeed “changing his ways.” You can see that the physician is limited in terms of how she or he can help this patient, yet nevertheless plays a crucial role in terms of encouraging resources such as church or counseling, and monitoring the patient’s function. I’m sorry we didn’t have time to talk about this one. Regards, Dr. Shapiro

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--, you did a great job of portraying this patient’s voice. I’ve seen patients a lot like this at the Family Health Center-SA, and I can easily imagine this frustratingly lengthy and likely pointless encounter, with a patient who sounds like a drug addict with borderline

personality disorder and maybe psychotic features! This patient has disaster in the making written all over her, not only for herself but for her 3 year old (and, if horror of horrors she is pregnant, for the unborn child), and certainly for the physician. Luckily, botox will fix all of these problems, so thank goodness for derm referrals ☺. Seriously, hard as it might be to believe, there are ways that a good primary care physician can contain and possibly even work with such patients. Thanks for sharing everyone's nightmare patient! Regards, Dr. Shapiro

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Hi. Thank you for contributing this poem for the humanities session. It was very beautiful, although reading made me wish we had been able to discuss it in class so that I could understand the context a bit better. Since that wasn't possible, I'll just share my interpretation, and you can tell me how completely off-base I am. To me, the poem used a metaphor of a mountaineering/exploring team to examine the nature of the doctor-patient relationship. What I understood from this is that we are all – doctors and patients – part of the same team, "forever entwined" (and perhaps, in a spiritual allusion, under the protection and guidance of the wise, strong Father, who "has seen it all before.").The task, no matter what the particular circumstances, is always to give the gift of "warmth," to lift each other up, and "love each other," doctors and patients alike. I hope this is at least a possible way of understanding what you wrote, because I found it moving and meaningful. Thank you. Regards, Dr. Shapiro

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This was an amazing point of view narrative, incredibly powerful and compelling. You were so present with this patient and heard her so clearly at so many levels that you were even able to imagine the missing pieces in an entirely convincing and insightful manner. This was such a rich piece of writing we could have spent the entire session discussing it. You captured perfectly the control dynamics of this family, the quest for perfectionism that has driven this kid to rageful, self-destructive compulsive eating. You also enable us to see inside her own psyche, to understand her demons. I'm very impressed with everything you were able to observe, assimilate, and recapitulate. You have the makings of a fine and sensitive physician! Regards, Dr. Shapiro

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Hi Aaron. Thanks for this perceptive and passionate essay. It generated an important discussion. I'm very glad you've had the opportunity to work with a physician who is able to place disease within the context of the patient, and the patient within the context of his or her own life. In my view, this *always* makes for better medicine, no matter whether it is the approach taken by a psychiatrist or an orthopedic surgeon. Over the course of my career, I've become more and more convinced that one question which "tends not toward edification" (as the Buddhists say) is "Is the patient's pain real?" As you so eloquently point out, pain (or at least suffering) is always real to the person experiencing it, and we can expend a lot of useless effort and waste a lot of valuable time

trying to weed out the "whiners" from the "deserving ill." That having been said, of course we always want to probe deeply the *cause* of pain, whether that be identifiable, lesion-based disease, psychiatric, emotional-social, or some interaction of the three, and tailor intervention/treatment accordingly. This was a perceptive piece of writing that made all of us think. Thank you for taking the time to share your thoughts. Regards, Dr. Shapiro

PBL RESPONSES X GROUP 2/10/04

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Hi --. I'm sorry we didn't get to your project. I liked your picture and thought it was very well-drawn, although I couldn't tell whether she was laughing or crying. For this reason, I really appreciated your explanation, especially the line where you said, "While she may be small.. she has a big personality…" It sounded as though you had a lot of admiration and affection for this patient, and it reminds me how much we can learn from out patients. Laughter isn't always the best medicine, but sometimes it really does help. Good for you for seeing this. Thanks for participating in this session. Dr. Shapiro

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--, thanks for your clever sketch. It captures very well how I think a lot of patients sometimes (not all the time) see the doctor. Somewhere inside the most sophisticated, well-informed patient I think is always that little kid bawling on the exam table, alone and afraid. And even the best-intentioned physician can seem intimidating and monstrous to a frightened patient. So good lessons all around! Nice work. Dr. Shapiro

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Hi --, it was really nice to see you again. I hope this year is going well for you. I was really impressed with your poem. As I shared in class, I didn't much like your patient on first encounter. But somehow you managed to restore to him a certain dignity, a certain self-awareness, and a certain courage in facing his future. The haunting phrase, "ready for the fall," first as a question, then as a statement, foreshadows this patient's death, and also his readiness to meet it, perhaps a readiness that exceeds that of his physician. Very well done. Regards, Dr. Shapiro

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--, I'm sorry you decided not to read this to the rest of your group, since it is clearly an issue that affects all of your peers, but I also respect that it is a very personal reflection. What is most important, however, is that you wrestled with one of the very, very difficult questions in medical education – how do you preserve some dimension of your innocence, your purity, in an environment that sometimes seems (and is) insane. That's a challenge, and I wish I had a simple answer for you. What I do know is that it is possible to find answers, and that sometimes helping yourself, sometimes accepting a helping hand, and sometimes leaning on God for help are all part of those answers. Believe me, you are far ahead of the curve in even asking the question. Thank you for this poetic effort. Dr. Shapiro

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What a disturbing, disillusioning interaction (or lack of interaction!) to witness between this physician and his patient. Fortunately, you were able both to see the woman's distress and to give her a little time and attention (and as you discovered, it didn't require a lot of time – 2 minutes – to make a difference). Also fortunately, you became the recipient of one of the greatest rewards in medicine – a patient's gratitude and blessing. How sad that her physician, who could also have received this gift, was too abrupt and instrumental to realize what he was missing. You just had your (hopefully) first experience with an anti-role model, but it won't be the last. So learn from this example about everything you don't want to be! Regards, Dr. Shapiro!

