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The weight of words in whole person care

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PHYSICIAN FAMILIES GIVE TOO MUCH: THE HIDDEN SUPPORT SYSTEM UNDERPINNING HEALTHCARE

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One moment I am perfectly healthy. Next, I have swung backwards as if I was in a rocking chair that tipped over and smashed on the cobblestones. I am on vacation in Rome with my family and a madman has driven his Mercedes over my feet. In the emergency room I'm grateful for Nitrile gloves filled with ice balanced on my explosive metatarsals. Throughout the night I wait for attention and after 5 am it arrives. I'm deep in need of care from the radiologist, the accidentologist, and the wound care specialist who attend to me. I am 100% reliant on them. As wife and daughter of physicians I am aware also of the multiple demands they encounter daily. I know that they have background preoccupations that may steal some of the focus needed to care for me and other patients. What a thought. Even though they are trained to put patients first, at times they do not. And did I push that awareness further? Did I think that the Rome radiologist might have had - say - an infant daughter with meningitis at home being cared for by a lonely and exhausted partner? No. I did not; I am ashamed to admit this. Yet, is it reasonable to expect me to see beyond my crushed heels to consider the humanity of these physicians?

WHY CARE ABOUT WHAT HAPPENS WITHIN PHYSICIAN FAMILIES?

I grew up within in a medical family. I harbour a deep love for my father, a general practitioner. During much of my childhood in Belfast, Northern Ireland he was an absent presence in my life. He conducted two clinics a day, home visits, dental anesthetics, coroner's exams, and homebirths. In what should have been our living room he took family histories, examined, and prescribed for the people of the nearby housing estate. We lived in dark, cramped quarters in the back. Imagine the servants in the kitchen of a Dickens novel. OK, not really. That's my ten-year-old's view, but you get my drift. Medicine colonized most of our home space.

The Belfast of my childhood fierce-brewed sectarian violence. When I was 16, Daddy told me to pick a university "across the water" and go find a nice husband. My escape from the bombings saved me in so many ways, but the separation was a loss for our entire family. I mourned that truncated connection with my father - those chats in the car, the joking at mealtimes, and his gentle influence on my hot-headedness. I never considered, until recently, the many sacrifices he made and how that must have affected him.

ALTRUISM = ALL-TOO-ISM, ALL-TOO-GIVING = ALL-TOO-SELFLESS

Altruism is a deep ingrained pattern in medical families. It's in the air we breathe. I've been married to a physician for 33 years. What is this altruism that I was born to, that I married into, and is deep in my bones? Altruism has been defined as the "unselfish concern for the welfare of others and has been considered an inherent part of a doctor's profession at least since the Hippocratic oath."^[1]

When I met my husband, I felt a subtle flash of recognition that chimed in with the family dynamics of my youth. I sensed something that would become the pattern, the expectation, and the social project of our marriage. We were both professionals who went to work every day, he in multiple sites - at a rehabilitation hospital, in his private office, and several residential settings. I chose broadcast journalism for my career. Over the decades the gravitational forcefield of medicine sucked on our lives.

My husband was able to massage his schedule to be available for our offspring at every important event and to be present and alive when home. But I noticed how the lack of systemic support in some areas of his work gradually ate into his energy. He loves being a doctor. I am proud of the contribution he makes. Sometimes I think there is all-too-much of these demands, especially when I look around at younger physician families. For our family, over many years it added up to an enormous workload with no guaranteed time off. My husband insisted on taking the high moral ground and would never abandon his patients. We had a 30-month stretch when no away time was possible.

Every medical family's elasticity and willingness keeps the medical system running. Our self-abnegation is expected in favour of the pressing healthcare needs of others. We love it, are proud of it; nonetheless, at times we resent it and are angry. It moves in and we are grafted to it like an extra organ in our chests, re-

routing our energies. We are tired beyond tired. Because eventually that elasticity can go brittle, the willingness to self-sacrifice can go sour. And we ask ourselves how we might put the caring part into balance. In my current work as a coach, I call it all-too-ism. As in all-too-giving, all-too-selfless, all-too-putting-oneself-and-one's-family-last.

HERE'S WHAT PHYSICIANS' SPOUSES TELL ME IN MY WORK AS THEIR COACH

I am a coach working with the overconscientious. Many of my clients discover self-leadership in the most unsuspected places. Physician-spouses may need to work through the grief of lost careers and dreams of independence. Together we flush out useless internal narratives and imagine better ones. Clients consider the appearance the world has of them as financially secure, versus their teeter sense of near poverty. They make room for the jealousy, resentment, guilt, pain, and swear they accept that it is okay to feel these emotions. We get beyond those mental routines spewed out by unrelenting inner saboteurs. We even put ourselves first, yes, hopefully, sometimes only for a brief moment. *Ssshhh, don't say we do that. But we do.*

There are many changes on institutional and interpersonal levels required to support the families of physicians, while training, during practice, especially during a gruelling and drawn-out COVID-19 pandemic. How often does it happen that a patient asks, "How are things? Can you go home soon? I hope so."

The medical system is kept running by the forbearance of unseen partners and children. Like the febrile child told by the stay-at-home spouse that "Daddy/Mummy will be home later. Someone else who is very sick needs them right now." Or the emergency doctor who stays late at work and misses her/his son graduating high school. Learning to wait due to the pressing healthcare needs of others is a trait physicians' children learn young. Some medical spouses sign on for this role. Others have it thrust upon them. In all cases the system's needs trump the families'.

HOW MUCH LONGER CAN THIS HOLD?

Through the grapevine we spouses hear about physician suicides that are never announced to the world. Now the word is getting out. The entire community reeled after the widely reported January 2021 suicide of Granby, Quebec ER doctor, Karine Dion, raising alarms for the mental health of young physicians. Her husband warned of the urgent need for more support. And in the U.S., Dr. Laura Breen took her life for fear of the professional repercussions that could arise from being admitted to a psychiatric ward. It was her intense feeling of impotence to help her COVID patients that landed her there.

A 2018 systematic literature review of physician suicide[2] shows that the suicide rate among physicians is more than double that in the general population. It's higher than in military personnel, a profession plagued with high rates of mental illness and suicide.

Depression and burnout in physicians are well recognized. A 2018 Canadian Medical Association study[3] reported that more than one in four doctors disclosed high levels of burnout and one in three screened positive for depression. In younger doctors, the knife cuts deeper. Almost all (95%) of medical residents screened positive for depression.

I wonder how much longer can this hold? Design of residency and training programs that are more appreciative and inclusive of spouses (who are uber-invested without much to show for it) is recommended. I know too many young doctors who hide their families' needs. I feel strongly that teams should take families' situations into consideration.

In November 2020, eleven years after the Rome episode, my husband and I had another visit to an emergency room after a Montreal driver smashed into our car in a diagonal head-on collision. I lay in pain while the ambulance crew examined me. I knew we had chest wall contusions, perhaps more. I was concerned by the idea of catching the COVID-19 virus in hospital, but of course we went. I reflect on our time in the emergency room where I had little psychic space to do anything beyond lurching around clutching my abdomen and struggling to breathe. I could say it was another missed chance to consider the humanity of the physicians who were working there. (My husband says he recalls the attending physician as warm and human.) In the course of reading this piece the IJWPC editor remarked that being disabled or in pain makes dealing with stress much harder. And I would add that in my need, I should be allowed to accept the care knowing that it is being given by someone who is fully supported -- and this means their family too. Achieving this would be good for everyone.■

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