ART OF DOCTORING ASSIGNMENT #2:
PROMOTING POSITIVE ATTITUDES

--, just so you know, I think it is completely impossible to *always* maintain attitudes of kindness and patience. I am certain even Mother Theresa faltered on occasion :-). The way I see it, we want to strive to be the best we can in any situation; and also give ourselves permission to be just good enough, depending on the circumstances. Even further, when we aren't very good at all, we can only learn from that, forgive ourselves, and try to do a teensy bit better the next time. I love that you say spending time with patients can actually rejuvenate and revive you. Obviously, this isn't always the case, but being open to that possibility (that the practice of medicine itself can actually nurture you) is extremely important. (Otherwise, maybe medicine isn't such a great career choice :-)). You may already know (or it may surprise you to learn) that psychological research on happiness has found that when you are part of "happy" social networks, you tend to be happier. So your intuitive pull toward positive people now has an empirical basis :-). Keep smiling! Best, Dr. Shapiro

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Dear --, thank you for your reflection. Your insights are all ones that I find very useful personally, and from which others can benefit. First and foremost, PAUSING… interrupting the cycle of negative emotion. Finding the large perspective, adopting the patient's perspective, and behaving in respectful ways increase (although sadly, not guarantee!) our chances of having a better interaction. I also really appreciated what you said in class and in your essay about embodying the "tomorrow is a new day" philosophy. Once we have reflected on and extracted meaningful lessons from mistakes, disappointments, and challenges, it's time to let them go. And please, please, keep your commitment to being positive toward others. That is a quality largely absent in medical training; and it will really mean a lot to colleagues to know you value their efforts. Best, Dr. Shapiro

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Hi --. You share an absolutely compelling insight – this is a wonderful way to think about "time." Interactions in medicine often are short, but their consequences are long. Wow. I've never thought about this issue in precisely this way, but it's so true. You demonstrate a profound empathy, compassion, and patient-centeredness in your observations. Thank you for sharing this important way of regaining perspective. Dr. Shapiro

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--, I really value your strategy of bridging the distance between you as a doctor and the patient before you by recalling times when you or a loved one has been that patient. Although of course doctors and patients have different roles to play, and that is as it

should be, there are so many areas of overlap; and by acknowledging these, you stimulate your empathy and concern for the patient. In both your essay and your in-class comments, you mentioned the paradox of your hesitation to touch patients reassuringly contrasted with the evident appreciation you've observed in most patients when they are comforted in this manner by their doctor. I hope our discussion was useful; and that this is something you will explore in the future. Remember too that the physical exam itself is a way to offer healing, caring touch to your patients. Thank you for your thoughtful and honest reflection. Dr. Shapiro

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--, you mention several important aspects of encouraging attitudes of kindness and caring. Empathy of course is crucial. Especially interesting was your noting of the "huge power imbalance." I think this is something many physicians overlook, because they don't necessarily consider that they are exercising power in the course of practicing medicine. But, as you astutely note, they are. Even the most obnoxious, aggressive, demanding patient is *so* powerless and vulnerable in the healthcare system. In fact, it is often precisely *because of* this sense of helplessness that the patient acts as s/he does. I also appreciated your returning to those original idealistic reasons for pursuing the vocation of medicine. By reconnecting with those early ideals, you can open space for calmness, compassionate curiosity, kindness, and patience to arise. Best, Dr. Shapiro

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Hi --, I really liked the submarine analogy. Perfect! I also thought you expressed so well the underlying issue in this single sentence: "When we hold our own emotions in higher regard than those of the patient, oftentimes our care is diminished." Yes, you've absolutely got it. If you can hew to the cardinal principle, put the patient first, then you will both care for the patient and not indulge your own emotions. Of course, infinitely easier said than done. But understanding is the first critical step. I also liked your awareness that patients not only have the emotions they wear on the surface, but also the ones underneath. How often have you seen a patient who is smiling and apparently perfectly happy only to have them dissolve in tears in response to one probing question? As you obviously know, focusing on the patient who annoys or frustrates or distresses you *more rather than less* is the best way toward softening your negative emotions and making room for more positive responses. Thanks for sharing your thoughts. Best, Dr. Shapiro

