



## On unproductive joy

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The ways in which we cope, these tired days. The ways in which we breathe and sing. *Striving, thriving—not merely surviving*. That was the mantra—at the time, the groundbreaking mantra—of my early McMaster medicine days. The ask was to focus learner energy beyond didactic learning and clinical examinations and find wellness and balance as a whole person in medicine. To celebrate our colours and dimensions as full-bodied humans and use that close view of ourselves to better see others, our patients, for all that they could be.

As an improvement above the disease-based models of the time before, the intention was noble enough. Certainly, the gains have been seen. By formalizing the medical relationship with the art of being human, by shaping it into something measurable and testable (and, dare I say, evidence based), we've justified its existence in formerly strictly medical spaces. We've invested real dollars into wellness programs and created curricula on narrative listening. We've certainly emboldened the discussion around learner mental health and built stronger safety nets for students at highest risk of crisis. The generation of learners coming of age today have inherited a softer, wider clinical lens with real-time benefits for the various CanMEDS roles; they practise medicine and art with a newly and beautifully blended seam.

I, myself, have been a disciple of such lofty arts in my chosen path in home-based care of the elderly. My ear tuned to our shared humanity, I hold the hands of octogenarians and nonagenarians in their houses full of lifetimes and memories. With my whole self I bear witness as, in their time and at their chosen moment, I watch them quietly, often peacefully—sometimes even joyfully—slip away. In these moments I am surely better, in my heart and in my practice, for the ways in which I am fully human in that nuanced clinical space.

### Humanity as a commodity

But even good intentions such as these are bound to be corrupted when filtered through the same broken clinical machine. If you put a penny in a press designed to imprint competitive success and professional viability in a grinding vocation, regardless of intention, that is the product you will see. The machine is our hidden curriculum and our structures of power. The penny is our human joy, which asks instead, and oh-so-quietly, only for more room to breathe. Enter the postmodern medical student. She masters her examinations but also sings, tap-dances, and writes Shakespearean plays. She does

triathlons, spends time with her grandmother, and has any number of tickling eccentricities to display. She is joyful and kind, possessing both energy and wit. She turns off her screens an hour before bed and does yoga every day. The postmodern clinician is *human, new, and improved*. Armed with an endless multitude of skill-based hobbies, she will be better at medicine—more palatable, more lovely. She is resilient and now can cope with anything.

Never mind the bar this raises. Never mind that we have added a new, thick stack of nonclinical skills to the already weighty list of things the sapling trainee must be. Academic skills are no longer enough; one must be human—*more human* than the rest to get into medical school and to continually succeed. Never mind that what we have done is commodify her humanity. Instead of creating breathing room in medical spaces, we've reached deeper with an academic arm into the lives of our trainees. We've told them they must build resiliency; make instruments of their deep selves and wield their quiet joys as tools for clinical success. Their human traits are now professional skills to be listed and counted behind publications and internships on a pressurized resume. Indeed, this will be their only armour for mental health and wellness as we send them into the same chaotic and fractured medical fray.

The cost here has been silent and creeping, felt at first only as a twang in the hearts of those flirting with burnout in the trainee years, now rising to a restless and aching roar in the full-grown clinician of these late pandemic days. The cost is the commercialization of joy—the assignment of productive value to our humanity. Sadness becomes not our human condition but our professional liability. We are asked about coping skills and resources, as if joining a choir or embarking on exercise—*trying harder at wellness*—will be some tidy, total remedy. Burnout becomes a failure in the vein of weak test scores and rejected manuscripts. To struggle is to show the absence of skills; you should know better, you have been trained in *wellness competency*. Granted, you should also be exhausted, stretched thin, and flirting with crisis—these are the badges of honour of the truly dedicated physician—only not too exhausted, not too stretched thin. When we advocate for balance, this is the precarious tipping point where we intend physicians to succeed. Walk the line, but don't fall in. Wellness becomes the last and lonely defence against total collapse, yet another duty offloaded on the overworked

clinician, already crunched under the pressure of systemic strain. By depending on our human time to be so instrumentalized, we forgo the instinct to seek wellness for the sake of wellness alone. To take care not only for the benefit, but rather—dare I even suggest—at the cost of professional success. To find joy unproductively.

