

Mind Over Grey Matter

Frank Gabrin, DO

I was giving sign out after the end of my night shift when the doctor who was relieving me began to tell me about her shift the day before. Tears streamed down her cheek as she shared the story of the 35-year-old man who had metastatic cancer all throughout his brain.

She'd made the diagnosis, but she couldn't bring herself to face him with the news. The sadness overwhelmed her. She'd given the diagnosis to his mom. It was the best she could do. Today she was still feeling badly for him. This deeply troubled her. She told me she just couldn't let herself cry in the room with him. Yet, here she was still feeling empathy for him. He could have been her brother, her boyfriend or her neighbor. Cancer can happen to any of us. I know all too well, cancer happened to me, twice!

I started to cry with her. I was feeling empathy for him too. How awful! How devastating! I began to wonder how long this young vibrant woman, who just happens to be a great emergency physician, would carry this patient around with her? How long would she feel sad for him? How long would she remember that she wasn't able to face him with the news? How long would she feel bad because of this encounter?

It's encounters like these that contribute to our development of compassion fatigue. Think about it, we could see a case like this every shift we work. If we work three shifts a week, in a month we would be carrying around a dozen patients with us, feeling sad, feeling bad for them and their situation. Who could

handle all that grief? It's just too much!

We were never taught how to handle our emotions in these cases. This is why we get stuck with the compassion fatigue that our empathy for our unfortunate patients causes us. It's no wonder our compassion quickly turns into burnout.

Burnout is a crisis in all of medicine

From the groundbreaking work that Dr. Tait Shanafelt and his colleagues are doing at the Mayo Clinic, and from the yearly Medscape surveys, it's clear that doctors suffer professional burnout at a rate almost twice what is seen in the general population.

In Dr. Shanafelt's first study in 2011, 45.5% of physicians had at least one symptom of burnout. That percentage rose to 52.4% in his 2014 study. That's

an increase of 10%. At the same time, the rate of professional burnout seen in the general population has remained the same at 28%. These statistics should alarm each and every one of us.

From the most recent study, the medical specialties affected the most and from highest to lowest are as follows:

- Critical Care- 53%
- Emergency Medicine- 52%
- Family Medicine-50%
- Internal Medicine- 50%
- General Surgery-50%
- Infectious Disease-50%
- Radiology-49%
- Ob/Gyn-49%
- Neurology-49%
- Urology-48%

As emergency physicians, we are essentially leading the pack in burnout.



“To think is to practice brain chemistry.”

-Deepak Chopra

Over half of this country's board certified emergency physicians, [52%], are already suffering emotionally.

Burnout is a very real problem for all of us. Each year, the effects of burnout can become so overwhelming, that for roughly 300 to 400 of us, suicide has become the only way out. At this moment, six out of 100 physicians, suffering from burnout, are contemplating suicide.

We enter medical school with amazing psychological profiles (students begin medical school with superior mental health profiles relative to graduates entering other fields). Yet, shortly after we finish medical school, residency, and a few years of practicing medicine, we begin to succumb to the emotional dysfunction of professional burnout. This is a very steep and quick downhill slide in our overall emotional health.

These studies and surveys are showing us that this phenomena is unique to our industry, and it's destroying our careers and our lives. Interestingly, research shows that as physicians, we still have generally high degrees of satisfaction with our career choices, yet we exhibit large amounts of dissatisfaction with work-life balance, as well as alarming levels of medical burnout.

Why is this happening to us?

No one knows for sure. I can tell you from my own personal experience with burnout left untreated, it does not allow us to feel happy, engaged or fully alive. It's bad enough that medical burnout robs us of our ability to enjoy our careers (in which we've invested so much) but it doesn't stop there, eventually we can no longer enjoy our lives.

Many think the fact that one in two US physicians has symptoms of burnout implies the origins of this problem are rooted in the environment and care delivery system, rather than in the personal characteristics of a few susceptible individuals. But, does it?

Let's think about this for a moment. Burnout happens in all specialties and all care delivery environments: plastic surgery, general pediatrics, radiology, urology and even pathology! These specialties are very dissimilar. Burnout happens in the office, the hospital, the clinic, the emergency room, the delivery room, and the operating room. These environments are not the same either.

Maybe, just maybe, the root cause of our emotional dysfunction isn't in our environment or clinical situation, but rather something that is deeply internalized within each of us. After all, physicians are a diverse group of people, but the one thing we all have in common is that we graduated from medical school.

What could have been implanted within all of our psyches during those four years of medical school that could result in our universal emotional dysfunction?