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--, thanks for sharing your 3 Fs (+ 1 S [space!], both in class and in your essay. Faith can be a powerful guide and support in helping us find the strength to adhere to our highest aspirations. A religious framework reminds us we have a "duty" to love others, to act with charity, even when we might not "feel" like it. As you so rightly observe, family and friends also provide support, constructive reminders, and love. I was moved by your desire to continue through life with "a joyful heart," and to "portray the fruits of the spirit

in all interactions. These are beautiful sentiments. Finally, I really agree that a little space allows us to decompress and become present once again. There is a wonderful Buddhist story about a disciple who comes from far away to see a wise master. The disciple approaches the master's door, but is stopped by the master's assistant, who informs him that the master is not in. But through a crack in the door, the disciple can plainly see the master in the room, meditating. Nevertheless, being an obedient disciple, he goes away. The next day he returns, and the same thing happens. This goes on for 4 more days. Finally, on the seventh day, the disciple is admitted to the master's simple room. He is blessed by the master's wisdom and teaching. But just as he is about to leave, the disciple hesitantly says, "Master, I have been coming here every day for a week. All the previous days, your assistant said you weren't in, but I plainly saw you through a crack in the door. Why did you have your assistant lie?" The master nodded. "My assistant did not lie," he replied humbly. "The master you wanted to see was not here until today." Sometimes we need a little space to regroup so that we can be the people we want to be :-). Best, Dr. Shapiro

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(extra credit)
--, it's wonderful that, after struggling with the patients at the VA, you voluntarily chose to seek out an AA meeting to try to better understand addiction. That is truly going the extra mile; and it seems as though it was a valuable mile indeed. As you are well aware, addicts are a strongly stigmatized patient population in the medical community, about whom many derogatory remarks are made, and toward him it is apparently acceptable to hold and, in one way or another, express negative, hostile attitudes. There is no question that patients who are addicted to one substance or another make for extremely challenging, frustrating, and difficult patients. But, as you realize, that fact does not necessarily justify judgmentalness and callous treatment. It takes a lot of personal work to develop attitudes toward patients with addiction that are caring, kind, yet reflect appropriate boundaries. I'd say by attending this meeting, you are well on your way. Further, your essay demonstrates insight into the dynamics that make AA so helpful to people. AA is a highly effective resource; and knowing it's out there definitely can ease the burden on the individual physician. Thanks for sharing this experience and what you learned from it. Best, Dr. Shapiro

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--, thanks for your always perceptive comments in class, and for your thoughtful essay. I agree with you that unfortunately the medical education system as it is presently constituted tends to be more mechanistic, reductionistic, and narrowly focused than one would like. (Dr. X and I like to think of AoD as the alternative curriculum :-)). What struck me about your reflection was your ability to "switch places" momentarily with your patients by drawing on your own experiences in that role. Once you are willing to do that, to acknowledge connection, the insights start pouring out – remembering to situate patients and their diseases within the context of their whole lives; taking the perspective that hospitalization is "disruption" rather than the raison d'etre of those lives;

and that patients', family members' (and physicians'!) emotions are not always easily accessible, but are kept hidden because they are distressing or frightening. I also was impressed with your insight that patient care involves not only diagnosis, but *interpretation.* The latter is part of the art of medicine, as can never be completely mastered. But as you observe, with practice it can be cultivated. Best, Dr. Shapiro

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--, from you essay, it sounds as though you have a deep appreciation for nonjudgmentalness, fairness, patience, and the ability to see all sides of a situation. If I were to list the cornerstones of professionalism in medicine, these would without question be some of the most important. As you probably realized in class, I think that capacity to "step away," either literally or mentally, even for just a moment or two, can create the space to reevaluate the problem confronting you, and even to allow in new approaches. Also, as you suggest, looking for something good in even the worst of situations is not rationalization so much as rebalancing. It does not mean you ignore the bad, but that you can be open to the possibility that there is something enriching, intriguing, and meaningful to be found in what confronts you. Finally, your idea of doing one small good thing I think is very important. The world of patients, and the world in general, can seem pretty overwhelming and out of control. When we try to think about all that needs to happen to "make things better," it can seem impossible. However, we always have the ability to pick up a piece of litter, recycle a bottle, give a patient a drink of water. Small things matter. Thanks for sharing your thoughts! Dr. Shapiro

