ART OF DOCTORING – FINAL PROJECTS 2007

Hi there, --. Wow, this was quite a poem. I'm glad you shared that it grew out of our (perhaps ill-advised) sessions on grief and loss and medical mistakes. As we tried to explain, our intent was to integrate these very difficult issues into the overall conception of being a physician. I hope that, despite this flash of awareness that doctors bring death as well as life, the feeling of being "a harbinger of death" will takes its small (yet for some, unavoidable) place within the overall helping and healing capacities of the physician.

That having been said, I couldn't help but falling in love with this poem. It is beautifully written; and its very anomaly fascinates in its honesty. You rarely find physicians acknowledging that, because they hold life and death in their hands, occasionally, despite their vigilance and devotion, the result will be death rather than life. You must come to terms with the fact that perhaps once, meaning to bring a healing balm, you will swing the scythe instead. I hope it will never come to that. What an awesome and devastating responsibility. But if you courageous souls do not dare to assume it, then who will? Best, Dr. Shapiro

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--, your poem was a beautiful and moving tribute to your wife and child. She sounds like a constant source of love and support. How lucky you are to have both of them in your life. I found it truly wonderful that in reflecting on your journey toward physicianhood, they were what were most deeply present for you. In my view, that is how it should be. The soul-mate who shares your life path, the lives that you create and nurture together, are the context out of which you are able to be a whole person and therefore a complete doctor.

As a mom who always juggled (is balance ever possible?) family and career (although admittedly not the career of a surgeon!), I well understand the anguish you describe at not always being as available as you'd want for your little X; and your fear that you will have to sacrifice the kind of father you want to be to fulfill your dream of becoming a surgeon. I don't think there are easy answers to that dilemma. But one thing I did learn along the way is how important it is not to always make choices in one direction. Sometimes, although it might interfere with career advancement, we must make choices to support and be there for the people we love most. That having been said, I think there are few limits to what can be accomplished when you have a strong and deeply connected relationship. My husband and I did lots of compromising and negotiating with each other along the way, but we always had each other's back, and wanted the other to be all that he or she could be.

Being a spouse, parent, and professional is not uncomplicated, but it is a wonderfully full way to live. In the end, I think you'll discover that although these various roles are

sometimes in competition, they also complement and enrich each other. After 37 years of marriage, 3 pretty wonderful kids, and two demanding, fairly high-powered careers, my husband and I can look back with no regrets and the satisfaction that we made use of all the capacities and resources God gave us. I suspect you'll do the same. All the best, Dr. Shapiro

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Hi -- and --. I'm responding to you together, because you created your project together, but I also was struck by the uniqueness of each collage, as well as your shared vision of combating compassion fatigue with keeping touch with things that bring happiness into your life. I very much endorse your philosophy that it is by caring for yourselves that you can best care for others. Rachel Naomi Remen, a former pediatric intensive care specialist who now works with cancer patients, wrote once that the best way of giving to others is not to give until you have emptied yourself out; but to give as a result of overflowing with fullness, so that you cannot help but share some of your abundance. A nice way to look at it, isn't it?

--, you seem like such a friendly, fun, and overall lovely person that I'm sure you will have no difficulty creating new relationships and connections. Nevertheless, starting over in a new environment is always a challenge. Thank goodness for email, phones, and even planes. I'm also imagining that all that good cooking will also make finding new friends easier!

--, I really liked your collection of images of "happy times," especially of you doing things that make you happy. I also really liked your quotations. I'm a big believer that surrounding yourself with quick "cues" such as pictures and quotes can easily help you reorient in a more positive direction. You said it beautifully: "Encourage me to remember who I am." In my opinion, residency is all about hanging on to who you are. These reminders will remind you that, even during the stresses or residency, there are many ways you can be the person, as well as the physician, you want to be.

Thanks so much, you two. These were really inspiring. Best, Dr. Shapiro

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--, your project showed a lot of creativity and imagination. I appreciated your essay as well. All I can say is, I like your version of shock and awe a lot better than the original! I loved your metaphor of deconstruction/reconstruction. That gets it exactly right, I think. The sad thing is when the student isn't able to put all the pieces back together in a humane, holistic fashion. But you've obviously been able to reassemble things beautifully in a way that puts the patient's humanity, the soul of the patient, exactly where it should be – at the core and center. In particular, I valued your realization that everything is interconnected – that everything, including the patient and the physician, acts upon the body – and the soul – of the person for good or ill. It is inspiring and awesome to see how fully and compassionately you have integrated the totality of your

learning on so many levels for the last four years. I am completely confident your learning will continue, through residency and over your lifetime. Best, Dr. Shapiro

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This was a wonderful albeit disturbing project, --. I believe the most important thing in being an authentic person, and physician, is to acknowledge where you are. When you are experiencing disillusionment, accept, integrate it, spend time with it. Out of doing so can emerge the awareness of what is broken. But as you – truly brilliantly – observe, disillusionment itself is as much of an illusion as the pollyannish illusion of a perfect world of medicine. The caduceus is such a powerful symbol, yet like any symbol it loses its meaning over time unless it is reinvented and renewed. Part of this renewal is to first acknowledge all that is imperfect, sometimes flat-out wrong. Then you can embrace that smiling kid and understand, for all its limitations and failings, that that image matters much more. After you've learned the snakes can strike, you can start to tame them. Thanks for such honesty about both disillusionment and hope. Best, Dr. Shapiro

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--, what a profound reflection on the last four years. I think you've hit it right on the head in calling medicine a profession of the "Chosen." Yes, it is such a high, such a validation, such a confirmation. And certainly, being one of the Chosen you will have access to all the answers. Then, suddenly, that disturbing line appears – "scratching at the door." It is innocuous (as in Fido) yet incredibly ominous. What lies behind that door? What can be scratching? Perhaps the questions that have no answers.