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Hi --. How nice our paths have crossed again recently! I gather from your project that you chose to answer a patient's question by researching plantar fasciitis. You provided a clear explanation and a wide range of treatment options. The patient would be well-served by receiving this information. Thanks for sharing, Dr. Shapiro

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--, I'm glad everyone in your group got to hear about this encounter. It is a perfect example of "listening for the patient's story." Hypertension, diabetes, and obesity is part of his story, but only a part, and likely not even the most important part (from your patient's perspective). You were not deterred by your patient's initial unresponsiveness, but rather used your observational skills to understand him at a deeper level. As a result, you managed to place the patient's illness in the context of his life, an easy thing to say, but a harder thing to do. You were also sensitive to the dynamics between husband and wife and, rather than undermining them, worked within the system they'd created. Congratulations on such an excellent effort with a patient. Dr. Shapiro

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--, I am truly sorry for the personal difficulties you are going through, and I now realize that the question you were asking yesterday is not simply an intellectual exercise, but a

deeply personal searching. It's really hard to untangle all the factors that can contribute to the break-up of a marriage, but the continual stresses and demands of medical school can't help. And I agree that, although we preach care of the self, in practice all too often we expect medical students (and residents and physicians) to continually prioritize others, but never themselves. Unfortunately, human nature doesn't work that way. We will be more easily able to act with compassion toward others (peers, patients, residents, attendings) when we can extend compassion toward ourselves. If I may be so bold, perhaps forgiving yourself for the ways you "neglected" yourself and your wife would be a good place to start practicing compassion "directed inward." I wish you well, and hope that things work out for the best. Regards, Dr. Shapiro

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--, as I commented in class, I thought you chose a great topic for your essay, and one that deserved much reflection on all our parts. I hope you understood that my intention was not to condemn that particular attending, because the sad truth is that statements like that roll off all of our tongues much too easily. My interest was more in the statement itself, particularly how language casually employed can be so (most likely unintentionally) destructive. How sad that medical students learn that patients should be viewed as "headache-causers." How sad that residents learn to prioritize their own annoyance rather than the patient's best interest. How sad the whole culture of medicine gets one more lesson in how to view patients dismissively and as "the problem." Since I worked with families of kids with developmental disabilities for 10 years, I was especially appreciative of the point you made about this patient's mental retardation. We all need to be especially alert that we don't discharge our (normal human) emotions of annoyance, frustration, and anger on the most vulnerable among us. Thanks for such a thought-provoking example! Regards, Dr. Shapiro

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Hi --. I apologize for running out of time before we could get to your critical incident essay. It showed a great deal of sensitivity to the "small" things that, as you correctly intuited, can deprive patients of their sense of dignity. Four men examining an elderly Chinese woman! This isn't bad or wrong of course, but looking at the situation from her perspective, might make her feel especially vulnerable, so it's really the obligation of all those (male) physicians to do something to help put the patient at ease. Your attempt to establish a common bond was admirable (remember, these things don't always work right away, or work completely, but keep trying – sometimes it takes a little while for patients to trust you!). The line I liked best, because of its irony and its anger, was when you wrote "With expert speed, the residents and attending had her on her back [language almost reminiscent of a gang rape!] with her legs spread wide open. I could no longer look at her face, so I don't know if she smiled then." What a great awareness on your part that when a physician is doing a pelvic exam, it is extremely hard to see the patient's face, and therefore extremely easy to lose touch with her humanity. Excellent work all around! Dr. Shapiro

PBL SESSION DR. X 4/29/04

--, thank you for a project that was both uncannily beautiful and awful. Sometimes I think beauty and horror are more closely connected than we like to believe. Certainly in my career in medicine, I have seen and heard some terrible things that unexpectedly – and usually fleetingly - become infused with a kind of grace. Your project reminded me of those moments. I also truly appreciated your willingness to share about your own father. We all find these personal connections to the people we care for, and they make the task of caring both more challenging and more meaningful. Thank you very much. Dr. Shapiro

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Hi --, thank you for your poem, and for your active engagement in our teaching session. I really appreciated your comments and insights generally. In terms of your specific project, I especially valued your disclosures about how differently you felt about your EMT patient initially and upon reflection. The willingness to be open to continual – and different – learning from difficult patient encounters I believe to be an indication of a sensitive and competent physician. The insight expressed at the conclusion of the poem that this string of numbers is someone's mother, linking you to her as a son to a mother, and simply a human being, linking you – and all of us - to our inevitable deaths is both painful and profound. I hope you can keep that kind of empathic awareness throughout your medical training and beyond. Regards, Dr. Shapiro

