

ART OF DOCTORING FINAL PROJECTS 2009-10

--, I have known you since you were a (perhaps somewhat reluctant?) first year in the literature and medicine elective. Looking back at that time, you have done so much growing and maturing over the last 3 years. I hope I did not embarrass you by my in-class comment, but I was truly proud of you today. The level of self-awareness you displayed and the kind of introspection you were willing to engage in was very impressive indeed. How many doctors have the courage to ask themselves, am I compassionate enough? Just by asking the question, you've demonstrated the value you place on this quality. Compassion is not necessarily being "squishy," but rather being willing to care about your patient, to try to "enter into" their feelings and perspective a little bit. I was very touched by the "exercises" you practice with patients to strengthen this empathic muscle. Your other three virtues – hilariously written on your body (too bad they'll fade, but hopefully not where they are internally inscribed on your heart) constitute the heart of art of doctoring: strength, loyalty, humor. Your reflection on each of these shows insight and sensitivity. Your whole presentation was authentic, brave – as well as both moving and funny. Keep in touch with those values, and you will make a great anesthesiologist who will make your patients feel safe each time they place their lives in your hands. Best, Dr. Shapiro

Great job, --! I enjoyed your personal project so much. It reinforced for me the extraordinary power of an image, in contrast to an abstract concept. "Empathy" is a word we bandy about all the time; but the picture of the patient in his little "box," surrounded by looming mountains (I thought these were a very good touch), rained on by ominous clouds, and unable to see outside the box was a really powerful metaphor. The contrast between that and the doctor popping in and out of the row of boxes was vivid. You know, a mentor once told me, "You have to know when to get into the boat with your patient; and you have to know when to get out." It's the doctor's job to walk in and out of those rooms; but the good doctor never loses sight of the patient's trappedness, isolation, and loneliness. I particularly appreciated your sensitivity to this aspect of the illness experience (even if you did have to discover it in a nursing journal!). Becoming ill is by definition an isolating, alienating experience. Sometimes patients are lucky enough to have their family, friends, and loved ones willing to stay in the box with them. But the doctor belongs there too – maybe only for a few minutes, but during those few minutes with as much compassion, empathy, and presence as she or he can muster. Your ppt and accompanying essay were thoughtful and perceptive. Thank you for this excellent work. Best, Dr. Shapiro

Dear --, I'm sorry we were running out of time when you read your poem. There was a lot I wanted to say about it, but thought maybe people didn't want to stay till 6:00 :-). Still, I *really* liked the point you were making. I think in many ways medical school is all about growing up – or growing into a profession that requires great maturity, willingness to assume responsibility, and as you so insightfully observed, courage. Like X's account, your poem is a narrative of a wounded healer: practicing medicine (well) requires that you earn that red badge of courage, complete with scars, scratches, and scabs. As you leap into your future, the strength and bravery you have developed will help to temper, soften, and cushion the fear and vulnerability of your patients. You wrote a lovely poem (and by the way used the structure of poetry to great advantage) with a wonderful visual metaphor (I will now forever imagine doctors at work leaping, swinging, catapulting, cannonballing "Geronimo!" on their lips). This poem is all about owning all the work and growth you have done over the last four years. What else can I say? Geronimo! Dr. Shapiro

--, I thought the title of your presentation was very clever – what a great way to conceptualize quantitative data as “reflection in the aggregate”! You are absolutely right of course – there should not be a great divide between different approaches to understanding various aspects of the world – it is so complicated we need all the help we can get!

Your “numbers” were a great illustration of this fact. First, like you, I found it encouraging that physicians are taking better care of themselves. In part, as I mentioned in class, I believe this is due to shifts in conceptualizations of the physician – rather than someone who is “selfless” and devotes 24/7 to patients (compensating by smoking, drinking, and overeating just to keep going), there is (and has been for the past 10-20 years) more interest in and emphasis on that elusive “balance” – i.e., “the heart beats to itself first,” as a cardiologist once pointed out to me ☺.

Since data are the lifeblood of medicine, I believe presenting “data” to your colleagues that more and more physicians are taking self-care seriously has a secondary effect as well – i.e., in the coin of the realm, it says: “It’s okay to exercise, eat well, not drink to excess. In fact, healthy living is increasingly normative for your colleagues.” This is a subliminal normalizing message that has the effect of encouraging these behaviors in young doctors.

I was also glad we at least touched on the idea of the physician role-model. Certainly physicians can be models of positive approaches to personal health. How exactly to do that most effectively is an interesting issue, as we discussed. Lead by example of course never hurts. But as we mentioned, sometimes appropriate disclosure of personal struggles helps the patient identify more closely with the doctor in this area. Veering off into a more intangible realm, despite shifts in the way society views doctors, as a profession it is still highly regarded on the whole. That suggests that

physicians can be role models in other ways as well – people committed to helping others, caring about others, serving others. Not to place too great a burden on docs (I know how much athletes – a rather different group granted! – resist being seen as role models), but lots of people still admire their physicians, and people sending a message of commitment, compassion, and dedication are never out of place 😊.

