

A PIECE OF MY MIND

Karla Castro-Frenzel, MD

Department of Anesthesiology, Nemours Children's Health, Orlando, Florida.

Physician-as-Patient—Vulnerabilities and Strengths

The late afternoon sun reached deep into the preoperative holding area. On call days like this one, the floor-to-ceiling windows that wrapped around the surgical suite provided a visual respite. Even on the most demanding days, one could at least gaze out onto the serene celestial landscape where pillowy clouds floated by bathed in the pinkish light of the disappearing day.

On such an afternoon, with an evening of call looming and the staff dwindling, my left hand absently fiddled with the rose quartz bead of my necklace as I rearranged the evening operating room assignments. As my fingertips grazed my clavicle, they were startled by the peculiar sensation of a firm, marble-like structure. With my diagnostic sensibilities suddenly aroused, I ran to the call room to look in the bathroom mirror. I could hardly believe what I saw: a visibly swollen supraclavicular node. Alarm arose within me and smoldered into a panic at the prospect of a cancer diagnosis.

Recurring images of prior patients with cancer haunted my every waking moment. My concerns led to an ultrasound on a Wednesday, which led to a Friday afternoon computed tomographic (CT) scan, which led to an interminable weekend of fretting that finally broke with a gut-wrenching Monday-morning phone call. Immediately after anesthetizing my first patient,

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my surgeon called to tell me I had advanced stage lung cancer—"Does anyone, other than a doctor, receive a terminal diagnosis while working?"

As my tidy, measured, green scrub-clad world collapsed around me, I felt as though I was collapsing inward, my physician-self disappearing, only to reemerge into a warped, new world in which *I* was the patient.

I was *certain* I would die, estimating 2 years of life, at best. Yet I seemed to have walked away from the proverbial burning car without a scratch. Remaining asymptomatic, I came to know my disease only through a set of black and white images and conversations with numerous specialists. After a month of purgatory awaiting the results of next-generation sequencing, I learned that my cells harbored a targetable mutation. I knew so little about oncogene-driven tumors and the advent of targeted therapy. I had no idea that this therapy would provide the sustained response I have enjoyed. Targeted therapy was far gentler yet dramatically more effective than what I had imagined, even obviating the need for radiation and

surgery. So much for my ironclad certainty. Just as targeted therapy spared me from impending death and the stigmata of cancer, workplace accommodations spared me from a loss of identity and livelihood.

Now nearly 4 years after my initial diagnosis, I recognize that physicians possess distinct strengths and vulnerabilities when we become patients. We are unlike other patients because of the inside knowledge and the ability to better navigate the medical system along with easier access to potent therapies. Yet physicians are also uniquely positioned to act as the greatest adversaries to our own patient-selves.

We might unwittingly take on an adversarial stance against ourselves through these vulnerabilities: certitude, shame, guilt, and isolation. The certitude exercised while treating patients can backfire when directed toward ourselves, especially when the field of medicine in question is not the one in which we possess expertise. I was so certain of a 2-year expiration date, for example, that I closed my mind to the possibility of hope, thus driving myself dangerously close to despair. I could not see how I could survive such a catastrophic diagnosis.

In his memoir about a terminal diagnosis of lung cancer, neurosurgeon Paul Kalanithi, MD, best described the ironic disadvantage of medical training: "While being trained as a physician and scientist had helped me process the data and accept the limits of what that data could reveal about my prognosis, it didn't help me as a patient."¹

Shame also is common among physicians-as-patients. We might wonder if we contributed to the illness by something we did or failed to do. Yet when the cloak of responsibility is wound so tightly, we may struggle to recognize when something is not our fault. Because the core work of medicine is to restore health, and indeed this is the public role we serve in our communities, physicians may feel embarrassment or guilt, as if they are not allowed to experience illness.² Guilt also encroaches when considering medical leave and how that might contribute to the clinical burden of colleagues. Some might even fear the judgment and opinions of colleagues and consider continuing to work despite difficulty due to physical pain or fatigue.

These negative sentiments can crescendo into a tremendous sense of isolation. Without access to other physicians living with serious illnesses, it is easy to feel utterly alone. Furthermore, physicians possess an elevated risk of death by suicide compared with the general population. These feelings of shame, guilt, and isolation, when layered over a catastrophic diagnosis, can become palpably life-threatening.

Fostering an awareness of the vulnerabilities physicians might face both as patients themselves and as

Corresponding

Author: Karla Castro-Frenzel, MD, Nemours Children's Health, Florida, 6535 Nemours Pkwy, Orlando, FL 32827 (karla.castrofrenzel@nemours.org).

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physicians treating physicians-as-patients might help future physicians facing serious illness. At any moment, we can become patients. At any moment, we could care for a physician-as-patient.

The thought of becoming a patient does not immediately conjure images of strength, but physicians are, in fact, among the most resilient patients. High intelligence and a working knowledge of the medical system also benefit the physician-as-patient. Not only are diseases and their treatments more comprehensible, but physicians can share their understanding with lay members of support groups who might otherwise struggle to understand treatment options. Furthermore, by serving on the medical committees of support groups, physicians can improve care for others and potentially help further research. Physicians also can pursue continuing medical education in fields outside their clinical expertise to gain a deeper understanding and remain abreast of emerging treatments. The intellectual satisfaction of understanding a disease or a new therapeutic agent can help supplant those former feelings of shame and isolation.

Strength also resides within the networks physicians circulate in. Although the workplace might not always feel especially supportive, the healing environment of the hospital can nurture and support us. However terrifying and humbling it might seem, openly relating a health crisis to colleagues may help us receive the ultimate gift from our fellow partners in healing: faith, hope, and love.

I discovered the best of my colleagues when I revealed my diagnosis. Their faith in me is what saved me from despair, restored hope, and ultimately rebuilt the faith I needed to live with terminal cancer. I saw how they cared for me and felt how much they loved me. Even the hospital administration helped me by implementing the accommodations recommended by my oncologist. Standing in front of my department and telling them of my diagnosis was one of the most terrifying things I have ever done, but the reward was immeasurable. I have my life; I have my family; I have my livelihood; I get to live a life that serves others.

Serving others might be the most powerful strength physicians possess. On my eighth day back from medical leave, I had to urgently run into the MRI scanner to rescue a young patient who had stopped breathing. After reestablishing the airway and narrowly avoiding a code, I saw the value of my life despite my own terminal diagnosis. As a pediatric anesthesiologist, I could still save someone's life at a moment's notice. Neither my skills nor my clinical expertise had abandoned me. Our work can be restorative not only to patients but to our own patient-selves. I found I could, indeed, exist as both physician and patient.

My ultimate hope, however, is that we can create space for illness as well as wellness. In helping our colleagues feel safe and supported when they become patients, we rehumanize our environments and our very selves.

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