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--, I apologize for leaving before the presentation of your project. Although it was a poignant and painful encounter, I'm glad to hear it "will not fade" from your memory, because you obviously learned a lot from it. You did an excellent job of identifying the patient's suffering, shame, and despair, your own disgust (understandable, thanks for being honest), and emotional depletion, and the experienced physician's ability to be empathic without being overwhelmed, to accept and contain his patient's suffering. You clearly have exemplary observation skills, not only of physical signs and symptoms, but of the meaning and psychosocial implications of those symptoms. By paying attention to skillful, compassionate physicians such as your clinical experience supervisor, you will begin to develop these same abilities within yourself. Good luck, Dr. Shapiro

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--, you came up with a wonderfully moving painting. In addition to raising important questions about the psychosocial impact of breast cancer, you probed even deeper social issues about how beauty is defined and who defines it. You portray a beautiful young woman in this painting. Does she become less beautiful when the mirror is uncovered? I'm taking the liberty of sharing with you a poem of mine on a related topic. Hope you find it of interest. It was very nice to see you again, and to see your ongoing work. Regards, Dr. Shapiro

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--, thanks for this well-written first-person point-of-view narrative. As we discussed in class, what I really liked was your ability to enter in to the perspective of the patient, and discern that it is not necessarily identical to that of the medical student. Polycystic kidney disease can be a difficult, awful disease, as it is clear the patient herself realizes. Your skill and sensitivity lay in creating space for the patient to tell you her thoughts and fears, not you doing the telling for her. I also liked the way you indirectly revealed the significant impact your contact with this patient had on you. Nice work, --! Thank you. Dr. Shapiro

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--, I'm glad you chose the option of interviewing a patient. It is always valuable to actually ask patients what they've liked – and disliked – about previous doctors. It not only gives you some guidance about what missteps to avoid, but it also communicates to the patient that you're interested in their views and intend to respect them. The simple thing is to conclude incompetent doctor – dissatisfied patient. Of course, incompetence does lead to dissatisfaction. But so do honest mistakes, or puncturing a patient's belief in the omnipotence of modern medicine. The majority of your patients will appreciate your efforts and be grateful for your care. As you discovered, taking a little extra time, demonstrating caring, showing concern can mean a great deal to a patient. But a certain number of patients will be dissatisfied, resentful, angry, and part of the task of the physician is to learn how to make room for these emotions – in patients and in oneself – in your practice. Thank you! Dr. Shapiro

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--, I am so sorry to learn about your personal connection with the soldier who died recently in Afghanistan. Of course there has been a great deal about him in the news, and he sounds like an amazing, principled, and just all-around good person. What a terrible loss. That judgmentalness should compound the suffering of family and friends is egregious. In a way, it makes perfect sense that the essay you wrote triggered feelings about your friend. The quickness to judge, label, and attribute negative motives to patients is a terrible, although often unwitting, abuse of physician power. These responses are never helpful, and only impede the ability to care for patients. Thank you for this sharing. My thoughts and prayers are with you and his family. Dr. Shapiro

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--, you picked a good patient to attempt a point-of-view writing exercise, a female patient of a different race and age, facing very different life circumstances than you. Although we may feel sympathy for such patients, it is sometimes difficult to enter into their subjective experience. Your writing shows evidence of careful listening, close observation, and empathic understanding. I also liked your awareness that, while

antidepressant medications are very useful, they "don't help soothe" the soul. Clearly, the sufferings of this woman cannot be solved entirely by ingesting a pill. I thought you also portrayed the dilemma of the physician fairly. In this depiction, he empathizes with the patient, expresses solidarity with her, gives her good counsel about grieving. Then, the doctor runs out of time, and in a typical human response, withdraws and punishes the patient because his ability to care has been overwhelmed by his patient's bottomless needs. I believe you will see that a truly skilled physician knows how to accept his or her limitations to fix or change patients' lives, and can maintain a compassionate relationship with patients in the face of these limits. Thank you for a very thoughtful and perceptive poem. Regards, Dr. Shapiro

PBL X Humanities assignment

Hi --. 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

PBL COMMENTS X 2/10/05

I thought this was a poignant and well-crafted poem, --. Looking at it on paper, I especially appreciate its "arc," from apparent loveliness of the woman in the first two lines to the patient's "fighting spirit" (stanza 4) and the hard questions asked in the last stanza. You may be familiar with the statistics that show a huge percentage of health care costs (I can't remember exactly the number) are expended during the last six months of life. When is enough, enough? Don't misunderstand, I think these are very complicated questions, and multiple perspectives enter into trying to find meaningful answers. Your poem helped me to remember the human dimension – it is one person life and death one at a time. Thank you for sharing. Dr. Shapiro

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--, I *really* enjoyed this little story, and obviously your classmates did too. It is hilarious ☺. As we discussed, what makes it so good, what made everyone in the room resonate, is that it is uncompromisingly honest. That's how emotions go – one just escalates from another, with rapid-fire reactivity, unless you can bring a different perspective to the situation, which luckily you did. This essay provides a great opportunity for us to think about how we respond to patients who are rude, insensitive, or cruel (as some, although not most, are). The most interesting thing is that, by laughing (not so much at the patient as at the entire situation), we achieve a different perspective, which softens one's natural response of hostility and anger. You probably could now see Mr. X for follow-up, *even* conscious ☺. Thanks for such a humorous contribution. Dr. Shapiro

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--, unfortunately I'm not very up on hip-hop and rap, but even I could hear the beat! This was really well done, funny, and also (I would imagine) really speaking the language of a skater. Beyond the language, the writing showed a lot of understanding from the patient's perspective, including the title ("----"). You really got that skating was the most important thing in the patient's life right now, and he would be willing to take risks and make sacrifices in order to continue to pursue it. At the same time, as the doctor speaking to the patient, you provide some cautionary warnings and invite the patient, not to change, but merely to think about what he's doing. This was a neat piece of writing – you'd make a great doctor for this skater guy. Thanks for participating in this project. Dr. Shapiro

