

Creating a Space Where Doctors Can Be Vulnerable

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We shouldn't try to carry the stress of patient care alone.

Medical school and residency train us to be emotionally removed when treating our patients. The point is not to be cold or heartless, of course, but to be impartial and objective. In reality, however, we cannot separate ourselves from our emotions. Sooner or later, we have to deal with them.

Not long ago, my colleagues and I cared for a 32-year-old female with metastatic breast cancer to the brain and bones. She had a loving and supportive family, including a beautiful young daughter, and she was fighting to live. Her family knew that she was dying, yet no one uttered a word other than "full recovery" to keep her hope alive. Medically, we knew it was only a matter of weeks if not days. The emotional aspects of caring for this patient and her family affected everyone who took care of her, and her death resonated in our hospital.

To help physicians and staff cope with these types of situations and the social and emotional issues we face in patient care, our hospital adopted "Schwartz Rounds."¹ The key features of the program are interdisciplinary communication about specific cases and free and honest discussion about our vulnerabilities. It provides a forum for the entire staff – doctors, nurses, physician assistants, psychologists, allied health professionals, chaplains, etc. – to show support and have an open dialogue with each other. Whereas traditional medical/surgical rounds focus on the delivery of good medical care, Schwartz Rounds focus on the human and emotional dimension of medicine. They are held monthly or bimonthly, depending on the volume of cases or topics identified for discussion, typically last an

hour, and are led by someone trained as a facilitator.

In our hospital, we have two leaders for Schwartz Rounds – a neuropsychologist and a palliative care physician. At each session, the neuropsychologist briefly reminds us why we are there and that this is a time for expressing any thoughts, feelings, or emotions. The palliative care physician gives a quick synopsis of the case. A multidisciplinary panel of the patient's caregivers then describes an experience that stood out in their minds as they took care of the patient and family. Next, attendees discuss their perspectives on the case as well as their personal experiences and emotions. These might range from tears and frustration to happy moments and feelings of pride because of the positive impact made in the life of the patient or family. Everyone's voice is equal, and whoever wants to speak is free to do so. Some just listen. The neuropsychologist closes the session by thanking everyone for their input and attendance and reminding us of the importance of our work and our humanity in patient care.

With so many physicians feeling stressed, isolated, and burned out, discussions about the human and emotional aspects of patient care are much needed today. Although small practices may not be able to shoulder the financial and time investment of a formal Schwartz Rounds program, the general concept is worth considering. In the case of the young mother who died of cancer, being able to discuss the experience with colleagues helped us process our emotions, know that we are not alone, and remember it is OK to be human and vulnerable. Such discussions can also reignite our compassion, the foundation of the patient-physician relationship, so that even in our patients' darkest hours, we can provide the best possible care. **FPM**

1. Schwartz Rounds are a program of the Schwartz Center for Compassionate Healthcare (<http://www.theschwartzcenter.org>), founded by Kenneth Schwartz, a health care attorney who died of cancer in 1995 at age 40.

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