

## ART OF DOCTORING ASSIGNMENT #3 COMMENTS

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I liked your skit, --. Does it have to do with that infamous medical student invisibility? It seemed like the visiting 4<sup>th</sup> year got more attention than the disconsolate 3<sup>rd</sup> year homegrown variety of student. Sometimes students complain that they are pimped or humiliated. But in a way it is almost worse when you are ignored, when people speak around you, or seem not to hear you when you speak. I wonder in this situation whether the 4<sup>th</sup> year was right and the resident ended up being “cool” after awhile, or whether she continued to disregard and discount the student. Thank you for raising this issue.

Regards, Dr. Shapiro

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--, thanks for this interesting and honest essay. I know your path has been a bit different from that of the other students in class, so I really appreciate your adapting the assignment to suit your particular circumstances. You describe what sounds like an extremely difficult and painful situation in which a classmate took advantage of your friendship to obtain a coveted place in your lab, where he then proceeded to act out, undermine the lab, and take undeserved credit. You felt conflicted about “whistle-blowing” because on the one hand you wanted to honor your friendship and on the other you felt he was behaving inappropriately and doing harm to the lab. Do I understand more or less? You conclude that you must keep personal and professional relationships separate, and this certainly makes sense from one perspective. From another angle, perhaps the personal and professional are not so far apart. I wondered as I read about your friend what was going on that made him act so badly. Was this a typical pattern, or had something happened to cause him to go downhill? As a friend, maybe there was room for you to have expressed your concern and even offered help. Reaching out in this way would not preclude setting limits on his dishonest and destructive actions, or even discussing the situation with the lab supervisors. Sometimes it can be both an act of friendship and an act of professionalism to confront a difficult issue – although painful, in the long run, it may actually be of help to the individual in question. And maybe not. It’s very hard to determine the “right” course of action, and of course I do not know all the facts. But by reflecting on these hard calls, sometimes more possibilities open up than we had originally seen. In any case, I’m very glad you shared this quandary. I hope you are finding something of value in this class. Please let me or Dr. X know how things are going for you, and if there is anything we can do to make this class more relevant for you.

Regards, Dr. Shapiro

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Hi --. Thank you for this essay. It was disturbing enough just to read, I can only imagine how distressing it must have been to actually witness. I commend you for your sensitivity to this patient. You are quite right that a woman who has very recently been raped should not have to struggle through an interview without a shared language; and ideally should

have female personnel to interact with her, especially if she so requests. What is troubling is the resident's attitude. Reading your essay, I wondered why she was so unhelpful, why she seemed so callous and emotionally careless toward the patient, why she appeared willing to inflict needless pain during her examination. There are so many repairs needed after this encounter. The patient needs comfort, now not only for the rape but for the cruel "rape-like" behavior of the resident. The resident needs to be confronted and challenged. How did she see this situation? What motivated her behavior? What prevented her from empathizing with this patient? Is this typical of her patient interactions? After finding out the answers to these questions, she may require reprimand, remediation, or other intervention. And the medical student, you, needs debriefing and assurance that all is not as it should be, that this is not an example of the medicine you are being trained to practice. I'm sorry you had to witness this situation. Perhaps Resident Jane will stay with you as a kind of anti-role model. I hope as the course goes on we will discuss different ways of approaching this kind of situation. If at any point you would like some additional ideas, please talk to me or Dr. X and we will be happy to brainstorm with you. Regards, Dr. Shapiro