I especially liked the imagery of the clinical years ("crash[ing] into patients like rocks"; "jargon, my sinister ally"). The "great sieve" which sifts and shakes is another wonderful metaphor. Four years from that "sudden day" you have "tumble[d] out," to more scratching and more questions. Yet it is your capacity to listen to those questions that will make you a great doctor.

Thanks for one last glimpse into your psyche and soul, --. I'm very glad you are in this world (. Best, Dr. Shapiro

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--, this was a truly outstanding project. I appreciated your going to the literature and contexting your own feelings and insights within the framework of both research and the wise reflections of a highly regarded, experienced surgeon. The insights you developed are both practical and profound. You know, Head and Neck surgery can be a tough subspecialty because of the extent to which the head and face are associated with the "self," (as you rightly point out); and "mutilation" of this region, even in the service of survival, can be traumatic for both patient and physician. The natural impulse for the surgical resident may be to withdraw emotionally, to concentrate on the science and craft.

This will be especially true if the patient is dying: to avoid the death, residents (and surgeons) may lose themselves in those “furious attempts to cure.”

Your patients will need you, --, all of you. This is a heavy responsibility to assume – and no one can assume it wholly. But they will need your presence and the sense that you care about them as people. The only way I know of “clearing” that emotional build-up is what Dr. X suggests (writing about your patients); and as the research study indicates, taking the initiative to pay attention to the emotional life of your patient (often the patient is too scared to do so him or herself). As you so perceptively point out, don’t hide behind treatment options (which is quite different than discussing treatment at the appropriate time); and give patients space to talk so that you can begin to understand the things that are really important to them.

I’m tremendously impressed that as a future surgeon, you’ve taken the time to explore and reflect on the issue of how to develop and maintain an emotional connection with your patients, especially the patients who are likely going to die. In surgery, it is especially easy to objectify the patient. Yet it is by no means unavoidable. Read Richard Selzer Notes to a Young Surgeon; or the collected works of an Australian colorectal surgeon, Miles Little, A Miles Little Reader. You will find moving, astonishing insights to the unique relationship available to surgeons and their patients. Thanks for doing such a great job, Dr. Shapiro

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--, thanks for writing up this project, and I hope you get to discuss it in class. It was a great idea (I don’t know a single resident who doesn’t struggle with this issue), and you came up with some excellent interventions based on the Coulehan & Block text. Back to basics can be a very good strategy. What I liked best about your project was the sophisticated awareness that no dichotomy needs to exist between a compassionate attitude and limit-setting behavior. This is the crucial lesson – how to share your confusion, or direct the conversation, or negotiate a key priority – in a way that maintains your concern and caring for the patient. As someone who has struggled all my life with limits, I agree completely with your feelings of fear and not being liked that might make you avoid this difficult but crucial task. However, in my experience, practice makes perfect. If you persist, I think you will find that you won’t shy away as readily from these challenging encounters; and you will be able to convey a humanistic context while letting the patient know that time is fleeting ☺. Next year, when undoubtedly you will feel great time pressure, let that feeling that “the patient is taking up too much time” be a cue to take a breath, remind yourself of the patient’s perspective, then pull out your C & B strategies. Thank you for choosing such an interesting and important issue. Best, Dr. Shapiro

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--, as I already shared with you, I was so proud of you for completing your presentation (for you); and so grateful that you had the courage to model these emotions for your classmates (and me and Dr. X). Like many people in the helping profession, I have a tendency to dislike seeing people struggling emotionally, and I often jump in to rescue them. This is a nice motivation, but it's also true that people don't always need to be rescued. Sometimes if you sit back (with empathy and presence), they will find a way through; and they will know that they did this (with caring support from others) on their own. (Btw, this is something to remember regarding patients as well as medical students ☺). What I thought was pretty amazing – and *so* important for your peers to hear – was that, although you had deep emotion associated with this patient and his passing, it was not a "bad" experience in the sense that you wished it had never happened, but rather a "good" experience in the sense that in every sense of the word you were this man's "first and last doctor." What a hard role, but truly (sorry if I sound sappy) what a privilege. Connecting at such a deep core with another human being can be an uplifting, inspiring, and awesome experience (as well as, of course, painful and challenging). But, as we've discussed so many times in class, if you learn to lose your fear about this type of encounter, if you become more comfortable moving closer to your patient, you will find it is not an unbearable burden but a relief, and even in some ways, a joy.

I do not in any way mean to sugarcoat the very difficult experience of traveling the road with a person who is dying. And I do not mean to imply that the "ideal" doctor-patient relationship always should be one of this level of intimacy and involvement. But I do know two things – one is that whenever you are able to accompany a patient on that journey, no matter what the level of your participation, you will have rendered an immeasurable service to that patient. The other is that so long as you are able to soften your own fears and anxieties, you will find a way to be "present" for your patients that is both satisfying and reassuring to them.

Thank you again for all you gave us in this presentation, --. I did not have any doubts, but this speaking from your heart reconfirmed in me what a remarkable physician you will be (and already are). Best, Dr. Shapiro