With a Little More Soul

Blair P. Grubb
Medical College of Ohio, Division of Cardiology,
Toledo, Ohio, USA

Abstract. In addition to the well-publicized problems with reimbursement and manpower in electrophysiology, there is a less well publicized crisis brewing in regards to physicians' social and mental health. The last decades have witnessed tremendous increases in divorce, alcoholism, substance abuse, and suicide among physicians. While the causative factors involved are complex and varied they are, in part, related to a loss of the “soul” in modern medical practice. The following paper tries to address the factors behind this loss and suggests ways to correct it.

Key Words.

“A new philosophy, a way of life, is not given for nothing. It has to be paid dearly for and is only acquired with much patience and great effort.”
—Fyodor Dostoyevsky

In the midst of growing problems with decreasing reimbursement and increasing workloads in electrophysiology there is another, somewhat more subtle crisis in the making. Despite the truly tremendous strides that modern medicine has made in the treatment and prevention of illness, the very patients we so intensely treat have become progressively more distrustful, suspicious of and antagonistic toward physicians than at any time in recent history [1]. The once sacred traditions of medicine that previously bonded both physician and patient in a pact of mutual trust have been increasingly disrupted [2]. As Lown has noted the concept of healing has been replaced by “treating,” the virtue of caring by “managing,” and the simple act of listening to patients has given way to the latest high tech diagnostics and imaging [1]. Physicians seem to have become less and less concerned with the sufferings of a distinct person, and are becoming fragmented into fixers of increasingly smaller aspects of individual organs. Patients are often perceived not as people, but merely as machines in need of repair. While few would wish to relinquish the new found scientific and technical abilities that have provided the basis of the increased life expectancies and general health of the modern world, many long for a way to somehow join them to the older traditions that help maintain the spirit as well as the body, for it seems that we the healers are in need of it as much as our patients.

A series of studies done over the last thirty years have documented an astonishing progressive decline in the mental and social health of American physicians [3]. Physicians now suffer some of the highest rates of alcoholism, divorce, substance abuse and suicide of any profession [2,3]. Divorce rates among physicians have increased over the last two decades at rates far in excess of those of the general population over the same time frame [4–6]. Despite intense efforts at identifying and preventing alcohol and substance abuse among physicians rates of abuse have soared and have continued to increase as have reported incidents of sexual misconduct [7–9]. Suicide rates among physicians have progressively risen to a point that it has become the subject of popular culture [10,11]. American physicians are now retiring at earlier rates than ever before (around 55 years) [2]. At the same time there has been a disturbing trend for young physicians to drop out of medicine altogether, often early in their residencies [12]. A recent study reported that 76% of medicine residents surveyed met the current criteria that define “burnout,” while a second paper found 35% of residents surveyed met the criteria for clinical depression [13,14]. Evidence has been mounting that emotionally impaired physicians are almost as likely to provide suboptimal care as those suffering from alcohol and substance abuse, raising the potential specter of large numbers of functionally impaired physicians providing ever greater amounts of patient care [14,15]. Surely it seems that we the healers are in desperate need of healing ourselves. Yet few in our profession seem to acknowledge that a problem even exists, much less engage in a constructive dialogue over potential solutions [16].

While the reasons for the current state of affairs are both complex and varied, I have come to believe that at least one important part of the problem has been a progressive loss of what can only be referred to as “soul” in our professional lives [17]. For it is in the work environment that we spend the majority of our time, and it is in terms of our work as physicians that we define ourselves. At the same time it

