Renewal in the practice of medicine

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Entombed at the bottom of Barents Sea in the dark, torpedo-shattered hulk of the once mighty Russian attack submarine Kursk, 27-year-old Captain-Lieutenant Dimitri Kolesnikov blindly wrote to Olga, his bride, a note of love. Dimitri’s message, magnified by its poignancy and undiminished by his tragic death, demands our attention as to what is fundamentally important in our lives. Indeed his perspective, which we will explore, provides the bedrock upon which balance and renewal must rest.

Substantial pressures, intrinsic to the care of patients, are amplified in an era of increasing regulation, heightened expectation and decreasing professional satisfaction. These distortions exist throughout all levels of medical education with painful impact on patient and practitioner alike. In a recent study of stress surveying nearly 200 Canadian women physicians, three major themes were identified: perfectionist attitudes toward professional and personal activities; the reality of multiple roles, especially caring for small children and competing demands that compromised time for personal activities or rest; a work environment not always flexible or hospitable to the needs of women physicians [1].

Similar studies catalogue the factors which impact house staff as well as medical students and contribute to depression, disaffection with patient care, cynicism and burnout [2]. The so-called ‘hidden curriculum’ with its troublesome influence on idealism and empathy is unfortunately quite visible in its formative impact [3]. These elements coupled with our own compulsive traits (useful in attending to detail, potentially crippling in fueling the beliefs that we ought make no errors) are the ingredients for trouble in professional life, and demand that we squarely face these issues.

Professional hypocrisy—dispensing to others yet personally ignoring advice about leading a balanced life—is not a new problem for medical practitioners. This pernicious paradox leads us into the sad irony of caring for patients while neglecting ourselves and those close to us. Moreover, our training as autonomous decision-makers frequently translates into our denying our own need for help.

Yet we need not succumb to these troubles. To preserve ourselves and our profession, we must recognize the need to renew ourselves, to reaffirm medicine’s fundamental values, and to remember the privileges associated with the care of patients. John-Henry Pfifferling, a medical anthropologist whose work focuses on quality-of-life issues for physicians, has described observations from more than 1200 doctors who had not only experienced loss in their personal lives and in their work, but who have also misplaced their sense of joy and satisfaction [4]. These physicians offered a list of lessons they wished they had learned at earlier points in their careers, such as how to find balance in their lives and how to say “No!” in the face of ever-increasing demands. Their losses serve as pointed reminders that we are all at risk, and that we cannot afford to run on autopilot.

But where does renewal begin? The answer is deceptively simple: it begins with ourselves, and the realization that we are not limitless resources. Framed by the current disquiet in medicine, author John Gardner’s reflections on self-renewal offer us a pointed challenge: “Just as shared beliefs and values are susceptible to decay, so are they capable of regeneration. Humans are not without talent in the creation and renewal of value systems. It may be their most distinctive activity. But in a world of swift change it calls for...
unrelenting effort [5].” Gardner also reminds us that renewal cannot be reduced to a single intervention but requires adopting a sustaining mindset as to its importance and incorporation in our everyday lives.

There is, for starters, the “Who am I?” question. As Abraham Joshua Heschel reflects upon this challenge he reminds us that “to heal a person, one must first be a person”. There is a growing sense of the role of spirituality in medicine and the need for a spiritual awakening among physicians. This is not meant in the religious sense, though it by no means excludes it. Rather, spiritual here takes us to the reality of a commitment to a larger set of transcendent values as a framework for what we do, as a key part of the front-wheel drive in our lives [6].

Frederic Hudson, a psychologist working in the field of adult renewal, identifies a set of core values around which we can organize our lives and with which we can sustain and renew ourselves [7]. He characterizes these core values as having to do with:

- A sense of self.
- Intimacy.
- Achievement.
- Creativity and play.
- Search for meaning.
- Compassion and contribution.

The pivotal sense of self is well-reflected in Linda Clever’s admonition, “Taking care of yourself is not selfish, but rather it is self-preservation [8].” Shakespeare understood this well, as in the Dauphin’s words: “self-love, my liege, is not so vile a sin/as self-neglecting” [9].

Intimacy speaks to the connection with family, significant others, and friends which serve as a powerful elements of renewal. Once, while making rounds, a conversation with an off-duty colleague moved me. He had stopped by the hospital to say hello to a fellow doctor who was on call, a visit meant to celebrate their friendship, which had begun 30 years earlier to the day. Clearly in the challenging aspects of their common work, this relationship had been sustaining. How many friendships do we celebrate?

The sense of achievement comes only in part from external accomplishment but rather from the satisfaction that derives from striving to follow Marion Wright Edelman directives: “be a good ancestor. Stand for something bigger than yourself. Add value to the Earth during your sojourn [10].”

Hudson also reminds us about the role of play and creativity in our lives. Remember the need for non-working vacations. Short of these respite, finding time for renewal in other non-physician parts of our lives is essential, but again often put on hold. No doubt, literature is one such resource, given the pleasure of literature on its own merits as well as the power of writing to help us understand the care of patients in a way that no textbook has the power to do [11–15].