### Unshoulder the blame

My friend is suffering in the December of this global crisis. She is 7000 kilometres away. Her job is harder than mine, I think. She, too, holds the hands of the dying nonagenarians but also the hands of the all-comers at death's door. The 60-somethings, the 30-somethings, the young mothers and brothers, and even the children, however unready their families. She holds their hands 15 times a day every day, now for her second year on end. In the pandemic, she cannot even hold them. She stands 6 feet away or on the telephone, and she watches as they weep. She goes home to her child, who is toddling and wakes at all hours of the night, who waits anxiously for her to teach him to play the violin and sing, as she used to do herself. Her husband's work has been painfully disrupted, for 8 restless months without end. She writes to me in notes across a continent, carried like ghosts through satellites and fog. She whispers, "I'm not coping well, these days."

She is a mirror of myself, bruised and heavy and gray. And what pains me most, as her honest voice comes to me in pings across the wire, is where the worst of all this lies. The worst of this should be her front-row seat to the grief of the quickly dying, or this pandemic itself and its slow death-by-a-thousand-cuts on the front lines of care work of intensity so far unseen. But the worst of it is the guilt she feels, her compounded sense of failure. The failure of bearing a sadness that cannot be quickly relieved, stretched off in morning yoga, or sung away accompanied by strings. Nor can this feeling be spun with skill into an essay or an art piece; she cannot make something useful from the senseless weight of all this grief.

This is the sadness that decays to resentment and anger. That becomes, at the end of this long walk along the same aching rail, a bitter numbness and even hatred for the heavy work we bear. Otherwise named, this is burnout. An instinct of rage and exhaustion, or worse yet, emotional silence, when we see "36-year-old male, metastatic colon cancer, prognosis days to weeks." A soul-surge of expletives that must be only momentarily felt and then tucked away, because for all our created and curated spaces for wellness and shareable grief, there still is no time in that 3-day call shift to feel the full brunt of that feeling, to step aside and be truly vulnerable and human—to breathe. Indeed, there is still so little space for this gnawing, wordless despair—the ugliness of physician grief. In the spaces we have, we are asked to grieve in measured units, to cure ourselves of our own aches and pains with the taught skills of resiliency.

Worse still is the use of grief for production: sadness as source material for art, for essay, for career-building expertise. This is not a new itch but is only amplified in the echo chamber of the social media machine. In this public marketplace we barter with human experience. Vivid images of the scars of N95 masks on ghostly, burned-out faces accumulate "likes" at snowball rates, lending capital and credit to those who publicly appear to bear the most grief. This is the grief and wellness we celebrate. What is left for those who cannot share with words, who cannot jog or paint their way out of the deepest corners of despair? What is left for those who cannot market the feeling shaped like a bruised heart under rain, which they carry silently with them beneath their ribs every clinical day? For them, the load that cannot be lifted becomes a professional failure—not the fault of the burden, but some weakness of their tired spine which cannot straighten, after months of bearing all this weight.

My friend and I talk and talk, in time stolen from children and clinical work and sleep. I hear myself saying this isn't yours to fix or tune to better suit my ear. It is not your burden to dig us out of this long pandemic, or to more cheerfully bear its terrible beat. As we walk together, a continent apart, we learn to unshoulder the blame. We understand burnout as a consequence of this year of heavy care work, not as a consequence of our failure or liability. I tell her that of course, of course despair is valid. Of course, you just need space to breathe.

To assign a discrete cure to this kind of sadness would, at this point, be hypocrisy. Indeed, we are still so far from the clear answer all of this needs. It will be the charge of our generation and the generation after us to question our paradigm of wellness, to dare to dismantle this roaring resiliency machine. For now, the instinct is perhaps to step away from the language of thriving and striving; to avoid assigning or measuring the shape of our humanity. Let it be personal and unknown. A physician's strength should be rated on their clinical skills, not in the ability to carry their own heavy heart through terrible storms such as these. We can still expand the clinical humanities space, but we must also make it quieter—not compare or evaluate wellness but build the courage to *allow*, with the greatest of our empathy. Allow heaviness, rage, and exhaustion, make room for wordless sadness that cannot, in pristine wellness terms, be shared.