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--, you are fortunate that you were raised in such a way to learn how to recognize and appreciate multiple and conflicting points of view. This is really the basis of empathy, and as you note is essential in good clinical care; yet for many it takes years to acquire this capacity. And I value your honesty that sometimes, like every one of us, you have "done the opposite." Of course this is the case. But as you point out, what's most important is the awareness you bring to these situations, so that you can use them as reminders and cues to "try again." That's all any of us can do. Here's to more time between "screw-ups" for all of us! (

I also think you are absolutely correct about how much patients look to their physicians, not only for a diagnosis (of course, that's pretty important too) but for guidance, understanding, safety, and comfort. I really liked your sentence that patients "…need our help when we are at our busiest." It can often seem that just when we have the least to give, patients need us the most. I was also struck by your statement that there are many more similarities and parallels between patients as doctors (starting with shared humanity!) than there are differences. The humility you bring to your interactions with patients is a wonderful quality. Never lose it! :). Best, Dr. Shapiro

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--, I'm very impressed – you did on your own what took me 5 years of postgraduate training to achieve! :-):-). You are an autodidact psychologist – very cool. It's especially impressive that when most adolescents were ogling the opposite sex and figuring out how to be cool, you were making a systematic study of human behavior, and methodically deepening your understanding of other perspectives, and therefore your own capacity for empathy. You are so right that the more we understand another (which does not necessarily mean agree with), the less emotionally reactive we become. I also am in accord that it is always possible to discover something in another that sparks our compassion, admiration (however rueful), appreciation etc. Further, your reframing of anger, meanness, demandingness in another as suffering is so skillful! And I cannot support too strongly your critical insight that kindness, compassion, patience can all be cultivated and developed – through practice! As you've already learned, your default position becomes not frustration, annoyance, anger etc. but a calm and caring interest and desire to help. You are already a wise woman, --, and are going to make a superb psychiatrist (albeit perhaps a slightly clumsy one :-)). Best, Dr. Shapiro

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Hi --, we recently discovered that none of the faculty had responded to your essay about personal encouragement. Please accept our apologies. I've now read with great admiration your thoughts, and share my own below.

Personally, I very much favor what you so insightfully call an attitude of "other-centeredness." It is often our own self-absorption that feeds our difficult emotions. But as you point out, both self-awareness and other awareness are necessary to "soften" reflexive responses of anger, impatience, frustration that emerge naturally out of exhaustion, time pressures, and challenging encounters. I also admire your ability to step back from the purely human perspective of two small people struggling with their own egos and each other, and ask yourself, what does God want in this situation? As a person of faith, you know that we can't always do it alone. Sometimes we need help from a higher Source. Being able to acknowledge that we are all – patients and doctors alike – fallible, vulnerable, imperfect human beings creates humility, sympathy, and an awareness that we should be working to help each other.

Finally, I deeply appreciate your awareness that there are no "techniques" or "strategies" that can guarantee ideal interactions. Obviously, from the approach we take in AoD, I am a big believer in the value of reflection to help us learn from past mistakes. But I also firmly believe that this process of self-interrogation must be conducted with love, forgiveness, and reconciliation, as you so beautifully state, because there are no simple answers. In my tradition, there is a wonderful story about Rabbi Zoshia who overhears two students arguing about which of the rabbis at the yeshiva is more like Moses. Zoshia interrupts them and say, when I die, God will not ask me, why were you not more like Moses. He will ask me, why were you not more like Rabbi Zoshia? In my view, our task on earth is to be the best people we can be. I believe with your "tools" of faith, empathy, and reflection you are well on your way :-). Best, Dr. Shapiro

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Hi --, sorry we've been so late in responding to your essay on kindness and compassion. We just figured out that none of us had written you back. So sorry! Better late than never, I would like to share these thoughts with you.

