

When Healers Need Healing

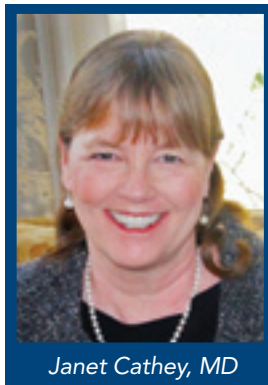
Physicians' Experiences on the Receiving End of Medicine

BY CASEY L. PENN

One Friday in August, gynecologist Janet Cathey, MD, was in her usual comfort zone. A physician in control, she had operated on two patients that day. After reassuring them that all had gone well, she headed out of town, looking forward to weekend plans with her family.

By early Saturday morning, this in-control doctor would become the patient – in need of her own reassurance. It was around 2 a.m. on the dark, curvy roads indigenous to NW Arkansas when she lost control of her car. When the car collided with a culvert, Cathey felt the energy explode beneath her seat and knew immediately she had a spine injury. At about 4:15 a.m., rescuers found Cathey conscious but unable to move in a ravine near Alpena, Arkansas. Soon she was airlifted to Baptist Health's emergency room, her ER of choice. "Things were happening at lightning speed,"

she recalled of the scene at Baptist. "I had a burst fracture of L-1 and needed spine surgery ... They were moving me, cutting off my clothes. I was scared and still screaming in pain and frustration,"



Janet Cathey, MD

she said. "At that moment, ER doctor Wendel Pahls, MD, was at the head of my bed. He held my face and calmly and quietly said, 'Janet, you're going to be alright. We're going to take care of you.' For the first time since I'd hit the culvert, I felt calm, secure."

Physicians often become comfortable – even consumed – with their role as healer; in that state, they rarely give thought to themselves as patients. When physicians get sick or injured, their experiences can have a profound effect not only on them personally but also professionally in how they view – and treat – their patients. Psychoanalyst Carl Jung alleged that "wounded" healers make better physicians as a result of their suffering.

After surviving his own rough start as a patient, Columbia University psychiatrist Robert Klitzman, MD, determined to sort out what physicians go through as patients. His book, *When Doctors Become Patients*, charts the journeys, insights and experiences of his and 75 other physicians' suffering from a number of illnesses.

Accepting the New Role

Klitzman's patient experience began shortly after his sister was killed in the 9/11 bombing of the World Trade Center; when those twin towers came

crashing down, Klitzman's body, too, began to crumble. He was surprised to find himself suffering from a condition



Robert Klitzman, MD

he regularly treated in others. "I was a psychiatrist, but for the first time in my life, had physical symptoms of grief and depression," said Klitzman. "I was astonished at how the experience was differed dramatically from what I had thought, based on my experience and training as a psychiatrist. I was amazed at how much

it was more bodily than emotional. My body had given way beneath me."

After his own recovery, Klitzman wanted to understand the rare, dual perspective of physicians who have confronted serious disease. His interviews revealed first and foremost that many physicians resist, at least initially, the idea of being "sick" or being "the patient." Furthermore, many physicians most resist "not" being the doctor. And why shouldn't they? From day one of their medical training, they learn to distance themselves even while trying to remain compassionate. "Some observed signs and symptoms of disease in themselves but 'didn't put it all together.' Others described feeling that they wore a 'magic white coat' that protected them from disease," Klitzman said. "They resisted patienthood in various ways. One physician, when entering the hospital to undergo surgery, brought his own pain meds with him in a plastic baggie so

he wouldn't bother the nurses.' Others wore surgical scrubs rather than flimsy patient gowns."

Frank Griffin, MD, orthopedic surgeon in private practice in Van Buren, Arkansas, found that he, too, struggled to put himself in another physician's care. Like Klitzman, Griffin suffered from a condition he commonly treats in others, a bone/cartilage tumor called chondrosarcoma. After some preliminary review of his tumor and its treatment, he tried to be a "good patient" by not second-guessing his prescribed treatments. "I tried to just be a patient. Because I've had complications from the treatment, I'm not sure that was the best course for me."

Realizing the Patient Within

Whether they felt trapped – or stultified – in the role of the patient, physicians found that once there, they had plenty to learn. Klitzman said many aspects surprised physicians; for instance, they found that 'non-specific symptoms' such as nausea and pain were far more horrific than they had ever thought. "One gastroenterologist developed severe abdominal pain, and she said that despite 20 years of treating patients, she had 'no idea that pain could be this intense.' Others – including myself – were surprised by how hard it was to speak about taboo subjects such as feeling depressed."

Another big surprise was the importance of spirituality to patients. Of spirituality, Klitzman said some doctors had previously 'pooh poohed it' when patients asked to be prayed for. "But as patients themselves, many of these doctors reassessed their beliefs and realized how important spirituality was when severely ill."

