

Art of Doctoring Summary Notes Group 2 Session 11

In the first part of the session, we listened to progress reports on the personal projects of various students. A reported on her project to develop a more compassionate attitude toward her colleagues and co-workers. Several students (B, C, D) chose to work on aspects of developing patience. E talked about learning to stay more focused on her patients, and felt the project had been quite successful. F discussed listening more carefully to patients, and how this had been one of his original goals in becoming a physician, to ensure that patients felt heard and cared about. G described an interesting project that focused on her relationship with her family, and her feeling that it was “never” the right time to talk with them – either she was too busy or she was relaxing. At first she attempted to shift her feelings during phone calls, but was not successful. Then she listened more carefully to her own needs, and changed the time of calls to one more convenient for her (during driving). We discussed the importance of being able to put out your needs as a physician. H’s project addressed a similar issue in that she wanted to be able to express her opinions and advocate more effectively for patients. She noted significant progress in this endeavor.

Students who did discuss their projects generally reported a high degree of success. B had developed an N=1 intervention, and had gathered meticulous data pre- and post- his intervention. Most students seemed to have found these projects valuable and rewarding. The projects appeared to give students a sense of greater control over who they were as physicians. However, I, whose project was to be less judgmental toward patients while on surgery, reported that although she had personally succeeded to some extent, she was disappointed because her behavior had not had an effect on other members of the surgical team; nor had it seemed to really make a difference to patients. This comment generated an interesting discussion about means and ends, and whether the means are invalidated if the desired ends are not achieved.

The last section of the session focused on reading a poem, “Shamanic Journey,” by Canadian family physician Kristen Emmett. The poem chronicles the journey from medical student to practicing clinician (including a detour in ob-gyn) through the metaphor of shamanism. The author finds convincing parallels between the painful deconstruction and eventual reconstitution of the shaman and the experience of medical training. Students expressed surprise and perhaps discomfort with the idea of seeing something of themselves in the figure of the shaman. One student pointed out that shamans are identified by their communities, while medical students select themselves for their career (although in a sense the “community” of medicine officially chooses its successors through the medical school admission process). However, students liked the idea that, by listening to their own voices, they could survive the rigorous socialization process, and eventually bend medicine to their needs as well as vice-versa. Students also commented favorably on the humility of the physician, who recognized that her “shamanic powers” all derived from her patients.

The second reading was a short excerpt from a book of essays by Richard Selzer, a retired professor of surgery at Yale University. The excerpt describes a husband’s loving

response to his young wife's facial palsy after a successful operation removing a tumor. Selzer recognizes the limits of how much he can do to "cure" his patient – not nothing, but not complete either. He celebrates the resiliency and power of the human spirit he finds in his patient and her spouse. Students were moved by this selection and it raised their spirits. They commented that a sense of relief was generated by being able to recognize the ways in which the patient can heal the physician.