First, I think it is so wonderful that you, your fourth year friends, and this third year student were able to have such a conversation. How fantastic that this student had somewhere to take her emotional response to this difficult patient, share it, explore it, and try to understand it. How amazing that you and your friends were able and willing to process this troubling event with her and give her support and guidance.

You frame the dilemma very well indeed. I think you are exactly right that feelings of anger and frustration are natural human responses, as are different levels of liking and disliking for different patients. But as you astutely observe, the real question is what we do with those feelings? Do we express them? If so, how? Will expressing them further the goal of caring for the patient? I don't think there's only one way to answer these questions. Sometimes, sharing frustration or even anger with a patient can be effective in moving the encounter out of a stalemate – precisely because, as you intuit, they can be a way of expressing your caring. But I think it is usually a mistake to allow these emotions to emerge reflexively, because, for example, the patient "deserves it." I also agree with your experience that kindness and patience often are effective in getting an angry or distressed patient to "settle down" and regret their outburst. After all, in a fraught situation, someone needs to remain calm! :-).

--, you seem to have a very good handle on how to deal with these situations in a way that promotes harmony and cooperation. I'm impressed. Best, Dr. Shapiro

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--, first I want to apologize for the length of time that has passed since you turned in your essay on encouraging kindness. It fell through the cracks, and we only just discovered no one had responded to you. Please know this was not our intention. However, I now have read your essay, and wanted to share some thoughts in return.

First, I have always found it somewhat ironic how often medical students look back with contempt on the "naïve idealism" of their early years; and feel that by having become cynical and disillusioned they now have matured into a "realistic" view of medicine. As far as I'm concerned, being cynical and disillusioned just means that they are… cynical and disillusioned. Dr. X and I once wrote an article about what we called the Don Quixote effect in medicine, arguing for the value of a little tincture of idealism. Holding onto a vision of what might be is the only way to remember where we want to go; and seeing the princess in the prostitute can sometimes help a lost person find their way back. So in my book (and Cervantes'!), idealism often gets a bad rap.

I also love that you are able to talk about doctors as healers. One of my former chairs told the story of how, interviewing residency applicants, he would often ask them in what sense they saw themselves as healers. The applicants got so flustered and bewildered that, out of mercy, he finally stopped asking :-). But in my view, medicine has lost a valuable dimension by relegating the concept of healer exclusively to CAM. Further, the idea of being an imperfect healer (or as the Catholic theologian Henri Nouen called it, a "wounded healer") I think allows the physician to engage in healing practices with a patient without the expectation of flawlessness.

Your essay makes clear how deeply your commitment to kindness, humility, and caring are rooted in your Christian faith. I think all religions nurture such values. Buddhism has a saying, Life is so difficult, how can we be anything but kind? Perhaps it is in this sense that practicing kindness is easy because at least from one perspective, it is the only possible response. Personally, too often I find it easier to indulge in a frown than a smile. But by reminding myself of my own spiritual anchors, I do try to turn the corners up more than down :-) (same in my emails). Best, Dr. Shapiro

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Hi --, please accept our apologies for allowing so much time to elapse before we responded to your assignment on encouraging kindness. It accidentally fell through the cracks, and we are so sorry. But now I've had a chance to read it, and wanted to share my thoughts in return.

As you have discovered, you certainly received good counsel when you were younger. When we "act" happy, pretty soon we realize we actually *feel* a little happier. Sometimes feelings *follow* behavior!

It was so lovely to find someone who doesn't hate the VA! This also is a tribute to your being open to new and strange environments and the people who inhabit them, and not bringing negative assumptions and stereotypes along with you.

Also, you make a sound observation (now confirmed by social science research) that happiness (and sadness) is "contagious." The "energy" that surrounds us and that we contribute can have a powerful effect on overall mood. So, while no one is suggesting mindless euphoria regardless of circumstances, it is valuable to know that we can have some influence on elevating a despairing mood; or calming an angry one. In other words, as you've discovered, we do not have to be the victims of our emotions. Keep putting on those "any day bests" :-).