The reaffirmation of personal values is key. Barrie Greiff, a psychiatrist, writes of traveling with his daughter in Vermont and seeing the sign, “asparagus for sale”. Upon meeting the farmer, and being invited to tea, Greiff learns of his host’s end-stage myeloma, which has brought him to this place, where he stocks the pond and replants the soil. This replenishing of life represented for the farmer part of his legacy, part of his value system. Greiff connects this experience with the notion of the ethical will [16]. Such actions convey to one’s successors a statement of life values and perspectives to be cherished. So, think for a moment. What are your values?

Perhaps most critical of all for renewal is our own mindset. Viktor Frankl, the renowned Viennese psychiatrist, writes about choosing to stay with his Austrian family in the dark days of World War II despite a visa allowing entry into the United States. The camps followed, and surviving them, his assertion becomes all the more poignant. “Anything can be taken from a man,” he wrote, “but one thing: the last of human freedoms—to choose one’s attitude in any given set of circumstances, to choose one’s own way [17]”.

We have seen this most fundamental challenge of calibrating attitude throughout history. Franklin Delano Roosevelt, presenting in his radio fireside chats the key themes of his presidency—the New Deal, the economic pain of the Great Depression, and World War II—shaped this most basic message: In times like these, attitude is everything. We have repeatedly seen this matter of freedom to choose one’s attitude in any given set of circumstances as the key to success: from the life of Nelson Mandela to John XXIII, who, at age 76, was elected pope and stood the Catholic Church on its head. His attitude on life was disarming yet balanced. He advised that one see everything, overlook most of it, and change a little.

But I do not wish to suggest that this mindset belongs only to the exceptional. We see it regularly in our patients, who persevere despite enormous burdens. We should attend to the lessons they teach us. Indeed, renewal is to be found in reaffirming the privileges and prerogatives of caring for patients, a reaffirmation that must be rooted in the refinement of our diagnostic and interviewing skills, of continued expertise in the management of pain and in the recognition and commitment to the relief of suffering. It is particularly in this latter regard, as we attend to the suffering and dying that the physician as therapy trumps the physician as therapist. Daily, we are allowed access to the intimate stories embedded in our patients’ life-and-death issues. Emotional fatigue often becomes the distorting prism that prevents a clearer understanding of the privileges of doctoring, but the lessons are there, ready for our reflection.

We need only to see. We need only to remind ourselves of what it is that gives our work meaning and joy. Whatever the admixture of our work – research, patient care, teaching – we can find pleasure in refining our professional skills, in adapting new advancements to our daily practice, and in sharing our lessons with the next generation of physicians. We need only to hear Dimitri Kolesnikov’s voice about acknowledging what is central in our lives.
One role model for me in achieving such feats was a family physician who practiced in my hospital community for more than 50 years. Until his death, he remained a vibrant, intellectually alive, and curious physician. His passion for medicine was palpable, and often said that he received sustenance from three families—his biological family, the family of his patients, and the family of his colleagues. We, too, would do well to draw on the strengths of those around us.

The question of renewal comes to this: are we prepared to reaffirm that which gives us joy in our work? Pfifferling makes an interesting point in this regard: “if ‘negative’ feelings such as anger and fear are suppressed,” he argues, “then the ability to feel love and joy is also incapacitated [18]”. T.S. Eliot’s admonition fits here: “we had the experience but missed the meaning [19]”. Reflecting upon and reaffirming the value of our work are essential ingredients in renewal. Pfifferling’s lists the following traits of colleagues who stay joyful despite the stress: a sense of humor; strong support from those we love, our friends, and our colleagues; clear values; collegiality; awareness of personal needs. Quill and Williamson [20] amplified on these themes in their study of approaches to the management of physician stress. They remind us of the role of self-awareness, connection with others, self-care, and reframing among other strategies as lying at the core of sustaining ourselves [21]. (I particularly value Hallowell’s advice to make a short list of the day’s tasks before the email is accessed—and most of all, his counsel “…do not worry alone.”) Not surprisingly, advice about seeking and creating a sense of balance as offered by women physicians identify many of these same issues [22,23].

Before dismissing these ideas as ‘the soft stuff’, remember we dispense this advice regularly. We are not strangers to the strategies of renewal. Our counsel to others is straightforward enough: regular health care and exercise (not just lurking an unopened briefcase stuffed with unfinished work from office to home to office); adequate rest and guilt-free vacations unencumbered by unread journals; time alone to reflect and meditate; the pursuit of interests beyond medicine. We know that satisfaction – and survival – in medicine requires both a clear demarcation of boundaries and a sense of humor.

The values that ideally guide our lives and our work were well expressed in a patient-physician covenant [24] which reminds us that: “medicine is, at its center, a moral enterprise grounded in a covenant of trust . . . physicians . . . (are) . . . members of a moral community dedicated to something other than its own self-interest”. Peter Drucker, the legendary scholar of management, suggests that to prepare for the second half of one’s life, it is necessary to begin long before it arrives [25]. That, in his words, to “manage oneself” requires taking stock of personal strengths, reaffirming responsibility for relationships, and actively planning for the development of parallel career interests. These arguments are not new. Retirement is a relative term, but whatever it represents, we need to plan for it. We need to help patients – and ourselves – be proactive about this stage of life.

Our values in medicine are too vital to become a casualty of the present distortions in the health care system. We will always need to accommodate the challenge of discovery, understand the attendant ethical and moral issues, and accept the challenge of appropriate incorporation of the new into the care of our patients. But we must uphold our core professional values, and we cannot accomplish this without preserving ourselves as practitioners and as people.

References