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Address correspondence to: Blair P. Grubb, M.D., Medical College of Ohio, Division of Cardiology, 3000 Arlington Avenue, Room 1192, Toledo, OH 43614-2598. E-mail: bgrubb@mco.edu
is in our daily work lives that the lack of “soul” has become most evident [17,18]. Just as our windowless laboratories and clinics have cut us off from a sense of the greater world around us, our increasingly mechanistic approach and professional veneer have cut us off from the lives of both our patients and co-workers [19]. The sufferer becomes the disease and the algorithm becomes the mode of interaction [1]. We somehow believe that this detachment from the pain and suffering around us will offer protection from the conflict and strife in our own lives. Yet our external coldness and efficiency doesn’t really save us from the pain, it merely buries it at a deeper level. Each day the increasing pressure of modern medicine squeezes out more and more of our souls, a process further fostered by the increasing speed of current society. We are “hurried” through childhood, rushed through the educational system, sped and overworked through residency to finally arrive as a “burnt out” physician [17]. The increasing desire to achieve more and more in less and less time further erodes our ability to notice (much less enjoy) the world around. The process begins so early in life we have little grasp of what we have lost [18].

Yet what is this “soul,” that we somehow have misplaced among the ever growing numbers of preprinted algorithms, CME credits and DRG codes. The brilliant poet and social philosopher David Whyte has noted that the soul’s very nature resists easy definition, and refers to it as “the indefinable essence of a person’s spirit and being [17,18].” He suggests that, “in order to preserve and nurture the soul in modern work life we must somehow rediscover a sense of sacred otherness in the world, regardless of the terms that we use to describe that otherness: God, the universe, destiny, life or love [17].” He reminds us that, “a person must feel that they are somehow and in some way part of something greater in life than just themselves [17].” A man or woman without the sense of belonging not only feels like they are merely going through the motions of life, they feel as if they are suffocating under the weight of the world [20]. Some try and drown this sense of entrapment and frustration in alcohol, cigarettes, drugs and sexual improprieties. Preserving the soul demands giving up the unrealistic thought that by putting on a rough exterior and rushing about madly that we can avoid the pain, suffering and hardship that somehow always find their way into our carefully planned lives [17]. Preserving the soul includes the realization that despite your best efforts mistakes can happen, complications may occur and patients may die. Your practice, HMO or hospital may suddenly go bankrupt, and your carefully planned retirement may disappear beneath a cloud of corporate scandal. Your spouse may suddenly leave because of your incessant pursuit of a successful career [17]. You, your spouse or child may suddenly become seriously ill or die [18]. Pain, fear and remorse may become so intense that you are forced out of your self-constructed shell, but your previous state of hiding may have been so complete that you have little idea of who or what you are.

How do we proceed? Who will show us the way? Whyte insightfully points out that since the very beginnings of civilization art and literature have sought to explore the “deep unexplored interior of the human psyche as a subterranean world that they wish to analyze and comprehend [17].” Artists and writers have long felt that “we live in an unfathomable, shape shifting world that must be lived and experienced rather than controlled or solved [17].” They explore those often hidden parts of life that are full of sound and fury as well as the stark emptiness of those moments that seem nothing but unjust. They uncover our deepest fears about the world, without which we cannot appreciate the full wonder of being alive. “No language matches the concise precision of poetry in describing the human drama [17].” The brilliant poet and physician Dr. William Carlos Williams wrote:

“My heart arouses thinking to bring you news of something that concerns many men. Look at what passes for the new you will not find it there but in despised poems. It is difficult to get the news from poems yet men die miserably every day for lack of what is found there [21].”

Whyte keenly perceives that “work is drama, and our inability to live fully upon and appreciate its stage has caused us to lose a sense of drama in our day to day lives [17].” If we wish to survive as a profession in the 21st century, we cannot wait for others to do things for us. While organized medicine must continue to lobby for our profession’s well-being, we must at the same time begin to transform ourselves. One thing that I have learned over the years is that the essential unit of our lives is the story; “Thus it began, thus it was, thus it ended.” We must begin to see both ourselves and our patients as part of a greater story in which we play the major role. Indeed, one road to salvation may be through our patients themselves. Every day they invite us, no, yearn for us, to share in their lives, their hopes, fears and dreams reminding us that “there’s more to life than pills and incisions [19].” The practice of medicine places us in the unique position of not only being a mere mechanic, but a counselor, teacher, and ultimately a healer as well.

Each of us must find his or her own path. My own appeared in the summer of 1996. During a period of