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A road to humanity

■ **Working as a doctor has many rewards, but there are also many challenges. One of the greatest challenges is being able to respond appropriately to the human suffering of our patients without becoming emotionally overwhelmed by it. Most doctors I know have developed some form of defence mechanism to help them cope with this dilemma. We often discuss this issue at the burnout prevention workshops, which I run, and I'd like to share one of my strategies.**

It is based on the 'cone of silence' from the 1960s sitcom 'Get Smart'. My version of the cone of silence is different to Maxwell Smart's. Mine is invisible, and it hangs from the ceiling above my chair in my consulting room. When things are getting a bit heavy in a consultation, I can push a button under my chair, and the cone of silence descends over my head. My cone of silence has a deflector shield on it. It allows me to hear the words being spoken and to understand the meaning of the emotion behind those words, but it deflects the emotions coming toward me. This keeps me safe from becoming overwhelmed with the emotions of my patients, while at the same time allowing me to be effective in helping them.

Unfortunately, no matter how well honed such defence mechanisms can be, there will always be some people who are able to penetrate the shield. The challenge for us as doctors is to recognise when this happens, and to try to learn from each situation, as [I hope] is illustrated in the following story.

It began innocently enough. I first met Susan on a busy Saturday morning. She had a relatively minor complaint, which gave me the opportunity to catch up on the backlog of patients in the waiting room. A couple of times during the consultation, she mentioned that she was feeling quite stressed at work. I 'overlooked' these comments – part of my defence tactics – it was a busy Saturday morning after all – but when she mentioned it again as we were heading out to the door, I suggested that if the stress continued to be a bother, she could come back during the week if she wanted like to discuss things further.

I didn't give that conversation another thought until a few weeks later when Susan did come back, this time with a long appointment. As it turned out, Susan was significantly depressed, and

we commenced standard treatment for depression – psychoeducation, medication and cognitive behavioural therapy (CBT) with a psychologist.

Unfortunately, this standard treatment was not effective. Susan was a poet and history academic. She found that she was unable to write while taking antidepressants. We tried a range of them, and none were suitable. She also found CBT boring and predictable and didn't like the psychiatrist that I had recommended. All treatments continued to fail. She just kept coming to see me. There were times I felt overwhelmed with the sense of responsibility for her care. I would discuss her management regularly with another psychiatrist, but Susan did not want to see anyone else. At one stage, things got so bleak that I spoke with her about the possibility of electroconvulsive therapy (ECT) as an option for treatment. I had never done this before, and it really indicated to me a shared sense of desperation and hopelessness. Fortunately, after about 9 months, Susan started to get better. During her recovery phase, she started writing poems about her illness experience.

Once Susan had recovered, I asked her if I could read some of these poems. She sent me quite a daunting pile. The poems lay at the bottom of my in-tray at home for some months. Then late one night, the pile of poems seemed to call out to me, irresistibly, from the bottom of the in-tray.

At first I couldn't see much relationship between the poems and anything to do with our doctor-patient relationship. If I were to be honest, I would say that I was hoping to find a poem where she said that it was my support that got her through her illness, and that without me it would have all been much worse.

I found a poem called 'And you'. I thought to myself, 'Could I be the you in And You?' So I read the poem. To say that the poem was less than complimentary about my care would be an understatement.

And You'

These are the things

That I could have been

Before you knew me,

(please tick which boxes apply):

- *restaurateur*
- *mother*
- *recruitment consultant*

- Avon lady
 - travel writer
 - fuckwit
- But now I'm not.

And you,
Who knows nothing
Sit there and say:

If not

- Hospital

Then perhaps

- ECT.

There's always ECT.

I'll just put it out there.

You say.

And I say to you:

Sylviajanetvirginiaernest

And more.

You look abashed or possibly bored

Though more likely you are just

A gentleman of science revealing

Your ignorance

Your naivety

Your cruelty

To suggest violence

(incredible)

To cure pain.

And I say to myself:

Black dog's girlfriend is little kitty heroin.

I should perhaps instead seek a vet.