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--, you did an excellent job of analyzing all the factors contributing to your anxiety about presenting that day. Being aware of what can go wrong in a given situation can help you prepare yourself. However, your intern's and resident's tendency to "step on your lines" and steal the glory is not only unfortunate, but actually unprofessional behavior. Their responsibility is not to show off for substitute attendings, but to do their best to help the patient and teach the student. I commend the attending for encouraging you in your efforts and acknowledging the level of patient difficulty. I also commend you for seeking him out to express your appreciation. Both of these kinds of positive feedback are unfortunately too rare in medical training. This may explain the attending's difficulty in accepting the compliment. He might simply be unused to receiving positive statements, and not know appropriate responses. A very good response to a compliment or expression of appreciation is simply "Thank you for sharing that with me." When we say, "It was nothing" or "I was just doing my job," we diminish and even invalidate the experience of this person. An expression of gratitude is like a gift. We don't want to reject it! Thank you for sharing this experience. I'm glad that with the perspective of 4<sup>th</sup> year, you are able to see that you did nothing wrong and that as a resident you would act much differently toward a naïve third year student. Regards, Dr. Shapiro

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Hi --. Thank you for your week two make-up essay. You seem to have thought deeply about what really matters in your life – family, friends, being a good person, and helping others. No wonder you chose a career in medicine. I was also struck by your sensitivity to how serious/chronic illness would have a detrimental effect on your life, and prevent you from doing many things that give your life meaning. I wonder if your fear of debilitating illness at an early age is the result of all that you've seen as a medical student or if it has other roots. Fear of illness motivates physicians to do all they can to save their patients

from its consequences; yet it is also true that at some point physicians also have to accept that illness cannot always be vanquished. In any case, I think most patients would agree with you that quality is much more important than quantity when it comes to life. Thanks for this work. Regards, Dr. Shapiro

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--, I thought this was a very interesting example because it was so “small.” These kinds of throw-away remarks happen frequently, they can be distressing. I was glad to see first, you were aware that your emotions triggered an initial profane response; and second, that you censored this remark! ☺. A lot of times our first reactions to difficult situations are not our best reactions! From our discussion in class, you seemed to feel proud of yourself for speaking up and letting the nurse know how her remark had affected you. I think you made a good call to not simply stuff your feelings. Then you might ask yourself, what are you trying to achieve by confronting the nurse? Are you just letting off steam? Do you want to embarrass or hurt her, as her remark hurt you? Do you want to encourage her to reflect on her own language, or more deeply, her attitudes? As we discussed, sometimes starting with a simple paraphrase helps clarify what needs to happen next: “Wow. It sounds like you don’t have much use for us medical students.” She might answer, “Gosh, I’m sorry that slipped out of my mouth. It’s been a rough day. That isn’t really how I feel.” Or she might say, “Medical students just make more work for me.” Etc., etc. In the latter case, you might empathize with her feeling of burden, and then try an exercise in empathy with her: “I’m sorry medical students have caused you difficulties, and if I personally have acted in any way that has made a problem for you, I hope you will let me know. How does that sound?” If the nurse says that sounds okay, you can say, “How do you think your remark made me feel?” At this point, you might be able to elicit an apology. If not, you could always escalate the feedback by letting her know that you try to treat everyone you work with respectfully and hope that she is willing to extend the same courtesy to you. Again, I don’t think there is any “right” way to handle these encounters, but if you don’t simply react, but reflectively respond, after having clarified your intention and goals, you’ll probably be more effective and feel better about yourself. Thanks again for generating an excellent example. Regards, Dr. Shapiro

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Thank you also for such a good example of an anti-role model! What happened was so ironic in a tragic way. Because of your limited language skills and limited knowledge, and confidence that the experienced surgeon would have a better handle on how to deliver bad news sensitively, you deferred the interaction. Lo and behold, the surgeon was callous and unfeeling toward the patient, used you as an interpreter (so you ended up being the one to explain the diagnosis anyway!), and seemed impatient and hurried. What a discouraging incident to witness! It illustrates all too well what happens when we become focused on ends rather than means. In this case, the surgeon's "end" was to get a definitive resolution of "surgery or chemo." The patient becomes just a "means" to accomplishing this goal. As they say, there are so many things wrong with this scenario

on so many levels. I interpret the patient's gesture as an act of both self-protection and resistance. He is being told he will likely die soon in a brutal manner, and treated like an object. No wonder he would not even consider having this physician perform surgery. Even if having surgery is not the best choice for the patient (and I suspect it is not), what is entirely missing (with the exception of your valiant efforts to bridge the gap) is any kind of real dialogue or empathy for the patient - not to mention the patient's family, who seemed to become invisible for this busy surgeon. There is plenty of food for thought here in terms of reflecting on all the things you might have done differently if you were in the surgeon's shoes. If you would like to discuss this particular situation further, and how you might have responded as the medical student, please let me or Dr. X know, and we'll be happy to brainstorm with you.

