CONVERSATIONS THIS ISSUE

We still haven’t come down from the high we felt releasing the first issue last month. Truthfully, we hope we never do. We’re grateful for your warm and encouraging words. There is so much more to say. And it seems that the boundaries in which to say it are not as fixed as we may have imagined. It’s a terrific feeling to be un-tethered from the gravity of “business as usual” and given the space to learn from each other. So here’s to using this next issue to explore more frontiers.

In this month’s Real Talk, Anna reflects candidly on building an infrastructure that recognizes, honors, and supports wellness.

For his contribution to Satisfaction Distractions, Dominic Cruz proves that hardened hearts are rarely a match for puppy love.

In Great Question, we offer advice about how to process that uneasy feeling you may have even in the face of what is probably the right decision.

Subjecting himself to our Big Talk questions, the terrific Willie Smith from the Emory Midtown branch of our family tree gives us a glimpse into who he is at heart. It will not surprise anyone who’s had the pleasure of working with Willie that who he is is pretty special.

Finally, you may be thinking that it’s probably best to let the first few issues of the newsletter roll out and see what this business of talking about wellness entails before you offer your proverbial two cents. We want you to know that your two cents is how we will build a wealth of wellness. So, we look forward to your contributions. This newsletter is allowing us to make room for those different conversations we talked about having in the inaugural issue. We’re excited to hear from you!

Please send your Real Talk suggestions, Satisfaction Distractions, and Great Questions to notenoughsaidhospitalist@gmail.com.
“I often feel like I’m teetering on the edge of the Burned Out crevasse.”

“I’d love to see our community’s commitment to clinicians’ well-being intensify and expand.”

REAL TALK: FUEL TO KEEP THE FIRE FROM BURNING OUT

I have a secret. I am not well. It seems like I can never reach the elusive goal of Work-Life Balance and my life more often feels like a job share between Work Guilt and Home Guilt. Most days, I can only think in 24-hour increments. If it’s not happening within the next 24 hours, I can’t deal with it. I often feel like I’m teetering on the edge of the Burned Out crevasse.

More and more, I have found myself resenting the call to individual Resilience as a single solution to a multifactorial problem. Rather, I’ve come to think of Resilience as analogous to a bridge (crossing over the Burned Out crevasse, if you will). My son recently competed in a first-grade bridge-building project. The challenge: build a bridge between two stacks of books using three pieces of standard paper and 12 inches of tape; the bridge that can hold the most pennies wins. Micah’s group won the first-grade round (167 pennies!) but went down to the third-grade group who smoked everybody with more than 400 pennies. Watching him experiment with paper bridges got me thinking about some parallels with life in medicine.

Even the most basic bridge, like an individual clinician, must be resilient. The overpass has to be made of the right materials and well-maintained. But in order to withstand inherent compressive and tension forces, it has to have other supports that ensure it won’t buckle or snap. Truss bridges, arch bridges, and suspension bridges are all variations on ways to provide that support (thanks to How Stuff Works for my bridge-building primer!).

This is where something bigger than individual resilience comes in. If the clinician is a bridge, the supports are the professional structures we work in – our clinical, teaching, and research responsibilities and the system in which we meet those responsibilities. Just like the variety of architectural approaches to a bridge’s framework, humanely designed professional structures are essential to living and working well.

Of course, the environment surrounding the bridge is vitally important too. Wind, humidity, heat, and snow are substantial contributors to the bridge’s durability, analogous to the intangible culture we live and work in. Supportive and exemplary leadership, caring colleagues, and a corporate commitment to humanity promote building those strong professional structures and foster a thriving community of individuals.

But no matter how strong our professional structures are, how supportive the work culture is, or how resilient we are individually, bad things happen (remember the unexpected fire, and subsequent implosion, of I-85 earlier this year?). Even the most resilient doctors, working in a healthy environment, can still crumble when we’re involved in a bad patient outcome, when we get a frightening needle stick, when our work and home responsibilities collide, or when too many stresses seem to happen all at the same time. That’s when a safety net can be helpful – resources such as authentic counseling, crisis support teams for second victim assistance, or substance abuse services.

In my time at Emory, I’ve personally benefited from some of these types of support – counseling sessions through the Faculty Staff Assistance Program, phone calls from an on-staff psychologist when I had a particularly scary needle stick, and impromptu therapy with colleagues when things were tough. However, I’d love to see our community’s commitment to clinicians’ well-being intensify and expand within the larger culture, be encoded into our professional structures, and strengthened through more “safety-net” interventions made freely available. Living this life alongside others who are trying to balance similar demands means we can also work with each other to start coming up with some real solutions. I look forward to building bridges together.
First, let me issue a disclaimer. While this essay is about my dog, I am not, nor have I ever been, what I would call a dog lover.

Growing up on a small island in the Western Pacific, many animals dotted the landscape of my childhood. By and large though, these animals were typically functional beings and not usually considered pets by any standard definition. Even dogs had practical purposes, such as guarding property or tending livestock. Attachment was rare and, in many ways, largely discouraged.