The clue to answering this question lies in looking at what has been shown to diminish the effects of medical burnout. Looking at the research, it's a short list of options that have statistically shown some positive effects; taking more than two weeks of vacation a year offers a mild effect and volunteering outside the hospital, in our off time, offers a moderate effect. But it's in the one that offers the biggest effect, mindfulness or mindfulness based stress reduction training, that I believe we find the answer.

"Mindfulness means maintaining a

moment by moment awareness of our thoughts, feelings, bodily sensations and surrounding environment. Mindfulness also involves acceptance, meaning that we pay attention to our thoughts and feelings without judging them—without believing, for instance, that there's a "right" or a "wrong" way to think or feel in a given moment."
-Greater Good Science Center

A mind is a terrible thing to waste.

What were we taught in medical school that could stop my colleague from facing her young patient and delivering the news that he has metastatic brain cancer? Remember she could not bear the thought of crying in the room, and she clearly knew she would! She was crying when she told me about the case, but at least it was not in the room, at the bedside, or in front of her patient.

We were taught, in no uncertain terms, there is no greater sin in medicine than getting too close and involved with our patients. We were taught it's imperative we keep a safe professional distance, that we stay clinical, and most importantly, detached.

We were warned not to connect or to get close or friendly with our patients because this connection will remove our objectivity, cloud our judgment, and make it impossible for us to make good clinical decisions. We were taught to believe that not connecting would make us better doctors and that feeling the pain of our patients would consume and destroy us.

Keeping our professional distance is the seed planted in our psyches during medical school that no longer serves us and is the root cause of compassion fatigue and burnout in all of medicine today.

This is the reason doctors are suffering. This is the reason that my colleague is carrying that 35-year-old man with metastatic brain cancer around with her

and why she cries each time she thinks about him. This is the reason six out of a 100 of us are contemplating suicide.

Science is now showing us our bodies are not wired to work this detached way, especially if we want to care for others. This is because care, just like love, can only be experienced in connection to another. Care requires a connection to the one you are caring for. We can't care if we don't connect. This flies in the face of what we were taught about not connecting to our patients in medical school.

Dr. Henri Nouen teaches us that the word care comes from the Greek word "kara," which means, "to lament, to grieve, to experience sorrow, or to cry out with". He goes on to show us that all of us, without exception, "are uncomfortable with an invitation to enter in someone's pain before doing something about it." But the essence of care doesn't lie in doing something about the pain—it lies in entering into it, freely and wholeheartedly. He teaches us that "the friend who can be silent with us in a moment of despair or confusion, who can stay with us in an hour of grief and bereavement, who can tolerate not knowing, not healing, not curing...that is the friend who cares."

Care is actually rooted in the human condition itself. None of us are immune from facing pain, suffering, disappointment, regrets and death. We're all merely mortal and stage four terminal brain cancer could happen to any one of us. When we come to the ER because we're sick, injured or just overwhelmed by life, we do not necessarily believe we will find a solution for our problem, or a cure for what ails us, but we all expect to find someone who cares that we're suffering.

If we're mindful about what is going on in ourselves, especially in cases where there is no solution, it becomes easy to see that we can no longer buy into medicine's big lie, and stay disconnected from our patients and their grief. We can see that the only way to release

ourselves from our collective suffering (from burnout), is to step into, and stay in an energetic connection with our patient.

When we're mindful of our connection and we deliver the diagnosis, or the awful news, we will witness their pain wash over their body and register on their face. Automatically, and quite naturally, we will begin to feel within ourselves, the exact same emotions, and quite possibly the same physical sensations our patient is already feeling. This is because deep underneath our cognitive awareness, our hyper-vigilant survival based MNS (Mirror Neuron System which is buried deep in our brain stem, connected to our limbic system and our amygdala) forces us to mimic within our own bodies all of the facial expressions and body language that is happening right in front of us within our patient.

This process, which in the context of the patient encounter, has been labeled affective empathy, is unconscious and almost instantaneous, and there is nothing we can do to stop it. This can actually hurt and it can be emotionally overwhelming, and we may begin to cry, especially if our patient is sobbing, but feeling the pain of our patients so intensely, as if it were our own, will not consume and destroy us, like we were taught in medical school.

This is why my colleague could not deliver the diagnosis to her patient with metastatic brain cancer. She, like you and I, was taught that feeling this sort of pain, would overwhelm her and that she would lose her objectivity, that it would essentially steal her ability to make good clinical decisions from her, that she would in effect become a bad doctor. Nothing could be further from the truth!

