



A day in the life of Hippocrates

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Not a week or even a day goes by without something disrupting the routine of our professional lives. The truth is that our medical practices are replete with troubling stories and anecdotes. Just think back to the time ...

When you were called to the emergency department to see a patient experiencing retrosternal pain. As you passed through the waiting room, you noticed 2 young children, sitting patiently, waiting for their father to come out of the consultation room. Their father was their entire world; they weren't expecting you to tell them that their father was gone; they weren't expecting you to tell them that he was dead.

Or, the time when you were in a palliative care unit caring for a patient in a seemingly endless terminal phase of cancer. There was that poor man—comatose, emaciated, cadaverous, with fetid breath, hanging on, to the dismay of his family who looked on helplessly. His agony seemed never ending. Interminable. How much longer did he have? That night, after your office appointments, you went to check on him. There was a chilling calm, with only the sound of the patient's regular breathing to break the silence. Otherwise, the room was empty. And then you noticed something hanging from the pole of his infusion pump. A photograph—of him! It was from another time, when he was young and handsome, proudly standing at the shrouds of his sailboat with a radiant smile on his face. Carefree, alive, and happy. There, side by side, were images of life and of death.

Or, the time when you were a resident assigned to a neonatal intensive care unit. What a concept to give so much responsibility to a young family medicine resident in a pediatrics rotation! In the middle of the night, your pager went off. You remember how stressed out you were—and with cause. There, in an incubator, was a baby who had stopped breathing. A baby so tiny that it could fit into the palm of your hand. So tiny that you were at a loss, until the nurse whispers gently in your ear, "Doctor, perhaps we should massage the baby?"

We all have stories like these, don't we? Stories that have moved us and troubled us.

What do we do with them? Some physicians vent at their desks while they write their notes. Others talk about their stories at team meetings and department meetings. Some talk about them with their partners or friends, after the day is over, while maintaining confidentiality. Some submit stories to the AMS-Mimi Divinsky Awards for History and Narrative in Family Medicine.¹ Others share their reflections in *Canadian Family Physician*. In this month's issue, Amelia Nuhn shares a story about a young girl whom she saw for a rash. On the surface, it is a story that seems typical, but as its title, "An unexpected lesson," hints, it is certainly worth reading (page 926).²

Could it be that some physicians don't share their stories at all? Not even one word? In so doing, they inevitably become hardened, distancing themselves from the emotional aspects of the profession and maintaining a total separation between data and experience. Practising medicine becomes for them a set of facts and actions, the application of clinical reasoning, and the implementation of guidelines and practice guides. In the face of experiences that others find so deeply moving, they just carry on. It's business as usual ...

Don't tell me that you never talk to anyone or that you never confide in anyone. Don't tell me that you aren't affected by these moments or that they leave you cold. That's a prescription for professional burnout—a harbinger of exhaustion and incompetence.

Is it even possible not to talk about it? Not to share? Not to feel?

Competing interests

None declared

References

1. College of Family Physicians of Canada [website]. *AMS-Mimi Divinsky Awards for History and Narrative in Family Medicine*. Mississauga, ON: College of Family Physicians of Canada; 2014. Available from: www.cfpc.ca/Mimi_Divinsky_Awards/. Accessed 2014 Sep 15.
2. Nuhn A. An unexpected lesson. *Can Fam Physician* 2014;60:926.

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