

## ART OF DOCTORING FINAL PROJECTS 2007 II

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Dear --, I'm very glad I was able to take away your project and look at it more closely. Their pictures are so sweet! I liked the ones where the kid and the doctor were holding hands; or the kid was saying "I love you" to the doctor. I also liked the one that said a good doctor is "nice, honest, and nice." That seems to get the right emphasis! I completely agree with you that out of the mouths of babes... And I'd take it further. These qualities are the ones that *all* patients want – doctors who listen, are honest, are yes nice, and make them feel better. Good job on this. Don't ever be shy about asking your little patients, "Am I being a good doctor to you? Is there anything I can do better?" Patients truly are your teachers. Thanks for such a creative project, and the very best of luck next year. Dr. Shapiro

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--, you really have a creative side. Your cartoons were funny and clever, and each drew a valuable take-home lesson. They also managed to capture with real poignancy some classic intern dilemmas (feeling isolated and alone, overwhelmed by patients, not taking care of themselves, losing perspective) [I'm still working on the whole flan thing :-)]. You are *sui generis*, --, and it has truly been my pleasure to get to know you a bit in first year and now again. I think you're going to be a one-of-a-kind family doctor, and your patients are going to love you. Remember to draw them a cartoon every so often :-). All the best, Dr. Shapiro

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Hi --, I'm really glad you chose to do a personal intervention project; and you chose a great topic, something no one has ever addressed before, but which obviously a lot of medical students – and interns! – can relate to. I thought your analysis of the pros and cons of this behavior was excellent, very nuanced and perceptive. It is not a simple question of learning how to "get out" of the hospital; rather it's knowing that you have the ability both to set a boundary by leaving at an appropriate time; and to stay for the "right" reasons (following residents around probably doesn't qualify as a "good" reason :-); but spending a little extra time with an isolated patient might). You will feel a lot freer and more in control when you know you have the skills to make a choice depending on the circumstances – your needs and the patient's needs.

Skills of efficiency, planning, organization are essential in the profession of medicine, so it's great that you focused on developing these through this project. Once you are comfortable with these skills, then *you* (not always your R4 or the attending) can decide how and why you want to employ them.

I think sometimes still in medicine, physicians who put in long hours in the hospital are viewed positively – dedicated, hard-working etc. Sometimes the hospital becomes the

place where you might get lots of reinforcement for your commitment, but also the place where you can end up hiding from other important aspects of your life. If you bring the level of consciousness to this issue that you displayed in your project, you won't have this problem! Best of luck next year, Dr. Shapiro

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--, this was a lovely project. I had never heard that quote before, and I think it is particularly apropos to the profession of medicine. In my experience, physicians (and residents) who feel they've put their lives on hold to become doctors are unhappy and resentful. They try to compensate with material rewards (nice car, expensive vacations) but ultimately they don't find their lives to be very meaningful. Family, friends, hobbies, fun, love, and work – these are the things that should not be deferred, but savored (like a fine wine!). I enjoyed this little glimpse into -- :-). I wish you a wonderful next year. Dr. Shapiro

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--, thanks for coming to our last class, I could see you weren't feeling well. I appreciated your poem, despite its tone of disillusionment. As I mentioned in class, you put your finger on one of the real challenges of medicine: how to reconcile your initial idealism with the harsh realities you encounter in training. I won't argue that there is a lot that's disappointing in the way medicine is practiced. What I hope is that, as you continue to journey along this path, you'll come full circle back to your original idealism, because it still has a place – indeed, an essential place – in medicine. I actually discussed this idea in an article titled “The Don Quixote Effect,” making a case for the benefits of a certain idealistic attitude which, if not carried to extremes, can be inspiring and connect you to the core values that led you to medicine in the first place. I think for almost every physician, medicine turns out to be worse than they imagined. But despite (or paradoxically because of) its grim realities it is often also better. Best, Dr. Shapiro

