The epiphany collector

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In August of 2005 I called the coroner and asked him to review the death of an 83-year-old nursing home patient. There was nothing suspicious about how she had died. She was neither a threshold case nor did she die during an outbreak. She had a very nasty family. He graciously consented to come in, reviewed the case, and ultimately met with the family. I phoned him the next day and his comments to me were more than direct.

"It's a good thing you called me in. They really hate you. I don't think they believed me when I told them there was nothing out of order with the medical care or death of their mother. I also told them I didn't believe an autopsy was indicated. Often families like this think about things and want the body exhumed for an autopsy 2 or 3 months after a death. I made it clear that was not going to happen." I remember feeling this sudden shortness of breath, but I can't remember what I said. I do recall his response.

"Look, sometimes in medicine there will be families and patients who just don't like you no matter what you do. The longer I'm in medicine, the more I'm convinced there are only 2 types of doctors: those who need approval and those who don't. Which one are you?"

At that moment I experienced my first epiphany. Did I really covet approval? Or as a family doctor who would undoubtedly be facing more challenging cases, did I just need to develop thicker skin? From that point on I began paying attention to the experiences that either unsettled me or filled me with a sense of accomplishment. I started collecting and reflecting on these epiphanies.

Risky business

It can be unnerving to be an epiphany collector. If we doctors were really honest with ourselves, we might admit that the negative experiences, while probably far fewer in number, are given more credence emotionally than the positive ones. Maybe that should be an epiphany. It can be hard to know how to learn from our experiences. To be a good doctor, I am convinced that reflection is necessary, yet ironically self-assessment is often inaccurate.[1] There will always be some physicians who will attempt neither.

Longevity

I am also convinced that we need to collect epiphanies to ensure our professional and personal longevity. Epiphanies provide much-needed balance for at least 2 good reasons. First, they afford us meaning. When we choose to embrace diverse opportunities in our professional world, we encounter circumstances that move us out of our comfort zone. Yet there are those times after working in an underserviced neighbourhood or Third World country that we remember what really matters in life and why we wanted to do what we do. There is also the potential for a greater sense of meaning when we witness the clinical epiphanies (those "aha" moments) that medical learners experience because of our guidance. Those nourishing epiphanies offset the less-than-delicious ones.

Second, we need to collect epiphanies because exchanging them with others can foster community. Community protects us from burnout, or at least from one of its symptoms—cynicism. Meeting with peers or mentors and sharing our reflections has therapeutic value. Literature has shown that connections to social support systems can be key to preventing physician burnout.[2] I recall my first days in practice when a wise physician associate listened to my perception of a clinical blunder, then gently provided objective counsel. His experience became my comfort. I benefitted from his years of epiphanies, and his insights restored my perspective. I now find myself in the company of a greater number of medical residents and younger physician associates. I am increasingly comfortable with being transparent about my years in medicine and I find our encounters to be nurturing and restorative.

A triad

I am less persuaded than ever before that my coroner friend had it right at all when he suggested that physicians belonged in one or the other category of an approval dyad. We are far too complex. There are countless combinations. There are physicians who like research and those who do not. There are physicians who need power and those who do not. There might even be physicians who collect epiphanies and those who do not—or perhaps not yet. A triad.

Dr Sampson has practised family medicine in Stouffville, Ont, for 22 years and has been teaching family medicine residents for the past 5 years.

Competing interests
None declared

References

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