Perspectives
FROM OUR ALUMNI

28 Hours Later

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It's 3 am, fifteen hours into a brutal 28 hour shift in the cardiac step down unit. I still have so much work in front of me that all hope of sleep has long since evaporated; the only hope I still cling to is that I actually will finish in just 28 hours. Just as I settle down to finally catch up on some notes, the all too familiar chirp and buzz of my pager goes off. I sigh and stare at the ceiling for a second before I pull it off my waist. Maybe it's just a simple request for a sleep aid. I look down at the little green screen.

No such luck. New admission. Chief complaint: "swallowed crack." Great. Another cocaine-induced chest pain case. The ED tells me that he also drinks two liters of vodka a day, and he's already starting to withdraw. Review of the chart reveals that he's homeless, is admitted about twice monthly for alcohol withdrawal, and has a history of "violent behavior towards medical staff." Can't wait to meet him.

When he arrives on the floor, he threatens to punch his nurse after she helps transfer him to the bed, which tweaks his back. "She did it on purpose!" he screams in my direction, as though I would clearly see the reason behind his threats of violence. His coarse tremor makes his withdrawal obvious, even from a distance — the Ativan they gave him in the ED must be wearing off. As I half-heartedly take his history, my mind is focused much more on my vanishing hope of leaving the hospital on time than it is on the ridiculous story he tells of how he came to have to swallow an entire crack rock — I can tell that I'm going to be in and out of this room all morning.

And then I see it — as he's telling me about his chest pain, I see it as clear as day in his eyes — fear. He's never had pain like this before, he's never had this much cocaine in his system before, and it's scaring him near to death. I pause, momentarily shocked not by the fear itself, but rather by the fact that I almost didn't see it; I had almost missed what was plain to see in front of me, what any good doctor should see.

Artwork by Breona Barr

And what's worse, I had missed it because I wasn't paying attention to the person in front of me. I had seen an irksome addition to my already staggering workload, a malodorous annoyance that would ruin my night. What I definitely hadn't seen was a human being in need of my help. This unnerves me, but after a few moments, I recover, focus my attention on him, and do my best to take good care of him. My unease, though, doesn't leave me until well after I go home.

Stories like this, I've discovered, are common in the hospital; this particular event wasn't the first or the last such interaction I've had in my year and a half as a medical resident. The phenomenon is called compassion fatigue, which is defined as "the emotional and physical burden created by the

additive trauma of helping others in distress and leading to a reduced capacity and interest in being empathetic towards future suffering."[1] During the grueling hours and stresses of residency, this decline in empathy seems inevitable. When your job is to spend all of your time exposed to others' suffering, from life-threatening to trivial, you will invariably become desensitized to that suffering.

Of course, some degree of desensitization is inevitable for all of us, and is even necessary to practice good medicine. If I walk into a patient's room to find her unexpectedly decompensating with septic shock and respiratory failure, I won't be able to provide the timely, effective care she needs if I, as I have often been admonished to do, really do think of her like I would my own mother. It would be hard to place a central line with trembling hands and tears streaming down my face. Remaining calm and composed in the face of sometimes overwhelming pain and suffering is part of the job description, and one of the most important skills acquired during residency. But when that requisite numbness goes a step too far and crosses the line into cynicism and apathy, it's a problem, and it's more ubiquitous and harmful than any of us would like to believe.

Numerous studies have been conducted looking into compassion fatigue and they have nearly universally demonstrated that empathy declines across the clinical years of medical school and residency.[5] And there's little doubt that empathy is worth preserving: greater physician empathy has been associated with (among other things) improved diagnostic accuracy, better patient compliance and quality of life, and even decreased length and severity of the common cold.[5] Furthermore, studies have found that compassion fatigue is associated with burnout, depersonalization, and a decreased sense of personal achievement.[1] It worries me, but doesn't surprise me, that this erosion of empathy is happening to me and my co-residents even now, and examples like the story of my late -night cocaine chest pain patient remind me that I am not any more immune than my colleagues.

If we don't stop to reflect on this transformation that is taking place in us — from altruistic, compassionate Champions of the Sick to jaded, cynical Generators of Copious Medical Documentation — that transformation will progress, unhindered, until our ability to care for patients will be limited. We will no longer recognize those moments when an empathetic ear is what our patients need most. We will lose sight of just how bewildering, frustrating, and frightening it is to be sick. Our clinical care will suffer and the joy that we get from our vocation will diminish.

But if we do take the time to stop and acknowledge the change that is happening, we can take steps to halt it in its tracks and strive to find the perfect balance — calm and collected enough to provide optimal care, not so numb that we become cynical and nihilistic. And there are tools at our disposal that can help; certain interventions, such as courses in mindfulness and self-compassion, have been shown to decrease student and physician emotional distress (a known correlate and presumed cause of compassion fatigue) and increase empathy.[3,4,7]

Of course, realistically, few physicians (especially residents) are going to enroll in a mindfulness course, but that doesn't mean that there's no hope for us. The single greatest weapon that I've found against compassion fatigue is simply an awareness of the problem and a willingness to acknowledge it in oneself. It's easy for me to imagine a different version of the scenario above in which I never recognized the fear in my patient's eyes, and never stopped to reflect on my lack of empathy for him. In fact, I'm sure I've missed many such opportunities. I was fortunate enough in this instance to recognize what was going on, stop, and re-commit myself to compassionate care. But this was only possible because I was already aware of the problem of compassion fatigue; I had learned about it in medical school at Wake Forest.

I first encountered the concept in a professionalism course taught by none other than Dr. Pat Ober. We discussed the paper "The devil is in the third year: a longitudinal study of erosion of empathy in medical school,"[2] which demonstrated that medical students' empathy scores on validated tests declined across the third year of medical school. We didn't learn any magic bullet antidotes to compassion fatigue, but at least we all left the course knowing it was something to watch out for. That awareness prepared me as well as can be expected for what was to come and it's one of the many reasons I'm deeply grateful for the education I received at Wake Forest.

Compassion fatigue is real and it's dangerous to both providers and patients. But if we are vigilant, we can take simple steps to combat it, in the innumerable tiny moments of fear and uncertainty that our patients share with us every day; we just need to pay close enough attention to recognize them. So I encourage the entire Wake Forest community to continue to be on the lookout for the subtle effects of compassion fatigue and to be prepared to act against them. If we do so, we'll heed the words of Dr. Francis Peabody, who delivered what would become one of the most famous lines in medical history in a speech to graduating medical students in 1926:

"One of the essential qualities of the clinician is an interest in humanity, for the secret of the care of the patient is in caring for the patient."[6]

I'm sure we're up to the task.

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