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Hi --. I wish we'd had time to discuss your project in class. You came up with an important and emotional topic – rape and its sequelae. The poem skillfully expresses the patient's stream of consciousness from self-blame and reluctance to disclose the rape to her physician to emotional honesty and trust. I hope the poem was based on an actual incident, so that you had the experience of seeing a physician modeling a caring and respectful interaction with an obviously vulnerable, deeply injured patient. The

perceptive and concerned physician can do a great deal both to personally support and reassure the patient and help identify additional resources to enable her to come to terms with this awful event. Thank you for this work. Dr. Shapiro

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--, I wish we'd had time to discuss your essay. It was so good! This issue of "limitations" is an absolutely critical one in medicine, especially as the population ages, and becomes afflicted with more and more chronic conditions that can't be "cured." The family doctor sounds like a very wise physician, who has learned to see that, in her words, "death is not always the enemy." I think this perspective gives a whole new meaning to the word "healer." We can begin to see that sometimes a healer can cure a patient of a disease; but even when this is no longer possible, this healer can help to soothe the patient's fears, help her to understand her situation, and accompany her on this final phase of her life's journey. Thank you for a sensitive piece of writing that reflected on how we can best understand the role of the physician. Dr. Shapiro

PBL. DR. X. HUMANITIES 3/06

--, thank you for your poem about a different kind of life and a different kind of medicine. You helped remind us to look beyond our own society and the way we experience healthcare in this country. It's easy to become so wrapped up in our own perspective that we forget to think about people who have no shoes, little food, rudimentary care, and – no hands. What can we do about them? It's a question we should all ask ourselves. Thanks for sharing this experience. I'm glad the memory has stayed with you. Dr. Shapiro

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--, thank you for sharing about this patient encounter. The patient you describe is precisely the kind of patient who often drives residents and even more experienced physicians to distraction. She has multiple medical problems, is plagued by an intractable psychological disorder, and is mistrustful, guarded, melancholy and hopeless. A patient like this can seem overwhelming to the doctor – and even worse, ungrateful. Yet impressively, you demonstrated many admirable skills in interacting with her. First, you recognized that your agenda (taking a sexual history) did not initially mesh with where the patient was emotionally, so you were flexible enough to take a different approach. By treating her patiently and respectfully, you were able to win the patient's trust, and obtain the information you needed. Then by providing comfort and guidance, you were actually able to contribute to her healing. You provided her with different ways of thinking about her situation and a different perspective. I hope you can remember how valuable this experience was, for both the patient and you, and continue to make the effort to connect with patients as you proceed through your training. Best, Dr. Shapiro

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--, nice to see you. I appreciated the comments you made in class. They were perceptive and insightful. I thought you wrote a fascinating poem. The rhyme structure and meter of the poem both add a certain cleverness and playfulness. Yet the overall effect is not humorous, but a little troubling, even creepy. It reminded me of the classic Ray Bradbury story, "The Illustrated Man," about a man covered with tattoos that came alive when he slept. The idea of a woman involuntarily becoming an artist using her own skin as the canvas has a similar feeling of mystery and lack of control. This was a very interesting and creative take on this unusual condition. Regards, Dr. Shapiro

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--, you did a really beautiful job of capturing the perspective of a cancer patient being told she is in the terminal phase and nothing more can be done for her. I was particularly struck by the way in which the patient could "read" the faces of her doctors and the medical student; and by your insight about the "wall" she had built against her own tears, and about having cancer. This is a common coping strategy of emotional distancing.

I think the whole issue you raised about the expression of emotion is a critically important one to ponder. As I mentioned in class, I don't think the issue is crying or not crying when the patient is confronted with bad news. The most important thing is to pay attention to the patient's lead. The patient may feel relief that at last their pain and suffering will end. The patient may feel anger, or despair. The patient may deny what is happening. So the student (or physician) needs to read the patient's emotions carefully. That having been said, I think letting patients know that you feel something for them, and for their suffering, is rarely wrong. In fact, in the case you describe, I wonder whether a tear from the medical student might allow this patient to let down her emotional walls in time to grieve her impending death, and thus come to better peace. Who knows? But tears, or sadness, are not unprofessional so long as you still leave the patient at the center of the story. Thank you for sparking such an interesting and valuable discussion.
Regards, Dr. Shapiro

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--, this was a very interesting essay. Of course, it's hard to know why your resident and attending didn't provide additional information. Did they not know about the rehab? Did they know in detail about the rehab, but not think it relevant to the reason for the patient's particular visit? Was there simply not enough time to discuss the relevance of the rehab at that particular time? These are questions we can't answer. However, in general, I would say that the more you know about a patient, the better off you will be as the patient's physician. Of course, not every aspect of their history is relevant to every illness. In this particular situation, I can't imagine that physicians wouldn't feel a rehab living situation would have implications for the health and welfare of a pediatric patient. At the very least, you would be concerned whether the mother was still clean, and whether the child was thriving in this environment. --, you are quite right that often clinical interactions are very focused on diagnosis. But personal knowledge of the patient allows you to place symptoms and diagnoses within the context of the patient's life. No patient wants to be just a disease to their doctor, regardless of what specialty is taking care of them. Keep your eyes open as you go through your clerkships. Pay attention to how patients are treated. As you say, "it will be interesting to see how it turns out." Thanks for sharing this thought-provoking anecdote. Dr. Shapiro

