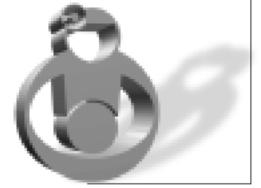
"12 Steps" toward healthier attitudes and coping strategies

Rehumanizing: overcoming personal and professional isolation



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This month, Physician Health embarks on a series of articles aimed at assisting physicians to achieve improved physical, social and emotional health. The first instalment examines some of the ways that medical training and practice can promote a sense of isolation among physicians — isolation from colleagues, patients, friends, family, and even ourselves — and the steps that can be taken to relieve our isolation.

What does it mean to be isolated? Certainly, during our training as physicians, we are surrounded by a myriad of others. In lecture halls, clinic and seminar groups, hospital wards and doctors' offices we learn the art and science of our profession. Obsessively, we absorb the knowledge and skill required to diagnose, treat, and, where possible, cure our patients. Exalted, we are granted access to the innermost details of the lives of our patients. In such a setting, how can we become alone, set apart, and insulated from ourselves and others?

Few doctors see medicine as simply their job. More than a means to earn a living, medicine can feel like a calling, a glorious opportunity to help, heal, and make a difference. From the first days of pre-medical training to graduation from residency programs and beyond, we devote more and more of our time and energy to our profession. As a result, personal development can slow — or even stop. Some of us begin to lose ourselves to our evolving identities as doctors.

In *Staying Human During Residency Training*, Dr. Allan Peterkin writes, "Young physicians must be able to find a balance between their own vulnerability and their role as 'non-omnipotent' healers." I believe this is true for all of us.

Dr. Peterkin concludes, "...conformity, even to deforming principles, can be the price of success." Professional success and personal health do not always coincide.

Which "deforming principles" can Dr. Peterkin mean? Certainly, we learn to do without sleep, food, exercise, and sufficient leisure and recreation while in training. It has always been so. Is there anything wrong with this time-honoured practice that can be said to build character and dedication and prepare us for our lives to come as medical professionals? In order to cope, we deny our basic human needs: snatch sleep when we can, eat pastries during rounds, sacrifice time with friends and family for study and time on the wards. They will understand: we are becoming doctors.

Our emotional life can be negatively affected as well. Bernie Siegel, surgeon turned author, writes, "Like many physicians, I had built walls around myself as protection from the emotional pain that I was seeing. My training was about how to treat disease. And when you begin to realize you can't cure every disease, you start to feel like a failure."

Doubt, fear, sadness and anger are but a few of the powerful emotions that comprise our own emotional pain. We learn to wall them off and never reveal them to others. And few physicians in training are taught how to deal with feelings like these. Eventually, we can keep these feelings from ourselves, as well. We may forget who we really are.

At some point we may begin to drift away from the people around us. Beyond the obvious intrusion into our available time to spend with others, our preoccupation with work can cut us off. Some of us develop a distorted sense of self — influenced by our powerful image and regard as medical professionals. From that perspective, it's easy to blame people and circumstances outside of ourselves for problems that arise in our lives. Feelings of resentment can develop toward friends, family, colleagues, institutions, and even our patients. Genuine intimacy with significant others may become difficult. Hardly

aware of what has happened, we may find ourselves alone and unhappy. In turn, we may impart these sentiments to the next generation of physicians.

Now, any professional can experience isolation due to the same, or similar influences — especially those in the helping professions. It's natural for physicians to place the needs of others ahead of our own. Some, like Dr. George Vaillant, say we are predisposed to doing so. In the often-cited paper, *Some Psychologic Vulnerabilities of Physicians*, he states, "Medicine becomes a strain only when the physician asks himself to give more than he has been given."

How, then, do we reverse this process? Can we be relieved of our isolation and re-connect to ourselves and others? As practitioners of the most human of professions, how do we rehumanize personally? We need a powerful paradigm for change — one that's effective on a personal and professional level.

In this century, one such paradigm exists. For many, "Twelve-Step" programs have offered effective guidelines for personal change. Alcoholics Anonymous is the prototype of these programs, but the Twelve Steps have been adapted to help with many other human problems. Perhaps we can also modify them to suit our needs as isolated physicians.

Here, then, are the OMA Physician Health Program's "Twelve Steps for Medical Professionals: Suggested Guidelines for Physicians Who Seek Rehumanizing."

1. We admitted difficulty living as a medical professional only, that problems arise from this single focus in life.
2. We came to believe that accepting help and support from everything life has to offer could restore our physical, mental, social and spiritual health.
3. We made a decision to turn our will and our lives over to the care of our fellows who have learned these lessons and a Higher Power as we understand one.
4. We made a searching and fearless personal inventory of our problems, strengths, goals and dreams.
5. We shared our list with trusted others, acknowledging our character weaknesses, virtues and humanity.
6. We were entirely ready to accept the help available to address our basic human needs.
7. With humility and an open mind we sought to correct the shortcomings in our lives.
8. We made a list of all persons and institutions we resented and became willing to address these issues.
9. We made direct amends where necessary and took any action required to relieve these tensions, except when doing so would harm others.
10. We continued to monitor internal feelings and needs, promptly admitting when we had a problem.
11. We remained open and responsive to help, guidance and love we can receive from others who care about us.
12. Having achieved personal revitalization as a result of these steps, we try to carry this message to the others in our lives, and to practise these principles in all our affairs.

These steps begin with our acknowledgement of a problem, and that help exists. We are then guided toward honest self-awareness, understanding and perspective. Once willing, further steps are taken to correct our personal shortcomings and the problems in our lives. We learn some humility. Resentments are relieved and relationships heal. We are closer to ourselves and our fellows. We achieve balance in our lives. We strive to maintain this condition, and pass it on to others. These are not extravagant statements, but rather promises offered to those who work for them.

In subsequent articles we will examine each step to see how it may be useful in guiding us toward improved social, emotional, and even spiritual health. OMR

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