Finally, your essay sparked my curiosity. Was your Sensai a formal teacher? Someone in your family? In any case, he sounds like a very wise man. Best, Dr. Shapiro

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Hi --, I am so sorry that no one has responded to your AoD essay till now. We only just discovered that it had "fallen through the cracks." Please accept our apologies, as well as these belated thoughts :-).

I admire your commitment to being kind, caring, and supportive of your patients, especially last year when you were dealing with so much stress yourself. You will likely need to dust off this commitment next year as an intern! But seriously, it's good that you've already had practice in trying to express kindness and compassion even under conditions of stress; because that is the constant challenge of the profession of medicine. If you waited for the perfect circumstances, you would probably never say a kind word to a patient!

I also respect the way you use your own background and different life experiences to enhance your empathy for patients; and remind you of just how "lost and confused" they can feel in the "new geography" of a hospital or clinic.

Thanks so much for sharing your thoughts, --. Best, Dr. Shapiro

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Hi --, thank you very much for taking care of this assignment. I very much appreciated reading your thoughts. You are so right that, in medicine, generally you are not meeting people at their best! It is scary to be a patient, even for something like HBP or diabetes. And thank you for paying attention to your "first response" in uncomfortable situations. I think many people's reaction (mine included), is similar – run! In fact, I went through a phase where I just reminded myself (kind of lack a disobedient dog :-) "Stay, stay, stay." And you also have an important insight that, by grumbling about how difficult the patient is being, it only reinforces the negative image of the patient, increases everyone's resentment and bitterness, and doesn't solve the problem! You obviously have some valuable skills firmly in place personally – empathy for the patient's situation, and "cherishing" the opportunity to help another. I love that word – "cherishing" evokes something very precious and rare. It's impossible to feel that way all the time about patient care, but what a beautiful ideal to aspire to! Best, Dr. Shapiro

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Thank you for taking care of this assignment. I just wanted to comment in response on a few of your insights. One is that social science research is actually beginning to substantiate your insight that attitudes and actions are, indeed, "contagious" (cf research on happiness). So you can become "infected" (hmm, sometimes I think these medical metaphors have limited utility! :-)) by others' kindness, as you note; and conversely, by being kind, you can sometimes "expose" a person behaving badly so that they "contract" your kindness (ok, definitely putting this metaphor to bed). It is also humbling to reflect on how often we've received kindnesses that are not necessarily deserved. From a moral theory perspective, perhaps that makes us more willing to reciprocate by extending our own "undeserved" kindness.

I also like what you say about faith. If God's love for His (Her :-)) children is perfect, then although our actions on earth are only faint shadows of this, nevertheless we are inspired by this example.

As you conclude, none of this makes "kindness" flow inevitably. But hopefully it's enough to at least stop and make us think :-). Thanks again, Dr. Shapiro

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I hear what you're saying about empathy, although if you consider how little overall curricular time is devoted to actually figuring out how to be empathic (instead of worshipping perfunctorily at its altar), probably a little more time is not misplaced :-). In fact, I found your reflections to be quite insightful. I've always thought it unfortunate that the many parallels between patients' and medical students' experiences are not highlighted and emphasized, as a way of reducing barriers and showing, as you say, how much both groups have "in common," as you rightly observe. I also think you make a very important point that emotionally approaching the suffering of others can be scary, and often we want to run away at least as much as we want to move closer. Therefore, empathy doesn't always simply "happen naturally," it has to be an intentional aspiration.

I very much admire your commitment to "visiting" with each of your patients before leaving the hospital. This is a true act of kindness, but again not necessarily something that just "happens naturally." It was a choice that you made, perhaps at times overriding other desires – to get away from the hospital, to get home a little earlier, to get something to eat. But as you discovered, it usually meant a lot to patients, sometimes to clarify misunderstandings or conflicting information, sometimes for a little comfort, sometimes just to know that somebody was thinking about them. And as you also found, often there were rewards for you as well, in the patient's gratitude or even in finding a "difficult" patient just a little less difficult.

Finally, I am happy to hear that you are still able to speak in "normal people terms." Don't forget this language – your future patients will love you (. Best, Dr. Shapiro