PBL. DR. X 11/04/03

Hi --, thank you for your touching sketch. For me, the patient's downward eyes and clenched hands captured very well the anxiety and fear she felt about her condition. Your comments about the importance of taking into consideration the patient's desires concerning her care, even when this deviates from the standard treatment protocol, provoked a very valuable discussion. It seems trite, but the most important thing is listening with care and respect. Sometimes you'll follow the patient's lead, sometimes you may take a different approach, but to the patient it makes all the difference that he or she was consulted and heard. Very nice work! Dr. Shapiro

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Hi --. This was a sweet and thoughtful meditation on the art of medicine. Your little sketch captured one of the core dilemmas of clinical practice: more than enough emotion to go around, but not always the time or energy to deal with it. Finding a balance between these dimensions that works for you and your patients is something you're probably going to keep exploring over much of your professional life. Also, I really did like the PATIENT/DOCTOR mnemonics. I hope that whenever you see those six or seven letters, some of the wonderful words you associated to them spring to mind, and even more importantly, infuse your behavior. Thanks for doing this work. Regards, Dr. Shapiro

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Thanks for this point of view poem. It shows a lot of insight into your patient. What fascinates me is that these internal monologues occur all the time in our patients, but we so rarely make the effort to bring them to light. Patients have lots of fears, understandably so, and many of them do a lot of self-censoring as well ("I don't want to be a burden"). I also thought the way the patient engaged the medical student was very realistic – I see this happening all the time. As we talked about in class, it's an important aspect of the student's patient care responsibilities. But I can't help but wonder who mediates between doctor and patient when the medstudent isn't there! Make sure you don't become the kind of doctor who needs a medical student to find out what your patient is feeling. Regards, Dr. Shapiro

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--, I loved the way you used a point of view approach to probe the possible thoughts and feelings of a patient who is "not all there," "in and out." It is easy to lose sight of the humanity of patients like this, to talk about them (as happens in your poem) as though they aren't there, to think of them in two rather than three dimensions. This imaginative poem helped me visualize this person as he might have been, and might be today. I also was impressed by the way you contrasted the patient's passivity and resignation with the freneticism and motion of the family members. This contrast served to emphasize the isolation of the patient and the anguish of the family. Well done! Dr. Shapiro

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Hi --. Thank you for the sketch of the baby with an allergic rash. He was pretty cute, although he didn't look too happy! What I particularly appreciated was your openness about your own emotions when confronted with a screaming, inconsolable infant. Your level of awareness was impressive. And, as we discussed, this is a great opportunity for learning how to handle yet another difficult clinical situation. Step 1 is learning tricks of the trade: having mom hold baby, amusing baby with little games, approaching baby gently. Step 2 kicks in when baby still screams no matter what, and you learn not to "mirror" the rising tension in the room, but to meet this tension with gentleness, calmness, and a relaxed, kindly calmness. Surprising, but it actually works to calm everybody down, even baby! Dr. Shapiro

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Hi --. Glad to see you survived me and Dr. X! You wrote a fantastic essay – a great topic, and really terrific insights into the "meaning" connected with pathology slides. I was fascinated by the concept that a person's identity could be defined by their vulnerability. I think this very often happens to patients, and the other aspects of who they are become obliterated by their disease. You are an extremely good writer – you have a fine grasp of language and use it logically but beautifully. I'm delighted I got to discover this side of you. Good luck as this year progresses, Dr. Shapiro

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--, thanks to you and your friend for sharing these "best" and "worst" experiences. The worst experience indeed was one of the worst I've heard. It makes one feel ashamed to be associated with the healthcare profession. As I looked at the language the oncologist used, I thought that what we saw might be worlds colliding – the world of medicine callously crashing into the world of the patient. In medical circles, I've often heard chemotherapy explained with the deadly poison metaphor, and it's pretty accurate. But to use this kind of language with a frightened patient and family member is the worst form of cruelty. My guess is that this doctor's "sin" was one of omission – he simply forgot about the patient's reality. On the other hand, the "best" experience was brilliant in its simplicity. What a great reminder to all of us – just ask the patient what he wants sometimes. The most important aspect of the lesson is that it's not about always *giving*

the patient what she wants: the caring and the healing are in the asking. You did a great job with this assignment. Regards, Dr. Shapiro

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--, you tackled some excellent, and sensitive, issues in your point of view essay. Good for you for not shying away from fears, mistrust, and even prejudices that patients may bring to encounters with physicians. These problems are often exacerbated by cultural differences. In fact, you may be aware that research documents widespread feelings of distrust among African-Americans toward mainstream healthcare institutions, based in part on historical injustices such as the Tuskegee (syphilis) experiments. I also liked the way you showed how having someone the patient could trust – in this case a "lowly" medical student but one who spoke the patient's language and was interested in the patient's perspective – could start to turn the tide. A thought-provoking effort. Thank you! Dr. Shapiro