It's here in this painful place, where we feel our patient's pain as if it were our own, when we're mindfully engaged in the process with our patients, that the natural empathetic process will unfold organically and we will enter the next phase of the process, called cognitive empathy. It's in this next step that the pain

we're feeling lessens a little and we begin to wonder, as we move from the level of our brain stems to our prefrontal and frontal cortexes, what it must be like to be in their shoes. By allowing our curiosity to wonder what it's like for them, we naturally begin to move away from that painful empathetic place and into the next natural phase of the caring process, compassion.

Compassion is the feeling that arises within us when we're confronted with another's suffering and feel motivated to relieve it. We just wish that things were better for them. Research shows when we begin to feel compassion, our heart rate slows down, oxytocin, dopamine and other positive neurotransmitters start to be elaborated in our frontal cortex and the centers and nuclei that register pleasure begin to light up.

As we begin to feel better and these neuro-chemicals wash over the gray matter in our frontal and pre-frontal cortexes, we become more tolerant, open and trusting and are better able to see the interconnectedness between people and situations. We begin to see more possibilities and become more receptive to novel solutions. At the same time, our patient's MNS causes our patient to mimic what is happening for us and our patient begins to feel what we're feeling. It's when we speak or act from this place of heightened compassion that we can truly make a difference for our patient and ourselves, and we both feel better.

Practicing mindfulness while practicing medicine allows us to see that compassion cannot fatigue. Compassion enlarges and augments us as doctors, healers and people. It's when we get stuck in the place of affective empathy, each time we avoid delivering a devastating diagnosis because of what we were taught in medical school, that we over time, with each new patient, start to experience empathetic overload. No one can hold all that grief and pain and expect to be healthy emotionally. This is why we succumb to burnout. This is why we can't enjoy our careers or our lives, and this is

why six out of 100 of us are thinking about suicide as the only way out right now.

Only when we begin to mindfully practice medicine and allow this caring process to unfold naturally, without being afraid, can we know for sure that what we say and do, matters.

By walking these steps in connection with our patients, we begin our own journey home, back from burnout, to a wholesome and emotionally healthy experience of life itself.

Until next time, go care, make a difference and change (y)our world.

"Executive Director's Desk" continued from page 5

3. Stop the political bickering and make a government that works for all people.
4. End the religious wars taking place around the globe. Put religion in your back pocket, don't just look at people and judge them because they believe in doctrine that's not the same as yours—see number 1.
5. Build a world that can feed its people; where ideas are accepted and not something to be afraid of; where the air and water are clean and healthcare is practiced in a fair and equitable way.

Happy New Year, my friends. Wishing you a wonderful year, filled with what is important to you and yours.



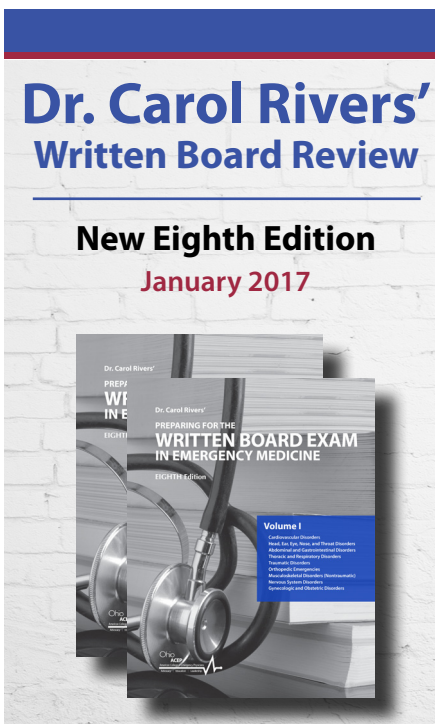
**THE DOCTOR
(LOAN) IS IN.**

Jacqueline Chong • NMLS# 444530
312-341-1797 Office and 773-744-0404 Cell Phone
[www.53.com/mlo/Jacqueline Chong](http://www.53.com/mlo/Jacqueline%20Chong)



**FIFTH THIRD
MORTGAGE**

Loans subject to credit review and approval. Fifth Third Mortgage is the trade name used by Fifth Third Mortgage Company (NMLS #134100) and Fifth Third Mortgage-MI, LLC (NMLS #447141). Fifth Third Bank, Member FDIC. Equal Housing Lender.



**Dr. Carol Rivers'
Written Board Review**

New Eighth Edition
January 2017

Approved for AMA PRA Category 1 Credit™

Order Today!

Ohio ACEP **www.ohacep.org**
(614) 792-6506