So, several years ago, when my husband, Mike, and I sat down to discuss adding a four-legged member to our household, I had many reservations. To hear Mike tell it, my side of the discussion was more of a litany of won’ts: “The dog won’t come into the kitchen while I’m cooking;” “it won’t sleep on our bed;” “it won’t sit around the table while we eat,” etc.

Not unpredictably, these hard and fast rules were quickly abandoned once I was introduced to the most adorable 8-week-old black and white and brown Australian Shepherd puppy, whom we would name Cooper. Because it makes me sound more like a principled person, I like to think that it took some doing for Coop to melt my cold heart. However, in reality, it probably took just one of his signature stares, with his head tilted quizzically to one side and his ears raised asymmetrically.

Coop’s puppy years were highlighted by their share of mischief and destruction. Every time he visited, a good friend would usually ask, “So what did Cooper eat this week?” My answers varied from the drywall in the kitchen to a newly planted hibiscus tree to a whole pizza. Then, I’d qualify his unorthodox diet by adding lame excuses, such as we were planning to renovate the kitchen anyway, and the tree was planted in the wrong area, and he actually helped me out with the pizza because I’m supposed to be on a diet. These were less to justify the actions of an undisciplined and overly indulged puppy and more to assuage my guilt as an undisciplined and overly indulgent parent. But, at the end of the day, the only real excuse was that it was Coop. He’s my boy and he sure is cute.

At 7, Coop is now more mature, much calmer, and generally less of a hooligan. While he is still not the most obedient or well-behaved dog by any stretch, he has grown into a gentle soul with many characteristics I cherish and even admire. He is always kind and patient with the little kids in the park who approach him and want to pet his shiny coat. He is generous to a fault with his treats and toys when other dogs come to visit. He never holds a grudge and seems to have an endless capacity to forgive. If I’ve had a rough day, he will usually sit quietly on the couch with his head on my leg, somehow knowing that it is not time to play. While he is incredibly tied to rituals, he always seems genuinely excited about new adventures and activities.

I really can’t (and usually don’t) imagine our lives without that little beast. Once, when I did allow my mind to wander to such a dark place, I found myself reading articles about scientists in South Korea who will happily clone your beloved deceased dog for a mere $100K. And, though I hold fast to the disclaimer stated above, I may or may not have these articles bookmarked on my home computer for future reference.
Dear Anna and Julie,

I recently took care of a patient with a mental health condition that made it necessary for his family to be his primary decision-makers. There was significant evidence to suspect he had an incurable condition, which would likely result in his demise in the coming months. I say suspect because there were still some confirmatory tests that had not been completed, though it was improbable that results would have enabled therapeutic options that would benefit him. The patient seemed to have a good grasp of his condition, as did the family. Here’s what was hard for me to reconcile. His family determined pretty quickly that the best course of action was hospice care, foregoing any diagnostic or therapeutic interventions, unless they were considered part of comfort care. Honestly, having more experience with families who want everything done, even in the face of overwhelming evidence of a terminal condition with gradual decompensation, I was a bit at a loss as to how to frame my discussions with them. I was mindful of my responsibility to my patient and his family to do no harm, yet wasn’t certain that this seemingly rapid decision was the only right course of action. I respected their right to this decision, of course, but still struggle with how to feel okay about it and how to discuss my reservations. Am I wrong to feel this way and would you have approached this experience differently?

Feeling uneasy,

A.M.

Dear A.M,

Thank you for being willing to talk about the frustration that can accompany decisions that seem right, are certainly more expedient, but that leave us concerned we may not be doing the right thing. Even without knowing the specifics of the circumstances, here are some ways that might help you to process the experience. There is an inherently uneasy feeling associated with the profound emotional and social effects of mental illness, itself an incurable illness. If you reframe the family’s experience, it may allow you to see that they’ve dealt with one incurable illness for much of his life and now they’re faced with another. Reframe your own reaction as well, because it is also informed by your own personal and professional experiences. Imagining this patient as someone in your family whom you care about a great deal or even as yourself is probably at the heart of why you feel wrapping things up so early seems like a disappointing conclusion. Yet, when you return to thinking about the family having to make this difficult decision, you may appreciate that they’ve had a lifetime to think about life-altering decisions, so perhaps are more practiced at it. They may have had years of facing uncertainty, and being worried, and feeling hopeless. They may feel just as uneasy as you do, but have developed a set of values based on their reality with their family member, allowing them to make what they view is the best decision in this seemingly rapid way. In life, as in medicine, things are not always as they seem. Asking them about what their experience has been like may make you understand how it is that they are acting in a way we don’t get to experience very often. Likewise, consider being open with them about how our practice of knowing as much as we can, then discussing all available options at length before coming to the best conclusion has been thrown off by this situation. It is okay to share with them that you feel uneasy about it. By doing so you may provide an opportunity to exchange experiences and thoughts that could enrich you and them, as you both strive to do what’s best for him under the worst of circumstances.

Respectfully,

Anna and Julie
Willie Smith is a true Atlanta native, born at Grady, raised in the SWAT (that’s Southwest Atlanta). He’s been a hospitalist at Emory Midtown for more than 11 years, where his interests have expanded to include IT and Care Coordination initiatives.