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--, I'm very happy you stuck with this class. You were a great addition; and whenever you were present, I felt your energy and focus. This project was absolutely unique – it was truly terrific, so original, so specific, and motivated by such genuine humanism. You know, this is why I have students read poetry about illness – so they won't have to literally undergo insertion of NG tubes. Still, I admire that you gave it a try. Sometimes there is no other way to climb into someone else's shoes than to... well, put them on. One of my pet peeves is the “minimizations” that go on in medicine: “discomfort” rather than “agony,” “pinch” rather than “stinging pain” etc. etc. In my experience, whenever I've had to undergo a medical procedure, it was always a lot worse than my doctor led me to believe. I think this phenomenon is less an effort to mislead the patient; than a failure of empathy on the part of the physician. I conclude this because physicians who become patients always seem to be surprised, and shocked, by what it's really like; which leads me to think that despite the daily close contact, it is really hard for physicians to

understand what it is like to be a patient. Your “experiment” brought you to that brink; and I think you will carry its lesson into every patient’s room. Thanks for sharing this.  
Best, Dr. Shapiro

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Hi --. What a great project. I appreciated your applying the “scientific method” to this problem. It was a wonderful issue to address. I think it was obvious that other students recognized it easily; and from the patient perspective, it is a great importance. Yet, as you recognized, there are a lot of reasons why “keeping promises” is often hard to fulfill. It’s easy to say yes, but it’s harder to follow-through. I also liked your interventions – a combination of behavioral (write down requests; set a deadline) and ethical (think of the patient). Your project was a perfect example that when we apply attention, intention, and effort to any aspect of our life (perfecting a surgical technique, cultivating a compassionate heart), we can improve. Thanks for presenting it to the class. I’m pretty sure you taught us all something. Best, Dr. Shapiro

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Hi, --. Thanks for coming up with such a creative and insightful self-assessment. It turned out to be a really good way of “self-evaluation.” I guess sometimes doctors do know what they’re doing :-). I can hear that you are struggling with the perennial medical student challenge (and perhaps life challenge) of trying to hang on to yourself in the midst of everything else going on around you. This is never an easy thing to do, and as a 3<sup>rd</sup> year student, it is almost impossible. So be gentle on yourself. Prioritize what’s most important, and then think about what would be “good enough” to keep each area in some kind of balance, rather than “perfect” or “ideal” balance. Actually, your “plans” sound pretty realistic (except maybe the sleep part). Anything you can do in terms of self-care as a student is a victory. The idea of a stand-in double in particular seems to me the way to go :-).

I hope it is not too intrusive for me to say that it is hard to be a young man and deal with chronic (although hopefully periodic) pain (my son, who is 25, has ankylosing spondylitis, so I have seen him endure stuff from this disease that no young person should have to deal with) as well as the hyperlipidemia. It sounds like you’ve accepted these problems, tough as that is, and know how to manage them. Taking on that kind of responsibility, when a complete “cure” is not possible, is hard, (especially when you’re confronting things that are more typical of “older” people) but necessary. I say this not as consolation, but having to cope with both pain and cholesterol problems yourself will give you important insights into working with future patients.

--, we all fall apart at times, the trick is to be able to pull ourselves together again. You’ve demonstrated in this class that you more than have the skills to do this. You seem like a very thoughtful, self-aware, deeply committed person, the kind of person who will make an outstanding physician. Just take it one step at a time, right? Best, Dr. Shapiro

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--, as I said, it was a real pleasure for me to “close the circle” with you at the end of these past four years. I’m glad you’re going into psychiatry – it seems like a very good fit. I also so liked the way you said that being a humanistic doctor is not about excelling so much as feeling. Physicians are trained to emphasize excellent achievement, but are not always so comfortable with their emotions. I thought every time you expressed yourself in class you demonstrated great insight, awareness, and compassion.