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--, another remarkable piece of writing – and doctoring, because in my view you are demonstrating mastery of that core aspect of being a good doctor, careful and empathic observation, and imaginative but respectful interpretation of what you observe. You perfectly bring to full, three-dimensional life these three women, who as you poignantly observe, share the same anatomy and the same pathology, but have stories that could not be more different. Not only did you tell the stories of the women, but you also managed to help us understand the crucial role their physician played in each case. Your writing reminds me of Selzer, its images are lush and inevitably thought-provoking, yet the feeling is always one of compassion and deeply felt understanding. Just beautiful. Thank you. Dr. Shapiro

PBL 2005

--, thank you for sharing your critical incident essay. I think we all learned something from the behavior of your preceptor. Personally, I particularly paid attention to her ability to remain both calm *and* empathic (i.e., emotionally engaged but not overwhelmed); and her decision to communicate not simply as an expert (i.e., trained physician) but as a mother herself. Like you, I was also impressed by her skill at conveying both information and support across language. The take-home message, which you helped us all realize, is how vital it is not to trivialize, dismiss, discount, or otherwise reject out of hand patients'/family members' reactions and perspectives. This example emphasizes the importance of attending carefully to positive role models, so we can understand not only they're "great doctors," but what it is about them that makes them so worth emulating. Thank you for this excellent work.

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Hi -- and --. What a pleasure to see you again! Although I am already familiar with your "5 E" skit, I wanted to be sure Dr. X knew how creative and original I found it to be. While using a comedic style, you managed to create a terrific physician role-model: one who successfully engages her patient, is empathic and understanding, educates her patient about depression, extends the system to include counseling, and enlists the patient in the treatment plan. Through drama and song, you also engaged your audience, enabled us to become emotionally engaged with your two characters, educated us about patient-physician dynamics, extended our expectations about how medical education can occur, and enlisted our enthusiastic support! Terrific job! Dr. Shapiro

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--, I'm delighted you chose the patient interview option (even if the "patient" was your husband! – but I agree you probably were able to get him to disclose more than someone who was not known to you). --'s worst and best examples both had important lessons to teach us. As we discussed in class, ignoring patient feedback, even when it does not seem to make sense, or contradicts what the physician thinks she or he knows to be true, is always a mistake (an easy one to make, however, given the difficult time pressures on physicians these days). By contrast, being open to negotiate treatment plans that the patient will actually comply with, treating patients (even kids!) with respect and truthfulness, and giving patients your full attention is never a bad idea. I hope your husband made a full recovery and is back doing what he loves. Thank you for sharing. Dr. Shapiro

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Hi --, thank you for an interesting project and for your active participation in class. I was impressed by your close observation of the patient -- (just a reminder to always make sure to use pseudonyms when referring to real patients, to preserve their confidentiality – I don't know if you did so in this case or not). We can learn a great deal by paying

careful attention to every aspect of our patients, even if we can't always interpret the meaning of what we notice right away. I also appreciated the empathy you showed for *both* -- and his family. A chronic medical condition inevitably has a "ripple effect," extending far beyond the individual patient. Finally, I agree with your insight that physicians like to "treat and heal," which is not always possible. You were fortunate to spend time with a pediatrician who was comfortable with the *process* of taking care of --, and who had come to terms with not being able to "cure" or "fix" this child. It sounded as though this doctor was able to take a "whole person" approach to both patient and family. Thanks for sharing such a positive role-model. Regards, Dr. Shapiro

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Hi --. This was almost a class reunion, yes?! It was really nice to see you again. Thank you for sharing a situation which must have been uncomfortable and awkward, to say the least (just a reminder – be sure not to use patients' real names, as this is a violation of HPPA, and does jeopardize patient anonymity and confidentiality. I couldn't tell whether you used a pseudonym in this case). The incident you describe was wrong on so many levels: 1) enlisting a medical student as translator without first establishing that this would be a comfortable and appropriate role for her 2) making the assumption that you spoke fluent Korean, including being conversant with medical terminology 3) a seeming inability to pay attention to the patient's concerns; instead, simply repeating a rather confusing assessment of the patient's condition 4) making many other errors in using an interpreter (complex language, long sound bites, not checking patient comprehension etc.), The good news is that, despite all these problems, the patient was grateful, and certainly got more out of the encounter than if you hadn't been there. Nevertheless, generally speaking, it is better to make use of trained interpreters; and regardless of cultural or language barriers, to always pay close attention to the patient's concerns and worries. This was a very instructive example of a cross-cultural encounter that went somewhat awry. Regards, Dr. Shapiro

PBL HUMANITIES ASSIGNMENT 12/9/03

You did really good work on this poem, --. Those short choppy sentences conveyed the dislocation and disjunction of a woman faced with difficult, perhaps overwhelming, circumstances, and contemplating a "non-normative" choice. Through your careful observation of and attention to the patient, translated into these abbreviated words**,** you show us the complex mix of emotions this woman might be experiencing. This poem reminds us there is another, less happy side to pregnancy. Thank you. Dr. Shapiro

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I really liked your poem, --. It made me think of a lot of things – how patients try so hard to conform to a certain image (often an image that is less an expression of their core self than one imposed on them by societal expectations, as we discussed); how illness obliterates and negates so much of a person ("I am not," "I do not") and drains so much of life's pleasures ("I will not enjoy"). The renewal of joy comes with healing, but what of all those patients who will not get better? Your use of repetition was very effective in rthymically driving home these points. Excellent representation of the patient's voice! Dr. Shapiro

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Hi --. This poem does a wonderful job of portraying the perspective of a physician struggling to maintain emotional equilibrium in the face of frustrating patients. Although you questioned the language you chose, in my experience the way you frame the issue, "caring too much versus indifference" accurately reflects how many physicians view the emotional choices available to them. Many physicians are afraid that caring about patients, engaging their emotions in patient care will be too difficult, too overwhelming, and ultimately too costly. They seek to protect themselves through detachment and distance, simply other terms for indifference. However, as we hinted at in class, I believe there may be other options; in fact, the psychological cost of maintaining an attitude of indifference is ultimately more harmful to practitioners than learning to emotionally connect with patients in ways that don't overwhelm or unbalance us. Your poem raises all the important questions. My favorite line is "I'm searching for a way to heal my patients as well as myself." The physician who can recognize that both doctor and patient are in need of healing is a doctor who understands a basic tenet of the art of doctoring.