I was shocked. I felt that I had gone the extra mile for her, and this was my reward. I felt hurt. I felt angry. Lots of emotions. But it was late, and I was alone. What to do with all these emotions?

My initial reaction was to do what I usually do in situations like this – have another glass of red wine. But I knew that would not really be helpful. So I did something which I had not done since primary school. I picked up a pen and started to write a poem. I would like to think that I started writing the poem with noble motives, like trying to make sense of my emotional reaction to her poem, but there may have been a bit of a 'nani, nani, nah nah' intention to the writing.

I was surprised to find how easy it was to get the words down on the page. And even more surprised to see what a release of emotion accompanied those words. I guess I was experiencing what Derek Mahon, the Irish poet, was referring to in his poem, 'Everything is going to be alright'² with the lines: '... the poems flow from the hand unbidden, and the hidden source is the watchful heart'. My poem may not have the literary merit of that written by a real poet, but it helped me clarify my thoughts and feelings at that time.

A Physician's Lament

To be (with)

Or to do (to)

That is the question.

To do no harm by just being (with)

An other

Separate, yet not

Different, yet not

Flesh & blood, both.

But what when being (with) is not enough,

When being (with) only

Does harm?

When there is a need to do (to)

An other,

To allow her to be.

To be (with) herself

or

To be with her others.

To do (to)

And to do no harm.

Now there is a question

To vex the mind body spirit

Of this flesh & blood.

Where is the wisdom?

Where is the wisdom I need?

To whom can I turn when my

mind body spirit flesh blood

is not enough,

When my inner well is dry,

Except to the work of others,

Past and present

Who have trodden similar paths before me

Or for me

So that I may

Be

and

Do

For You.

There were a number of benefits from having made the decision to write this poem at that time. There was the initial release of emotion that came as part of the writing process – even more effective than rebirthing, which I had tried during my early days in the Byron Bay region in the 1980s! Writing the poem gave me a greater understanding of my reaction to Susan's poem. It helped me to better understand my role in my emotional response, rather than my more habitual reaction of simply looking to blame the other person. The experience has given

me confidence to use writing, both prose and poetry, to reflect on my experiences as a doctor. I had been aware of the benefits of reflective writing at an intellectual level, but had not experienced it in such a meaningful way before. Furthermore, I had not thought of myself as a very creative person, but this experience has opened up the possibility of further creative activities in my life.

The workshops

As a result of experiencing the benefits from writing in this way, I began to wonder if other doctors would also benefit from paying attention to their watchful heart, if poems would flow from their hands unbidden too.

So in my role as a medical educator at North Coast GP Training (NCGPT), we developed a series of creative writing workshops, 'Beyond the Medical Record', for doctors as part of a research collaboration with Southern Cross University. We were overwhelmed by the response.

The initial series of three workshops were externally evaluated. Participants indicated that they found the workshops to be of benefit in assisting them to feel less isolated, to be better understood, and to regain a sense of purpose in their work as a doctor.

Following the success of our first venture in medical humanities, NCGPT worked in partnership with the Australian Association for Medical Humanities, Southern Cross University, and the University of Sydney to host an international medical humanities conference in Byron Bay in 2006 called 'Taking Heart'. It was attended by over 160 doctors, health practitioners, student and humanities academics from around the world.

I have been staggered by the degree of interest in both our creative writing workshops and the conference. If the amount of interest shown in these events is anything to go by, then we have really struck a chord with the medical community. It remains to be seen if an exploration of the humanities will help with doctors' wellbeing in the long run, but I am certainly encouraged by these promising beginnings.

Since that long, dark night all those months ago, I have had the opportunity to be involved in co-writing a play with Susan Bradley Smith, as well as writing and directing a short film. I am also much braver in drawing on the arts to enhance my teaching. And although all of this has been a huge team effort, it may not have come about if I had not made the decision to pick up my pen and write a poem that lonely evening.

Conflict of interest: none declared.

References

1. Susan Bradley Smith. *And you. Marmalade exile*. Lismore: Southern Cross University Press, 2006. (Used with permission.)
2. Derek Mahon. *Everything is going to be alright*. Collected poems. The Gallery Press, 1999.