

SUMMARY ART OF DOCTORING GROUP 2 SESSION 10 3/16/04

We spent the initial part of the group discussing the attendance requirement. In light of concerns about “discrimination,” (see A memos), the option was expanded to include any activity that the student believed would contribute to becoming a better doctor. Students choosing this option were requested to communicate the nature of the activity and why it would help them achieve this goal.

The rest of the class was spent discussing student projects. B decided to work on being less impatient and more patient. She also realized that growing impatience in her professional work was extending into her personal life, so that she noticed more impatience while driving, standing in check-out lines etc. Group discussion focused on aspects of impatience expressed in the work setting, such as interrupting the patient, or being distracted while taking the history and trying to hurry the patient. We talked about the difficulty of “not” doing something, such as “not being impatient,” and focused on alternative ways of increasing patience, such as staying present with the patient.

Another project by C was to use personal questioning of terminally ill patients to resolve her overwhelming feelings of pity and helplessness that she felt interfered with her ability to be a good physician with these patients. She noted, however, that when she’d tried to ask patients about their feelings, how they were doing, what they relied on for strength, she got blank stares in reply. She wondered whether this was because these were VA patients. D talked about becoming comfortable with death and dying as an ongoing process, and shared with the group it had taken him a decade to achieve this state. (This project is discussed in some detail in a memo).

E described an incident in which a gynecological surgeon performed an operation on a patient with ovarian cancer which revealed extensive metastases. He turned away laughing and made a joke about “not buying in bulk from Costco.” E reported everyone on the surgical team was laughing too. We talked about distancing humor and its risks of objectifying and depersonalizing patients. D noted that this same surgeon was empathic and concerned in his actual interactions with patients. This reminded us that people are rarely all one way or another, but usually exhibit a spectrum of behaviors and attitudes. We talked about whether it was possible to draw lines so that disrespectful comments in the presence of a patient are considered unprofessional, but joking about a comatose, anesthetized patient is acceptable. We also talked about the possibility of not being overwhelmed by emotion (C’s project), while retaining tender, caring feelings toward the patient. E also mentioned her enthusiasm at going to hear the Dalai Lama. She thought he would embody the essence of this course, although at a much higher level of wisdom.

We intended to close the session by recapitulating a session D had done last month with students: 1) listing attributes of a “competent physician 2) listing obstacles toward expressing these attributes 3) listing ways of overcoming the obstacles. However, D noticed that students seemed really exhausted and depleted. Students agreed. We talked about the importance of taking care of oneself, although this was often not rewarded by the system or one’s colleagues. D spoke about the practice of medicine as inevitably

“giving out,” and the need to balance giving with receiving and self-nurturance. We then asked students to go around the room, each listing one thing they’d done recently to “be nice to themselves.” For quite awhile, no one could think of anything. D mentioned riding his motorcycle. Other students mentioned driving to a nearby coastal city, rollerblading, hiking and walking in nature, going sailing, going to dinner and a movie, reading a good mystery book, reading philosophy, doing photography, going dancing, playing music. We discussed how many of the activities mentioned had in common the ability to help the participant “shift perspective,” and transpose them into a “different world.”