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--, thank you for sharing the distressing story of your friend dying of asbestosis. There is no way to make up for all the injustices and hardships he's suffered in his life. And his situation certainly got all of us to reflect on the inequities of a society that allows businesses to profit at the expense of the health of their workers; and of a healthcare system that then refuses to provide adequate care to such patients. Nevertheless, I thought your portrait was a real tribute to this brave and stoic man. Despite his disease, and the hardness of his life, what comes through is his sense of dignity, courage, and ability to

endure. It is a very affecting portrait. If for any reason you'd like it back, I'd be more than happy to leave it for you at UCIMC Med Ed. Thank you again for work. Regards, Dr. Shapiro

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Hi --. Thank you for participating in this humanities exercise. After reading it, I can certainly understand why you didn't want to share it in class, and I agree with your decision. It's too bad though – you make such a good point from which all your classmates could learn a really important lesson. Most of us, consciously or not, think that some people are more deserving of our empathy than others. Sick little kids are usually pretty good candidates for empathy, but drug-abusers with AIDS may provoke a less sympathetic reaction. We know that it's "insensitive" to laugh at someone in a wheelchair, but how about someone wearing a mask to control an allergic reaction? Yet if we can't learn to question these judgments, we can never really provide good care to others. And I agree very much with your conclusion – empathy is all about choice and practice. Not just practice when we think someone "deserves" our empathy, but particularly when our initial reaction is that they don't. This is an excellent essay. Thank you. Dr. Shapiro

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Hi --. I do remember your poems from last year, and I really appreciated your comments in the session today. I don't know whether you have a formal background in the humanities, but whether or not, you have an extremely impressive ability to pay attention to the nuances and multilayered meanings of language, signs, and symbols. It was fascinating how these two poems (which were much more clearly two poems on visual inspection) fit together so well (at least to me). The link of course is our cognitive association that "sand on stone" makes a kind of "impression," albeit perhaps an imperceptible one. Also, the difficulty of influencing the behavior of another (whether doctor or patient) for me is captured vividly in that sand-on-stone image. Perhaps because it fits with my own philosophy, I also identified a relationship between the apparent separation and splitting in the first poem between "I" and "them" and the recognition in the second poem that "we're the same… from the same earth, but worn differently." Your use of language is spare but beautiful. However, like Dr. X, I struggled with the last line: the difference between sand on stone… and what? Is it that the line ends "the difference between… and the reference to "us" is elided? And in that case the final "sand on stone" is a kind of summative comment? You don't have to answer (poets often don't like to explain their work), but at least it shows I thought this was good enough to ponder ☺. Regards, Dr. Shapiro

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--, this was both very funny (is it fair to conclude you have a wacky sense of humor?) and quite profound. I think in an unguarded moment, many of us kind of long for the diversion of a real-live "pirate-patient" to walk through the door! In terms of "catching"

the suicidal/homicidal clues, nothing could be more important. As Dr. X pointed out, physicians are a critical first, and often only, line of defense. As your scenario #2 demonstrates, thankfully it's not as impossible a responsibility as it might initially seem. By simply listening carefully (and controlling your [perfectly understandable] anxiety about what you might hear), patients will so often tell you what you need to hear, even if they don't "say it" in so many words. And of course people in this situation come to their doctors in the first place because at least a part of them is crying out for help and wants to be heard. As I noted in class, I particularly liked the context you created of a patient who was not really your patient, and who was a crazy "pirate" to boot (what a great metaphor for all our rebellious, difficult patients!), a long day, a weekend on call, and family plans. You're going to be juggling all of these elements for the rest of your life (even, if you're lucky, including a few pirates!), and looking at them all closely and carefully is what will help you find the right balance. Thanks for this work. Dr. Shapiro

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-- this was a fascinating essay. It is beautifully written, and I would encourage your sending it to JAMA's *A Piece of My Mind.* Like all the best writing, under the guise of showing us the exotic other, it teaches about ourselves. The theme of failure that pervades the essay is thought-provoking. We become aware of how the political chaos, economic poverty, and lack of healthcare resources of much of the African continent fail its people. But we are also forced to confront how American medicine may fail the people it is designed to help. Specifically, the essay makes us consider how we establish "solidarity with the patient," and whether we even want to. As you noted, such solidarity emerges most naturally from shared circumstances. In a society such as our own where the gap between the physician and the least of his or her patients can be large indeed, it is hard not to adopt a position of distance between patient and provider. Of course, American medicine, through its "machines", "designer antibiotics," "state-of-the-art facilities," and "well-funded research," has provided important ways of reducing the helplessness you experienced in Africa. Let's hope that, in the process, we somehow find ways to maintain emotional solidarity with the patients whom our technology and science serve so expertly.

