FINDING OUR WAY BACK

Reflections on Physician Happiness

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Disclosure
No relationship with industry

WILD GEESE by Mary Oliver
You do not have to be good.
You do not have to walk on your knees
for a hundred miles through the desert repenting.
You only have to let the soft animal of your body
love what it loves.
Tell me about despair, yours, and I will tell you mine.
Meanwhile the world goes on.
Meanwhile the sun and the clear pebbles of the rain
are moving across the landscapes,
over the prairies and the deep trees,
the mountains and the rivers.
Meanwhile the wild geese, high in the clean blue air,
are heading home again.
Whoever you are, no matter how lonely,
the world offers itself to your imagination,
calls to you like the wild geese, harsh and exciting -
over and over announcing your place
in the family of things.
EARLY FOCUS OF PHYSICIAN

HEALTH = IMPAIRMENT

Allostatic load
Allostatic burden unrelieved

- Physical illness
- Syndromes – burnout, compassion fatigue
- Psychiatric disorders
  - Mood, anxiety, more
- Substance use disorders
  - Abuse and dependence
  - Suicide
  - Career dissatisfaction

ABBREVIATED MASLACH BURNOUT SCALE:

- I deal very effectively with the problems of my patients
- I feel I treat some patients as if they were impersonal objects
- I feel emotionally drained from my work
- I feel fatigued when I get up in the morning and have to face another day on the job
I've become more callous towards people since I took this job
I feel I'm positively influencing other people's lives through my work
Working with people all day is really a strain for me
I don't really care what happens to some patients
I feel exhilarated after working closely with my patients
BALANCE/WELLBEING

Wellness Wheel

- Spiritual
- Emotional
- Intellectual
- Environmental
- Physical
- Occupational
- Financial
- Social
Resilience is the capacity to respond to stress in a healthy way such that goals are achieved at minimal psychological and physical costs;

- Resilient individuals “bounce back” after challenges while also growing stronger;

- Resilience is a key to enhancing quality of care, quality of caring, and sustainability of the health care workforce.

RM Epstein
Building Resilience

- Positive Thinking/Reframing
- Spirituality
- Social Support
- Mindfulness
- Internal Locus of Control
- Environment/Time in Nature
- Physical Activity
- Diet
- Sleep
- Relaxation/Stress Breaks

Source: Mayo Clinic
WHAT IS MINDFULNESS?

Paying attention
on purpose
in the present moment
in a non-judgemental way
during everyday activities

Adapted from Krasner, M.S., et. Al., 2009
What About HAPPINESS?

MARTIN SELIGMAN, PhD

The 2 P’s

• Pleasure
• Purpose
What doctors do wrong:

1) Defer gratification
2) Perfectionism
3) Estrangement from body
4) Forced stoicism in the face of suffering
5) Emphasis on money
6) Performance vs. authenticity

PURPOSE

"If you aim at nothing, you will hit it every time"

Author Unknown
Personal Values – Checking in with Yourself

1) What is my greatest priority in life? Have I been living my life in a way that demonstrates this?

2) Where am I most irreplaceable? At home? At the hospital? Elsewhere?

3) Do I have adequate balance between my personal and professional lives?

4) Am I asking more of my spouse and children than I should?

5) What kind of a legacy do I want to leave my children?

6) What person or activity have I been neglecting?

7) If I could relive the past year, what would I spend more time doing? What would I spend less time doing? What changes do I need to make to help this happen this year?

8) Why did I choose my profession? What do I like most about my job?

9) What would I like my life to be like in 10 years?

10) What do I fear?

Source: Tait Shanafelt
ONE WAY BACK TO PURPOSE

PROBLEMS WITH THE MEDICAL MODEL

• Doctors’ experiences of witnessing suffering not discussed

• Reflection on patient’s problem (but not the encounter or the story)

• Non-cognitive skills overlooked
  + Feeling, relating, tolerating uncertainty, mindfulness

• Intangibles make good doctors
  + Professionalism, empathy, reflective capacity, cultural sensitivity, CREATIVITY!
“Health Humanities” has been defined as:

- an integrated,
- interdisciplinary,
- philosophical approach to recording and interpreting human experiences of illness, disability and medical intervention.”


HEALTH HUMANITIES

“A sustained interdisciplinary enquiry into aspects of medical practice, education and research expressly concerned with the human side of medicine.”
Health Humanities

Includes several fields:
- biomedical science
- philosophy
- history
- visual and performance arts
- literary/narrative studies
- anthropology
- sociology

FALL OF ICARUS  
by Pieter Bruegel the Elder

W. H. AUDEN  MUSEE DES BEAUX ARTS
MUSEE DES BEAUX ARTS-W.H.AUDEN
About suffering they were never wrong,
The old Masters: how well they understood
Its human position: how it takes place
While someone else is eating or opening a window or just walking dully along;
How, when the aged are reverently, passionately waiting
For the miraculous birth, there always must be
Children who did not specially want it to happen, skating
On a pond at the edge of the wood:
They never forgot
That even the dreadful martyrdom must run its course
Anyhow in a corner, some untidy spot
Where the dogs go on with their doggy life and the torturer’s horse
Scratches its innocent behind on a tree.
In Breughel’s Icarus, for instance: how everything turns away
Quite leisurely from the disaster; the ploughman may
Have heard the splash, the forsaken cry,
But for him it was not an important failure; the sun shone
As it had to on the white legs disappearing into the green
Water, and the expensive delicate ship that must have seen
Something amazing, a boy falling out of the sky,
Had somewhere to get to and sailed calmly on.

HEALTH HUMANITIES AS A SOLUTION

• reducing the gap between biomedicine and the human sciences, such as philosophy, history, sociology and anthropology;

• facilitating interdisciplinary teaching and research;

• promoting a patient and family-centered approach to medical care;

• counteracting professional burnout;

• reducing biomedical hubris; and

• equipping doctors to meet moral challenges not “covered” by biomedicine.
Learning objectives: ways of thinking

- Reflective Capacity (with links to wellbeing)
- Critical Thinking
- Narrative Competence
- Visual Literacy
- Reflexivity: WHO/WHAT/WHERE AM I?

Narrative competence

- “The ability to acknowledge, absorb, interpret and act on stories and the plight of others”

- can be accomplished by reading of literature and/or reflective writing

Charon, 2001
Why read/share stories?

- Storytelling is universal across cultures
- Stories stretch our worldview and allow us to experience/image the unfamiliar
- Illness narratives allow us to reflect on suffering
- Stories engage right and left brain (analysis and creative imagination)

Why read poems and stories?

- Stories make us pay close attention to detail as we construct meaning
- Stories highlight the subtlety and ambiguity of words/language
- Stories embody themes encountered by health professionals: change, loss, conflict, illness/recovery, death, hope
- Help us answer questions: WHO/WHAT/WHERE AM I?
CLOSE READING

WILD GEESE by Mary Oliver

...INCREASES EMPATHY!
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Close seeing: Visual literacy

William Kurelek
NARRATIVE MEDICINE

Reflective Writing

- Attention
- Representation
- Affiliation

Why write a story?

TAKE HOME WRITING PROMPT:

- WRITE ABOUT THE LAST TIME YOU EXPERIENCED REAL JOY ANYWHERE IN YOUR LIFE.
DISCUSSION

Terence:
Homo sum, humani nil a me alienum puto

Hippocrates:
Cure sometimes, treat often, comfort always