Finally, --, I wanted to take this opportunity to check in with you about your AoD experience thus far. I am hoping that, despite being a numbers guy, you are finding it valuable, if only as emphasizing other dimensions of medicine. We are definitely not trying to produce cookie-cutter squishy, touchy-feely docs in this class! There are probably infinite (now that's a big number!) ways of effectively expressing the art of doctoring. So we want you to be engaged with the issues we raise, but the answers will be uniquely yours. Please let me or Dr. X know if there is anything we can do to ensure the class is meeting your needs. Best, Dr. Shapiro

--, I loved your project, and I was serious about the whole refrigerator thing. These ideas seem so basic it's easy to assume you'll do them "naturally." That's not always the case. The more you structure your environment to support your higher aspirations, the more successful you'll be.

It did occur to me reading over the guide, that doctoring and restauranting have more in common than I realized! "Welcome people warmly" "Don't make them feel bad" "Don't make fun of their ideas" "Do not interrupt" "Follow up 'I don't know' with 'I'll find out'" "All guests [patients] are equal" "Do not judge" "Do not disappear" etc. Your "translations" were wonderful. I especially liked the "interesting case" observation! Twenty things aren't impossible to keep in mind – if you accomplish at least 10 of these with every patient, you're going to be a great doctor! Best, Dr. Shapiro

Thanks for kicking off the class' personal project segment by reminding us both of the existence (:-)) and the importance of happiness. I believe happy (truly happy, not just docs smothering their misery with a lot of "stuff") doctors make for happy patients. As I mentioned, I think ideally you want (overall) to be happy outside work – and happy inside work. In my view, you are right to prioritize relationships. Over the course of a lifetime of work and play, these are what sustain you and give your life meaning. So they are worth cultivating – with loved ones, family, friends... and patients and colleagues too. To truly value happiness, as you point out, you have to make time for it.

As far as your second point goes, I love your equation that patients \neq paperwork. I just read a very good article titled "Patient as Icon," which is the slightly more contemporaneous version of the same concept. I particularly appreciated your point

that efficiency (which of course is important) should be as much as possible in the service of the patient – and can even enhance the dr/pt relationship by getting you more of that precious commodity – time.

Your presentation not only got your peers thinking, but offered some excellent concrete suggestions for moving closer to the kinds of doctors you all want to me. Very well done. Best, Dr. Shapiro

Dear --, I thought your poem was so beautiful. Having been a working mom myself, it touched me deeply and after 30 years, brought back many memories of juggling kids, studies (my first daughter was born 6 months before I defended my Ph.D. dissertation), and work. I wasn't always successful at holding it all together; but fortunately my kids turned out pretty darn good, and I am very close to all of them. I well remember how much time I spent feeling guilty as they were growing up, wondering if I was doing the right thing (I was). You don't need me to tell you, but children are resilient. You are building a family that might not always do things the conventional way, but the thing that came through so clearly in your poem is that you are building with love. You are obviously a wonderful mother, which doesn't mean a perfect mother. You are also obviously going to be an amazing family doc. I hope you did not feel too uncomfortable in class today, your tears made real for all your classmates the cliché of "balance" in life. So easy to say, so hard to do. You are actually living what lies ahead for them, and showing them that yes, it is hard, like all worthwhile things, but also very good indeed. Your love and commitment to both your work and your family are inspiring. Yours sounds like a life well-lived (if exhausting!). If you don't mind, could you send us a copy of your poem? I'd really like the opportunity to read it and think about it a little more. Thank you, Dr. Shapiro

Dear --, what a gift of yourself - X the person AND X the doctor - you gave all of us yesterday. You were brave, funny, honest, and allowed us to see deeply into your heart and soul. That was such an honor. Dr. Y and I would very much appreciate having a copy of your slide show (please feel free to delete any slides that might feel too personal). Thank you again, and I will be keeping my fingers crossed that in 15 years they will be able to do this kind of surgery with a laser :-). Best, Dr. Shapiro

--, thank you for entrusting us with this letter and presentation. I especially appreciated having the opportunity of re-reading your "Letter to Self." I was struck by what a wonderful, endearing way it is of taking care of your future self - it is -- MSIV reaching into the future, telling this assured, successful physician and family man, don't be afraid, we've done this before. On these difficult journeys, we all need companions - our loved ones, God, family, our doctors - but most of all we need ourselves. We need to be present for ourselves... and you obviously are. Thanks again, --, you taught me a lot about courage in this project. Dr. Shapiro p.s. I made a few additional comments as I re-read your letter