

Feedback 2/14.06

--, thanks for letting us know about the -- -- rotation. I've heard it's great, and a wonderful example of art of doctoring in practice. Your time will be very well-spent there.

Thank you for all these assignments. You must have been working very hard. I appreciate your efforts and wanted to give you some specific feedback.

Being something of a closet writer myself, I found your essay on "Neglect Parts" particularly poignant. I bow to your professor's greater expertise regarding the sanity of writers, but I do challenge his assertion that writing can never be combined with a "regular job." In fact, in contemporary literature, there are many examples of outstanding physician writers: William Carlos Williams (pediatrics/general practice), Richard Selzer (surgery), Rafael Campo (medicine), Danielle Ofri (psychiatry), Frank Huyler (emergency medicine) – and I could go on. If writing is a passion, then fan the flame a bit. I love what you write about "gain[ing] strength from the stories of my patients and colleagues." That is exactly what all these physician-authors say about combining their two crafts – that the one nurtures and sustains the other. I am confident that you can write your novel if you so choose, with or without your rich widow! ☺

Thanks for giving the ED-EI monitoring a whirl. You have some good insights into the possible biases introduced by implementing the project at the -- -- clinic, all of which may have contributed to making you slightly more emotionally involved than you normally would be with purely medical patients. It sounded as though you were saying that a setting filled with intense emotional experiences to which you could personally relate, a clearly defined language of discourse, and a structured role helped you to express somewhat more emotion than normal; and further that you found this experience valuable. Of course, you are the only one who can decide what is the most comfortable and appropriate place for you on the emotional continuum (and, of course, different patients will require different positions on that continuum). But perhaps your time at -- -- will open up additional possibilities in terms of exploring a range of emotional connection with patients.

In terms of the compassion fatigue assessment tools, as screening tools they are necessarily rather crude, and probably yield more false positives than otherwise. Therefore, I would interpret the results with caution. It seemed in your case that they triggered serious reflection on your part, which is all to the good. In general, I would tend to agree that by the end of their fourth year, medical students are very much able to express empathy and compassion toward patients, despite the "intense politics" and "unconsciously/consciously deceiving patients" that you mention. In fact, as you suggest, learning more about illness and disease may even enhance students' original more intuitive feelings of compassion and concern. Nevertheless, attendings, residents, and even medical students are all at some risk for emotional burn-out because of the stresses and demands of the medical profession. Finally, you make a good point that empathy cannot be expressed equally toward all patients; and I'm not sure that is even a

desirable goal. Rather, perhaps it makes more sense to strive for a certain empathy “threshold” regardless of patient below which you do not want to fall. I also think sometimes if we do not “rigidify” around our first impressions of patients, but learn to stay open to the possibility of their surprising us in positive (as well as, unfortunately, negative!) ways, we may find our empathy flowing toward them more naturally.

Nice work, --. Thank you for your thoughts. Best, Dr. Shapiro