

## Art of Doctoring Group 1 Session 10 4/13/04

### Guest speaker X

Dr. X grew up in Santa Ana – always had a commitment to health care for all individuals regardless of insurance status; she feels she's found the right balance at Anaheim FHC  
Her practice has lots of geriatric patients – they need extra care, more patience; she considered it disrespectful to confine patients over 65 to 10-15 min. visit – Dr. X protested to clinic administrators and effected a policy change to 30 min/geriatric patient  
She has good colleagues who give her support, both intellectually and emotionally  
With Dr. Y, she regularly their compassion fatigue level and assess each other to determine “where is your inner spirit?”

Underserved patient population requires patience and understanding regarding why they don't always do what the doctors tells them to do – it's hard not to get frustrated  
With one patient, Dr. X explicitly shared her frustrations, and it helped to turn around the situation

With another patient – she evaluated a developmentally delayed patient's lack of social support and came up with creative ways of getting him extra help through a neighbor  
Also must learn to accept limits of what doctor can do for the patient

Homeless patients – she worries about them – you have to be learn to be happy for small improvements

This population has many psychosocial and psychological stressors – unhappiness, isolation, depression, other psychiatric disorders – pcp is the only psychiatrist available; hard to get used to, not what physician feels was trained to do

Doctors can't change patients' circumstances – what they can do is give 10 minutes of undivided attention

Easy to experience emotional overload – gave example of a morning that started off with a grieving mother whose daughter had unexpectedly died; patients backed up, doctor harried; afternoon clinic began with same scenario of grieving mother whose daughter had also died; “You want to show you care, but it wears on you”

To replenish, she's learned she needs to take a vacation every 3-4 mo; at first, she didn't realize what was happening – she became short-tempered, impatient, thinking “I really don't care” when she heard difficult stories from patients; now “I don't let myself get to that point”

Dr. X enjoys her work, considers it “a privilege” to serve her patient population

But tells story that when she went into private practice in Pacoima (rough, poverty-stricken barrio), her own father was disappointed (“What are you doing in the barrio?”), although she tried to explain “This is where I'm needed”; her father said, people would think she wasn't a good doctor because of where her practice was located; she was disappointed her father was disappointed, but it taught her people may view your life choices negatively, and you must do what will give you satisfaction

A commented that Dr. X practices compassion-in-action in that she attends to and follows-up with all sorts of details to ensure patients get proper care

Dr. X finds joy in knowing her patients as people through continuity practice; she also feels a cultural connection with her patients because share a similar background

When she was a medical student, she didn't know who she could talk to, didn't know who she could trust

Tells anecdote that when first patient died, she didn't know what to do; an attending commented she didn't seem as "peppy"; when she opened up to him he said, "Patients are like a black box. You stick your hand in, wiggle your fingers around, but you don't get involved." At this point, Dr. X made up her mind, "I will not stop caring – I will learn to find a balance"

Dr. X also resented clerkship evaluations of her intelligence, motivation, work ethic based on two weeks contact; and residents who would write negative comments but never give her direct feedback

B asked about how to survive residency; Dr. X replied it was a matter of day-to-day survival, but cautioned that you can't wait for the vacations; you have to learn how to care for yourself daily, even if in small increments

C asked about coping with loss of patience, becoming more short-tempered; Dr. X laughed in recognition, shared that in medical school not only she but her family noticed she was changing for the worse, becoming more impatient and demanding; she went on to say that you need the skill of "being the team captain," giving orders, getting people to do things because you say so; but you need to decide how you are comfortable doing this Her mother taught her to respect everyone's work, and this helped her to remain humble Medicine bag – a grateful patient made a little Indian beaded bag in appreciation of her compassion and care; now she wears it whenever she feels her patience and compassion are wearing thin, to remind her to be the best doctor she can

She also says prayers daily for patience

During internship year, had a "meltdown" – patient with RA, DNR, was admitted; resident ordered her to do a lumbar puncture; also inserted NG tube; finally she did the puncture correctly, but patient died at that moment; later she learned NG tube had been inserted incorrectly, and might have contributed to patient's death; she felt alone and powerless, and considered quitting medicine, but her chief resident supported her and encouraged her to empower herself by always getting a second opinion when she was unsure of the right way to proceed

Another attending told her the same thing: "You never want to carry that coffin alone"