I liked your Top Ten list. In particular, I was moved by the first time a patient called you “doctor”; your delivering the baby; your ruminations during anatomy about “how to carry a severed leg”; and the nine hours of the Whipple procedure (what dedication!). I was sorry to learn of the loss of your grandmother. She sounded like a wonderful woman who played a critical role in your life. I know you must miss her. I was also sorry to hear about your accident, and lingering sequelae. Sometimes life is so hard. I wish you never had to endure either experience, but I think there will be things about your grandma’s passing and your stint as a patient that will help you understand the sense of fear and loss of your future patients.

All the best next year and in the future. Dr. Shapiro

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--, I love your Soul Survival Guide. This is a truly great idea. I think you should introduce it to your fellow interns next year.

Btw, you love all the people I love – the Dalai Lama, the Buddha, Rumi, Mother Teresa... and the practices too – yoga, breath (I even have the rollercoaster monks on my wall at home). We must be kindred spirits (.

I really liked the Elgo paintings. They are vivid, sensual, vivacious, full of life and celebration. I can just imagine you looking at them and getting inspired. I also liked your little “self-talk” instruction sheet – so when you can’t summon that personal pep talk, here it is at your fingertips.

I think you will gain a great deal from the practice of gratitude in particular. I’ve found this to have been of great benefit in my own life. It’s easy to grumble (and often justified). But by focusing exclusively on the ugliness, injustice, suffering, we can lose sight of the other side of things – the beauty, happiness, joy, love. Practicing gratitude reminds us, when we look up, to see *all* the stars in the night sky.

I was happy to see your HIV research project in your soul book. This was a wonderful idea, and I think it was close to your heart. Keep it alive, you’ll get a chance to carry it out in some form.

I also found the Michael Ignatieff quote (he's a really good novelist by the way). It made me think of a Jewish story (to add to your ecumenical religious quotes). A man, Sam Levi, went to his rabbi because he was worried about dying. When the rabbi asked him why, Levi replied there were so many great sages and leaders in Judaism, he just didn't know how he could justify his life to God. The rabbi nodded, then said, "Sam, God will not ask you why you were not Moses. He will ask you why you were not Sam Levi." Find your life and live it.

Perhaps the best thing about your project is that it's not finished. Care for one's soul is an ongoing process, something that evolves, grows, is added to, revised, reconsidered. You've made a beautiful beginning. Remember, no matter if you fall off the path a thousand times, the important thing is to climb back 1001 times.

All the best, and much good luck next year. Dr. Shapiro

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--, you came up with a wonderfully creative idea. Your time capsule was touching, beautiful, funny, wise, silly – just everything I imagine you are. And I think it will serve its purpose of grounding and revitalizing you very well next year.

There is a lot of your mom in that box; and there is a lot of you. You are building a life in which your mom is a vibrant presence and so are many of people and things. I know your mom's passing was an incredibly hard thing, and I deeply admire that you have taken time to process everything – from the horrible to (ironically) the good – that it has meant and continue to mean to you. I'm very happy I was able to get to know you a bit this year, --. You have a compassionate heart and great insight. Just keep growing and learning and loving. Best of luck next year and always. Dr. Shapiro

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--, thanks for writing this heartfelt poem (I would have been sad to think that you had gotten through all 4 years of medical school without having been cajoled into writing at least one!). I really admired your resolve in sharing it with the class. It's not always the right thing to reveal tender, vulnerable pieces of yourself; but often it is. I felt after hearing what you wrote that I saw you a little more fully and connected with you around that loss (one of my grandmothers died 50 years ago, and I still think about her often).

Your describing these two deaths of your grandparents made me think how facile it is to speak of "good deaths." Death always involves loss and suffering. But it also made me realize that there are good and not-so-good ways of mourning. What struck me about your grandfather's death is how easy it was to hide in the role of physician; in a way, it was safer to be a doctor than to be a grandson. Many physicians have written about this phenomenon of not being able to stay within their personhood when a family member is seriously ill or dying; but rather find they are commandeered into (or willingly seek out) the protection of being a physician. Diagnosis, treatment, procedures, labs – these seem

realities a lot more in control than sorrow, anger, love, regret. But what's important to remember is that there are many people who can be competent, caring doctors to one's grandfather; but only one single person who can be his particular grandson.