Perhaps we must take a step even further back and ask ourselves what fertile ground allows such burnout to seed. What is the emotional labour of this care work that so often brings us to our knees? What are the factors in this system built for healing that so commonly cause harm to our patients and to ourselves as chronic witnesses to injustice and suffering? Instead of treating burnout post hoc at the level of individual cases, why not apply all that we already know about systems thinking, about determinants of health and preventive care


and cast our safety nets much farther up the stream? Why not challenge the very structure of care work and its sustainability, when demanded day in and day out of the human spirit. All this, of course, is a long way from here. We are many steps away from a culture where sustained empathy is not backbreaking, and where burnout is not the ultimate norm. Until then, what we can do to reframe our own wellness is take off our white coats and set them aside. Meet our burnout as non-doctors; take the survival of the soul out of the hands of professional gain.

### Bask in the brightness

This month I bought an old dress online at a second-hand boutique. The dress is highly formal and completely unwearable. It is weightless and fluffy with outrageous, gauzy chiffon wings. When I wear it, alone in my house after a long clinical day, I am both Ginger Rogers and Debbie Reynolds. I am a dream-sequence celestial being dancing alone in another time, on a silent, pink-lit soundstage. The dress is too gaudy for a party, too white for a wedding, a thousand timelines' far cry from my other uniform, my personal protective equipment. It is defined uselessness, impracticality to an opulent degree. It is grown-up, unproductive make-believe. And to share of it on a professional platform—to suggest that my dreams have shapes and colours that clash unhelpfully with my professional identity—is startling and vulnerable, almost embarrassing. It brings me a childlike joy unlike anything in this long and heavy year. It cracks me open and brings me to my knees because it reminds me, like a breath of spring air from a window sealed tight, that tired, productive, and professional are not the only ways I can be.

To my friend across the continent I say, you are human and life is full of joy—although in times like these, perhaps only in bittersweet and silent ways. If you find these moments, however fleeting, pause there for a beat. Not because it makes you a better clinician but because you are alive and you deserve to bask in the brightness of your own day. If you cannot find such moments, we can sit with the ugliness of all our grief. Here, be non-doctor; be human and allow it all without judgment, whatever you feel yourself to be.

*Striving, thriving, not merely surviving.* A hierarchy of professionalized tasks, and we are the hammer that misses the nail over and over again. Perhaps wellness is not an action item or professional skill, but a deeply personal—and indeed, widely variable—state of being. Perhaps you are well when you stand and look upon a mountain. Perhaps you are well in church or at home, sitting on the carpet with your family. Perhaps, like me, you are reminded of something unspeakable in the soft rustle of old chiffon, and wellness comes dancing alone in your living room, when no one is there to appraise or see. Perhaps you are well in tinier moments still: when your patient tells an unexpected joke or when, on the drive out from the nursing home, the radio plays a favourite from a time and place far away. When the sun shines for just one moment, and you feel it warm your bones in fleeting yet blessed, untranslatable ways. Gather these moments like flecks of gold, but do not give such wealth away, not least to a system that measures your mental health against your professional viability. Who cares. Who cares what your wellness looks like. Who cares where you find joy, and what stores of it you keep. Let your joy be unshareable and let it be purposeless. Let it be days and weeks and months of goodness, or 15 seconds of warmth in the deepest winter your spirit has seen. Do not write it up or check a box on some obtuse report card; to measure it as your success is to count its absence as your failure. Instead, set boundaries for medicine at the edges of your sadness, and do not let it in to weigh your stores of joy. Only be there, in the space made for your soul. This is human experience writ large, unproductive, and non-transferable. In its sum until the end of days, it is all that we will ever be.

Doctor, do not heal thyself. For that, demand systemic change. But beloved friend of mine, be reminded—you are allowed to dance alone in chiffon or else sit wordlessly with all of your despair. Go to the church of your own soul and tell no one. Find joy in unproductive ways. 

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**Competing interests**  
None declared

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