

SUMMARY ART OF DOCTORING SESSION GROUP 2 1/20/04

Dr. X was unable to attend the session due to an emergency. We attempted to soldier on without him ☺.

We reviewed student homework assignments. We started with personally meaningful quotes, and how they applied to patient care:

- 1) A contributed a quote from Theodore Roosevelt on courage, determination, and the commitment to risk failure. She noted how she had had many personal struggles in medical school, including health problems, and that the quote had motivated her to persist in pursuing this demanding career. She also noted that the quote reminded her to be proud of herself for her persistence and determination. There followed an interesting discussion about the role of courage in practicing medicine. B mentioned that courage is be brave despite fear, and that led to an exploration of the relationship between fear and bravery, and the importance for there being room in medicine to acknowledge fear. We also discussed how courage could become arrogance, and some examples of surgeons were offered, although C noted examples of surgeons openly acknowledging fear and uncertainty (which, as a medical student, he personally found somewhat unnerving). D mentioned the example of Richard Selzer as a surgeon who could explore with authenticity and transparency the loneliness, burden, and fear (as well as joy) in this specialty.
- 2) E shared a quote about being kind, and shared how she used this quote to remind her to always make time for kindness. The quote also cautioned that we only have this life to do what we want to do, so not to waste the opportunities each day presents. We talked about examples of what it meant to be “kind” to patients, and how much could be conveyed through small gestures (providing an extra blanket, giving ice, patting an arm). We also discussed that kindness must be patient-centered, in that true kindness is found in the experience of the patient even more than the intention of the physician, so that kindness best grows out of paying attention to the needs, fears, feelings, experience of the patient.
- 3) F shared (in absentia) a quote about how trust is in part an act of grace. We first discussed the meaning of grace from a religious perspective as being something unearned as opposed to “good works.” From this we extrapolated that the quote (obtained from a fortune cookie no less!) cautions that, no matter what interpersonal skills we develop, to win the trust of patients always entails an element of grace, a kind of minor miracle. This reminds us to be humble in the face of successful connection with our patients.
- 4) G shared several quotes. One had to do with setting priorities in life and in work, and not getting too caught up in things, such as exams, that with perspective will not seem important. G stated that being a husband and father was the most important, because most unique role, he fulfilled; as a physician, he could always be replaced, no matter how good he was. We then discussed the difficulties of balancing home and work lives, and several people shared examples. E noted living apart from her husband during medical school (he is in DC completing residency there). H mentioned forgoing applying across the country for top-rated

- residencies so she could stay in the same geographic locale as her fiancée. We discussed the irony of paying lip service to the primacy of family, while spending most of our time working. We concluded that striking the proper balance is always difficult, but that awareness of the problem and, as C expressed it, attention to communication, compromise, and caring always helped.
- 5) Another of G's quotes came from his father, who stressed the primacy of process in life. We discussed the application of this idea to medicine, particularly in the case of chronic illnesses that cannot be cured, but only managed. We also explored learning how to find satisfaction and meaning in the process that occurs between doctors and patients.
 - 6) D shared a quote about everything being worthwhile if the soul is not narrow. We discussed how we determine what is of value in our lives, how our time on this earth is best spent. We also speculated about what it might mean to have a soul that is "not narrow," and how fear constricts and narrows us. C noted the concept of a "large soul" as someone having wisdom and compassion.
 - 7) E, F and G all shared examples of positive role models. E talked about her physician father, and how many of her values came from him, but how difficult it had been for her to acknowledge that when she was younger because of her desire to differentiate herself from him. All emphasized the personal knowledge these physicians had of their patients. G and F both chose oncologists. G emphasized the warmth of the physician she described, while F mentioned her doctor's attentiveness and communication skills.
 - 8) C used the assignment to apply the difficult situation algorithm. He found many components very helpful in challenging clinical contexts, particularly in helping him to trust his communication skills and ability to intervene in difficult situations with patients.
 - 9) J explored the puzzling relationship between suffering and joy, and speculated eloquently about the apparently "bipolar" nature of the human condition. He also was painfully honest about acknowledging that much of his problems with medical school were a projection of his own personal struggles. He also expressed his commitment to explore more deeply his "ride into the dark side" and how not to lose sight of beauty amidst the suffering.