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What a frightening and disheartening situation to have been a part of. Thank goodness you were persistent and not deterred by the indifferent, even hostile attitude of these nurses. Of course you made the right choice – your priority was to try to help save the life of the patient you'd recently met. As I read on, I wondered what had happened in the life history of this nurse that made her so callous and inhumane toward people she was supposed to assist. Is it burn-out? Compassion fatigue? Dislike of medical students? I think one of the ways people try to get through days they don't really like is "business as usual." Follow the protocols, do what's expected. That can be an okay strategy, but this individual seems to have lost her ability to have mental and emotional flexibility. I'm curious if you considered returning to give the nurse some follow-up: "You will be very happy to hear that, thanks in part to the surgi-seal, a life was saved today." Maybe she would have expressed relief, even joy. Maybe she would have said, "Go away, annoying medical student." In any case, if you thought it was important enough, she could have used some feedback: "Help me understand what happened between us today. I thought I was doing the right thing to help a desperate situation in the OR. Time was of the essence. Was there a way I could have proceeded that would have simplified things and made this less difficult?" Etc., etc. Ultimately, I would want a conversation that communicated your "shock and despair" at her behavior as a way of letting her know how unprofessionally she'd acted. --, thanks for sharing this situation. If you would like any further suggestions from me or Dr. X about how you might have responded to this nurse, please let us know and we'll do some brainstorming. Regards, Dr. Shapiro

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--, I appreciate your sharing this encounter (and by the way, what a great story-teller you are! I loved your imagery – the "fire under [your] feet," the "vat of frigid ice water," and then of course "not creat[ing] waves." All of these really brought home the dilemma you faced). I was so troubled by what you shared I even talked it over with my husband that night at dinner! There were many things I wondered about. Was the bloody tap just "something that happens," no matter how skilful you are? Should the resident have been less cocky ("broad smile," "strawberry champagne"), and more apologetic? Did the resident need comfort or education – or both? Were the consequences to the patient

merely inconvenient or dire? Was the attending distraught about the patient? Was it important to him to teach the ER resident “a lesson”? If so, how could this lesson have been communicated in an equally strong, but less humiliating and angry way? Did the attending overreact to an unfortunate, but routine, event? Should the lowly medical student, you, have intervened? And if so, with whom? The embarrassed resident? The fuming attending? The adolescent patient now forced to wait another day? And this is only a partial list of all the questions that might emanate from the scenario. Regardless, I think we all have to be wary of the “culture of medicine” that allows us to dismiss or overlook hurt to others as “the cost of doing business.” There are almost always better alternatives for conveying what must be said, if only we stop long enough to think about them. Thank you as always for bringing your compassionate heart and reflective mind to the practice of medicine. Best, Dr. Shapiro

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--, what an unexpected treat to be on the receiving end of your wonderful poetry. I believe I remember this poem in some version (yes?), but hearing it again it was even more powerful and disturbing. The description of the intern is devastating, the more so because I know this is no hyperbolic fantasy, but a simple telling of what is. Your insight that the intern is fueled by a “secret hatred” (although I would question how “secret” it is!) seems to penetrate to the root level of the problem. And the ironic “anger” in the concluding stanza ostensibly directed at the patient for his “poor manners,” and its implication that he got what “he has been asking for” reminded me of one of my favorite physician-poets, Rafael Campo, who seems to pair with the medical establishment against troublesome patients only to reveal how far we have strayed from the Hippocratic oath. You never miss anything, do you, which is both a gift and a curse. In this poem, I hope you feel you’ve turned it a bit toward the good. Thank you again, Dr. Shapiro