

ADDITIONAL COMMENTS AoD ASSIGNMENTS 1 & 2 2007

assignment #1

--, I was moved by the incident you recounted, as well as by your sense of moral outrage and helplessness. Your empathy for this patient is evident and deep. I respect your ability to move beyond what was no doubt a rather physically repellant circumstance to think about the patient's perspective and what might have led her to such a horrible act of self-mutilation. Compassion is always our first response, as this surgeon sadly demonstrates, but with a little work, we can usually find it. Everyone is degraded by this kind of behavior, the patient (who may potentially have more awareness than she is credited for); the physician himself (who has established an I-It relationship with his patient); and the other members of the OR team (who become complicit in the contempt expressed). It puts the medical student in a very hard position to be the moral standard bearer, and I'm not sure what would be "the right thing" to do. But it is tragic that no one is able to speak up and explore the appropriateness and implications of such comments. I don't think the goal is to shame or humiliate the surgeon (this is just treating the surgeon like he treated the patient). But it would be nice to encourage reflection – it is normal to feel some disgust or revulsion I imagine. But is this what he wants to express as the head of the team and a role-model to learners present? What do we do with feelings of disgust or anger or judgment? What are better ways of dealing with them? All of these questions could have led to learning, and perhaps greater compassion, as you, a 4th year student, were fortunately able to achieve on your own. Thanks for sharing the way you worked with your own thoughts and reactions – very skillful. Best, Dr. Shapiro

assignment #1

--, I'm sorry to learn of your experience on outpatient medicine. Hopefully, everything you learned about Disneyworld will come in handy one day, but it would have been nice if you could have learned a little medicine on the side :-). Seriously, I think your analysis is spot-on. When we have just experienced a significant trauma, and someone offers some help, it seems ungrateful to question its quality. I'm imagining that you were disoriented and confused, and probably still processing the whole Katrina nightmare. You recognized that you were not receiving a "good learning experience," but perhaps you were just too depleted to confront a new system that had "taken you in," so to speak. Of course, you fully deserved a "professional" training from UCI, and it would have been very appropriate to discuss this situation. Perhaps one thing that can be learned is that "nice" is not the same as "competent." Unfortunately, I have seen several "nice" residents who waste critical time chatting with their patients (not necessarily building rapport or putting them at their ease), when they could be using that time to probe more deeply into the patient's concerns or resistance or whatever. Being a nice person is not the same as being an emotionally skillful physician. Best, Dr. Shapiro

assignment #2

--, your essay on self-care struck a personal cord, so I hope you don't mind a personal response. I was very touched by what you wrote about Shabbat, as this is something my husband and I (and growing up our 3 children, more or less willingly!) have observed throughout our life together. We light the candles, say the blessings, and sing songs. As

you well know, it is a way to interrupt “regular” time and create sacred time, a time of being, not doing, a time of joy and gratitude, no matter how hard the week has been. I don’t know if you are familiar with this tradition, but I share it in the spirit of getting all we can out of Shabbat. We put all our woes and troubles into a “black box,” (sometimes we have to haul in an extra one!); then turn into over to G-d for 24 hours. We’ve learned that often when we open it up again and reassume the contents, they are a bit easier to bear :-).

You sound as though you have other healing physical and spiritual practices to help keep you centered, as well as precious relational connections too. I’m imagining that there must have been many difficult times for you in the aftermath of Katrina, and I’m happy to hear that you have so many resources in place to face the ups and downs of residency – and life. All the best, Dr. Shapiro