



Let's stop telling doctors to cultivate resilience

By Kirsten Meisinger | July 25, 2018

Lately there has been a lot of discussion among medical practitioners about resilience, and how it is essential to achieving joy in work. Most of the practitioners and staff I know are deeply offended at this concept, myself included.

The medical system in the U.S. is fractured, inefficient, and centered around profits, not health. To work in such a broken system is to be faced daily with difficult decisions, ones that frequently transgress our personal moral compass.

In short, we work in a system that repeatedly and insistently traumatizes us and the patients in our care. Being told to "buck up" or develop ways to ignore these fundamental conflicts trivializes the daily stress we all face.

The patience of patients

Yet we have a role model for how to do exactly that – our patients. Asked to lose a day of pay to show up for an

appointment, then have the misfortune to take the wrong bus, get stuck in unexpected traffic, they're told they cannot now be seen since they are late.

Waiting three days or more for an essential medication refill or being told that they "don't understand" their health enough to manage their disease effectively, many patients, especially low-income and immigrant patients, withstand assault after assault on their competence and self-respect. Any who question the system are labeled "difficult" and "demanding" and punished in subtle ways.

Patients are left with few choices, so they come, as asked, anyway. And we as providers are there for them.

We are working in a broken system that denies us all person-centered care. But we do not have to submit, we can resist. We can demand systems that respect everyone, starting with the people who should matter the most and who have the least agency – our patients. By creating systems that are centered around their needs, we reclaim the respect and humility that should be at the core of taking care of another human.

It is time for us to draw a broader line around community in healthcare. Our patients teach us this; we just have to slow down and listen.

Honestly, this deep listening is so much easier when you care for people from different parts of the world. Explaining to my largely immigrant patient population how things work in the U.S. has been one of the most powerful tools I have for helping me to hear the insanity of what we ask patients to do.

The confused faces and gentle “whys” or “what if I need to . . .” I get back have helped me question my own assumptions of how things should be. My patients tell me how things work where they are from, and if it is possible here, we trial it. I have been able to incorporate so many best practices from around the world without leaving the exam room.

Stumbling upon joy

A funny thing happened after a few years of slowly building a system based in respect and kindness – joy emerged. We didn’t plan for joy. We stumbled upon it. Providers deepen their own resilience with partnerships like this.

But it makes so much sense, doesn’t it? When I can offer a solution to a problem that’s personalized for the recipient and aligns with what I think is right, I know I am a good doctor. When the patient and I both smile at the end of a visit, say thank you, and leave the room calmer and more centered than when we both entered, that is the magic in healing – each other.

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