PBL GROUP HUMANITIES PROJECTS 12/16/04

--, thanks for choosing such an inspiring patient to write about. I thought you did an excellent job of "speaking in her voice," although you are a 20-something male medical student and she is a 40-something female cancer patient. It gives us hope that, despite differences, if we listen carefully and pay close attention, it is not impossible to enter into the worlds of other people to some extent. As I mentioned in class, I really liked the way you tried to see *yourself*, the medical student, through your patient's eyes. You were very perceptive to see that it's easy, as a medical student, to become fixated on the diagnoses, the treatments, the numbers, the medical successes and failures. What your essay brings to the fore is that all of these occur within the context of a rich a meaningful lived life. That's something all of us need to be reminded about more than occasionally. Thanks for such a creative effort. Dr. Shapiro

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--, thank you for your point-of-view writing assignment, as well as your in-class explication, which really provided an important context. In your writing sample, this patient really does sound depressed, so it's very likely the family doc you were shadowing made a good call. It is easy to think of depression as "not really having any real disease," but we need to remember that major depressive disorder is potentially life-threatening. I don't know if your doc asked his patient about suicidal ideation, but he should have, even if she didn't "seem" that depressed. Your in-class comments generated a fascinating discussion of medical professionalism. I appreciated both the fact that the physician was able to listen well and be empathic to his patient, even when he was aware of some frustration and annoyance with her; and the point you shared that, as you thought more about her circumstances, your own feelings of empathy increased. We do not always like our patients, but the more we understand them, the better care we are able to provide. Thank you for helping us to reflect on important doctor-patient relationship issues. Dr. Shapiro

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--, you know I've already commented at length on this essay, so I won't repeat myself here, but for Dr. X's benefit I will say I found this a fascinating account of a situation that touches on medicine across cultures and socioeconomic groups, he proper roles of attendings, medical students, and patients, and the nature of loss. Dr. X said it best when he observed "There are many kinds of deaths." This is an insightful and powerful piece of writing. Dr. Shapiro

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--, I thought this was a very touching poem. As I mentioned, I was deeply moved by the last line about the little broken angels, waiting for their appointments. That is so beautiful and sad, because it emphasizes both the children's innocence and our limited (but thank goodness, not non-existent) capacity to help heal them. I also was quite

impressed by your in-class comments regarding the child's father. Understanding the point of view of an abusive or neglectful parent in no way excuses or justifies the behavior. However, I think in terms of therapeutic goals for both the child and the family as a whole, the more you know about how the parent thinks about things, the better able you will be to make informed decisions about the best course of action. This was a lovely piece of work, and really helped us talk about an important issue. Dr. Shapiro

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Hi --. I'm sorry I wasn't able to hear you present your project, but Dr. X was nice enough to pass it along to me. You describe a beautiful experience – the miracle of new life (and, although it sounds a bit trite, it really is a miracle!). Your essay captures very well a new mother's love and devotion toward her infant, as well as those inevitable worries and anxieties. The pediatrician sounds as though he knows exactly how to reassure mom, and is able to convey comfort and care. This encounter probably didn't take too long, but as you suggest, it makes a world of difference to the mother in terms of her self-confidence. Every baby is "perfect" and sometimes it takes the pediatrician to help the parents see that. This was a really nice poem, with lots of different emotions in it – very true to life! Dr. Shapiro

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Hi --. Nice to see you again. You sound as though you are getting a lot out of your CSE experience on multiple dimensions – medically, but emotionally (and perhaps even spiritually) as well. I love the topic you chose, and really regret I wasn't able to participate in what must have been a great discussion. And I particularly like that you didn't talk about caring between doctor and patient (although that's a good topic too), but focused on the caring that occurs within families (particularly between husbands and wives) that often ends up in a visit to the doctor. I'm impressed that in the midst of trying to learn about so many medical issues, you had the time and interest to "notice" these caring relationships. That is the sign of a good family doc! It is at once a beautiful and precious thing to witness (one of the privileges of practicing medicine), and also gives you many ideas about how to work with a *couple*, rather than just the individual patient, to get patients to take their medication, change their lifestyle etc. This was an unusual and quite perceptive essay. Thanks for writing it! Dr. Shapiro

All right, --! I knew there had to be more. Not that dealing with foot pain isn't important, it's *very* important especially if you have it, but you are a sensitive observer of human relations and have a carefully honed ethical sensibility, so I'm glad you decided to exercise these talents as well in this assignment.

You presented carefully and honestly a very difficult situation, in which you realized how easy it is to inadvertently violate a patient's confidentiality or compound her vulnerability. Frankly, I'm not at all sure you made any mistakes. In fact, you elicited important history from this patient, and then shared it with her primary care physician. Perhaps rather than a mini-mental status exam, what the patient needed at that moment was comfort and understanding, which it sounds like is what you tried to give her. Of course, it's hard to know what the right thing to do is without knowing all the details, and even then, it's not always clear how to behave. Perhaps, if you don't mind my saying this, it might help for you to forgive yourself for any ways that you may have unintentionally "betrayed" this patient; and just as importantly, to always remember to treat your patient in ways that best preserve their dignity and humanity.

--, I very much appreciate your ability to reflect so openly on this event. It is this willingness to examine your own behavior and admit fallibility and uncertainty that will ensure your ability to maintain caring and compassionate relationship with your future patients. Thanks for this essay. Dr. Shapiro

2/11/04