It seemed to me that in writing this poem you reconnected very movingly you're your capacity to grieve; with your grandfather; and with yourself. Within apparent "emptiness," you discovered great fullness. There are no "right times" to do this work. What matters is that you don't ignore it forever. I'm so happy you decided to "plunge in"; I hope it was a healing experience. All the best next year, Dr. Shapiro

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--, your essay (and your reading of it) blew me away. I thought I had a good sense of you – bright, competent, creative, insightful – and yet there was a whole side with which you were struggling about which I had no clue. Not, of course, that this was something you needed to share with me; but it drives home the lesson that we should never, never make assumptions about how well we know another. There are always surprises, always greater depths; and the more we understand these, the more we can be fully available and present to this other.

I was saddened to learn of your struggles with anxiety, which can be a very debilitating experience. On the other hand, as I mentioned in class, we all carry wounds within us (sometimes *lots* of wounds!), and these can be a source of learning and compassion rather than a detriment. Everyone has something, only some people pretend that they do not, and this is what makes them less safe and less skillful than they might otherwise be. It's also pretty amazing that, along with everything else you had to address in medical school, you somehow found the inner resilience (and external support) to look honestly at this issue and start to figure out how to cope with it, come to terms with it, and put it within the proper context of your life. Kudos to you! What a courageous act.

Since I myself have wrestled with anxiety (I once – and only once! – had a panic attack on the freeway when I was driving back from LA with my two little kids age 7 and 9), I know a bit of what you're talking about, especially the future, *future* projections into what might go wrong, how I might fail. One thing that helped me was when I learned of the "imposter phenomenon," in which really competent, capable people convince themselves they are frauds and fakes. Somehow realizing it was "just me" made a difference. I also learned to stay more in the moment, not trying to control the future, but just doing the best I could in the present. That helped too ☺. As I shared, like you I had to switch from exclusive reliance on "the lash" to other, more compassionate, more trusting and accepting self-strategies. What I've realized is that it is only when you can be kind to yourself that you can truly be kind toward others.

Finally, my dear, I hope it is not out of place for me to say that we are all (permanently) works in progress. I don't think this is a bad or "unfinished" thing by any means. That is what life is for – to grow, evolve, change, transform. We all have moments when we burst into tears in Borders (or the equivalent). I don't think that changes – but what

changes is what it says to us. Before, for example, it might say, “I’m such a mess; I’m pathetic.” And now it might say, “I’m in a tender, sensitive place. I need a little self-nurturance. I need to remember I’m a lovable, valuable person... dammit! 😊).

--, I’m truly grateful you shared so beautifully and open-heartedly this particular aspect of yourself. I think many, many people were moved, including me. Keep reflecting on who you are, be curious about the person you are becoming, and learn more and more to leave the whip aside. All the best, next year and in the future. Dr. Shapiro

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--, thanks for sharing your lovely memento box. It really reminded me of you – brave, quirky, fun-loving, thoughtful, kind, smart, vulnerable. The poem around the edge was very moving – a moment when you touched with complete authenticity your vulnerability, fragility, and limitations, recognizing that there are times (many times) in life when we have to reach up and say, “Help. Guide me, show me, teach me, I cannot do this on my own.” These are the moments when we turn to faith.

I loved each one of the objects you had compiled, they were all filled with meaning. At the end of your presentation, I had this lovely image of you sitting alone next year (maybe in your apartment or even a residents’ room), opening the lid, and having all these wonderful emotions, associations, and memories fly out, surrounding you and bathing you in a protective coating of happiness :-). You have caught your own magic in this box! All the best next year and always. Dr. Shapiro