Griffin found both emotional and practical aspects of being a patient sur-

prised him. "I was surprised at the size of my bills," said Griffin, adding that he understands now the number of medical bankruptcies. "I can't imagine being an average patient, and having to face those bills."

Also surprising to him was his embarrassment to ask for pain medicine. "I was afraid someone would think I was becoming addicted," he said. "My own hesitation made me think of what an average patient might be going through. We need to remove some of the stigma of taking pain meds while still recognizing the abusers. I imagine there are many more patients suffering from pain than are abusing pain meds."

Cathey, too, said she doesn't believe physicians are generally bad patients, just "different" because of their knowledge. "Such a reputation may come from physicians' waiting longer to seek treatment," she said "but people don't realize that when a physician goes to the doctor, he or she has already been through the preliminaries – be it a round of antibiotics or other initial research and treatment. A lot of what we do each day seems frivolous. We spend most of our time reassuring people that they're okay. When we go to the doctor, it's not over something frivolous."

Cathey also has learned much through her physician-patient role; however, for her the experience was more like a flashback of days past. "As a child born with a congenitive heart defect, I had open heart surgery in 1964 at University Hospital (now UAMS), I grew up with doctors as part of my life," she said, adding that this new experience more than half a lifetime later was a vivid reminder to her of the importance of the patient-physician interaction. "As a physician, you never know what little thing a patient is going to latch onto... be impacted from," she said, remembering that night,

eight months ago, in the Baptist ER. "As a patient, I felt my recovery began when amidst the chaos of the night, Dr. Pahls took a few moments to look at me and reassure me."

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— Frank Griffin, MD

All of that medical knowledge can be a blessing and a curse, especially when physicians suffer from something serious or debilitating, Cathey implied. "For me to have a devastating injury, it really hit hard. Being a physician takes away some of the hope that you'd have if you didn't know your limitations," she said.

Griffin, too, said that knowing all the possibilities somewhat added to his burden as a patient, especially when sharing his illness with his family. "My dad had died just a few years earlier from cancer at the age of 54, so my diagnosis was particularly hard to handle with my family. I went to my doctor's appointments alone and never truly told my family the possibilities. I was optimistic of a favorable outcome, so there was no reason to worry them with other possibilities as far as I was concerned. Being a doctor with full knowledge of all of the possibilities left me feeling a little alone at times, even though I had lots of loving family around me," he said.

Refining the Patient's Physician

Physicians who have been patients seem to bear out Jung's idea that "wounded healers" make the best doctors. Their experience, as Klitzman put it, "on the other side of the stethoscope," leads good doctors to be even better physicians. "They were unsure whether empathy could be taught, but they rec-



Frank Griffin, MD

ognized ways of helping patients more,” said Klitzman, who shared examples of better communication and compassion. One surgeon was told, the night before his surgery, that there was a 5% chance that he may die in the OR. “That night I couldn’t sleep,” the physician told him. “Only later did I realize that this doctor could have instead said to me, ‘there’s a 95% chance that everything will go fine.’ I’ve been a doctor for over 30 years and never realized that these two pieces of information, which are mathematically identical, have such completely different emotional impacts on a patient.”

Klitzman described in his book other changes physicians made in their treatment of patients – things like adding time for questions at the end of each patient visit, trying to get lab results back faster, apologizing for long wait times and more.

For Griffin, going through treatments himself has helped him try harder to un-

derstand his patients. “Since my care, I try to be less judgmental of patients during their first visits,” he said. “I’ve seen studies that suggest that most doctors decide treatment in the first few seconds of a visit. Sometimes patients look disheveled or even like drug seekers because that’s what they are. But often, [their look and demeanor] is a reflection of their pain or lack of sleep. Lack of sleep and stress associated with illness may also make them more difficult in their interactions with doctor or staff. Doctors must guard against snap judgments.”

“It’s the little things that we find out mean so much more to us as patients than we would have thought,” said Cathey. “Maybe having been a patient means that now, I may listen a little more carefully or sit on the side of a bed and hold a patient’s hand a little longer.

“The bottom line is that I can now honestly tell my patients that I understand how much their doctor means to

them as a patient. I understand the respect and esteem in which most patients hold you, their physician. Knowing this is very humbling. I have tried to keep this humility with me.”

Author’s note: *I want to express my gratitude to Janet Cathey, MD, and Frank Griffin, MD, for sharing their personal experiences with Journal readers. I’ve learned so much from listening to them, and I feel sure others will, too. Many thanks also to renowned author Robert Klitzman, MD, for taking time to share the lessons learned through the writing of his book. Dr. Klitzman’s book, **When Doctors Become Patients**, is available at most bookstores and at Amazon.com. He has authored other books that run on a medical themes, among them are **A Year-long Night: Tales of a Medical Internship**; **In a House of Dreams and Glass: Becoming a Psychiatrist**; and **Being Positive: The Lives of Men and Women with HIV**. AMS*

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