When are you happiest?
I’m happiest when I am not stressed and able to relax among close family and friends.

What quality do you aspire to most?
The quality that I most aspire to have is integrity. Integrity in thought, speech, and action. I admire people who are trustworthy or “you know what you are getting” types of people.

If you could have dinner with the person you most admire – living or dead – what would that dinner be?
The dinner itself would have to be at one of my favorite restaurants, IHOP. Breakfast food is fantastic as dinner food. Five-stack original pancakes with an omelet stuffed with spinach, bacon, cheese, and tomatoes.

What is your most treasured possession?
I have a few treasured possessions but will narrow it down to a few items. One is the complete DVD collection of the anime series “Robotech.” For those who’ve seen my car, my license plate comes from a robotic ship featured in the show. Second are my alto and tenor saxophones, the latter being the one I always wanted to play as a child. Thirdly, a peaceful home. If our household was a reality show, it would be cancelled eight minutes in because we are so boring and don’t have major drama, which is fine by me.

How would you like to be described?
I would like to be described as someone you can come to talk to in confidence and who would listen empathetically.

Which words or phrases do you use most often?
My go-to filler phrase is “that being said…” I also often use terms of endearment for people, such as “brother/bro” and “sister/sis.”

When are you most disappointed?
I am most disappointed when I feel that I didn’t prepare well for a task or if I let someone down in some way. I also become disappointed in myself if I have hurt someone with my words or actions.

What talent would you most like to have?
I would love to be able to compose a score. I have always been fascinated by musical geniuses who can hear so many parts and write music that blends together.

What is your favorite smell memory?
My wife used to wear a now-defunct line of lotion from Victoria’s Secret called “Pear.” And I will stop right there.

What is your dream vacation?
My dream vacation is anywhere my wife, son, and I can simply have fun together. An amusement park helps, too (Universal Studios, anyone?).

What is another occupation you find intriguing?
I find chemistry fascinating. If medicine didn’t have such a hold on me, being a chemist would be my next choice. Organic chemistry is the absolute best.

What is the hardest part of your job that you think not enough people realize or talk about?
The hardest part of my job that people may not now is the deep emotional turmoil and occasional anguish that I feel when I see a patient’s plight and the team’s frustration over a plan of care. I am glad that many colleagues call me to discuss complex patient care scenarios, but many times it does weigh on my heart. When you hear recurring stories of not enough community resources to care for a patient, no income or insurance, no family to be found anywhere. Or maybe family is found, but they don’t care about their loved ones being in the hospital, so we have to seek legal help for guardianship. When families/patients are rude and belligerent to other staff members or you face pressures from administrators on the status of these patients. When you hear and see these similar scenarios with different patients, seemingly happening more and more, it is very difficult at times to carry that burden.

“I’m happiest when I am able to relax among close family and friends.”

“Breakfast food is fantastic as dinner food.”
**BIG TALK: SMALL TALK’S OLDER, COOLER SIBLING**

Is there any advice you wish someone had given you before you started your career or during your career?

One thing I wish someone had told me when I started my career was to expect changes all around you. Changes come in so many different ways. It could be your own personal growth, new opportunities that you never imagined would come your way, clinical care structures, or colleagues coming and going for various reasons. I was not prepared for the constant change, especially when it comes to colleagues leaving a site.

What makes you feel the most grateful?

My Christian faith is what allows me to feel most grateful. It is the core of who I am, it keeps me grounded, and it’s why I try to display the love I believe Christ models in my interactions with colleagues and patients. While I have my moments, challenges, and flaws like everyone else, to know and embrace the truth of my faith’s teachings about life and resurrection and love makes me grateful. I honor those beliefs by serving people as a physician and as a friend.

“I was not prepared for the constant change, especially when it comes to colleagues leaving a site.”
Not Enough Said: Candid Conversations About Life and Medicine

We’re excited to hear your voices in upcoming issues, recognizing that there are many among us with a lot to add and wonderful ways to say it. The more stories we tell, dilemmas we raise, and experiences we share, the better this project will be. We look forward to your contributions.

Email us at notenoughsaidhospitalist@gmail.com for:

- **Real Talk** fuel you want us to add to the fire
- **Satisfaction Distractions** making you happy
- **Your frustrating** Great Question

Your Editors,
Anna and Julie

CONTRIBUTOR(S)

Dominic Cruz is a hospitalist at the Atlanta VA Medical Center. When he’s not extolling the storytelling virtues of our veterans, you’ll find him making homemade Nutella ice cream for his drooling colleagues.

EDITORS

Anna Von and Julie Jackson-Murphy are hospitalists at the Atlanta VA. When not spending time with her family, Anna can be found fielding yet another podcast link Julie sent to her as a must-listen. When not watching “House Hunters International,” Julie can be found screening podcasts for Anna.

CONSULTING EDITOR

Emily Thomas is the communications specialist for Emory’s Department of Medicine. When not guiding us gently onto the shores of millennial media, she tries to spend as much time as possible with her dog, the illustrious Judith Butler Garland.