

## A letter to a University of Toronto medical student

C. Peter N. Watson (Meds 6T6)

This letter is a response to a request from the Faculty of Medicine Alumni at the University of Toronto to share some thoughts from my medical experience, including in rural medicine. You have made a wise choice in choosing this medical school to prepare you for your choice of direction in medical practice going forward. I continue to value my University of Toronto experience, as well as the colleagues and friends that I met there.

### The Challenges of Practice

I wish that my medical class and I had had this opportunity to obtain the advice from an experienced practitioner a half-century ago, when we were newly graduated. This may have made my career a healthier one throughout medical school, general practice, surviving seven years of residency, and years of specialty practice. The recent CMA's Physician Health Survey highlighted the intense stress experienced by young physicians and those in training. 27% of those surveyed reported suicidal ideation at some point in their residency training, and 48% screened positive for depression.<sup>1</sup> In my specialty (neurology), physician burnout (i.e., feelings of depersonalization, emotional exhaustion, and a low sense of accomplishment) has been estimated at 60%.<sup>2</sup> While there does seem to be some positive change recently in terms of asking for help when stressed, the old way of enduring without complaint continues to exist. The fear of censure from colleagues when asking for help can still be problematic.

Some of you will find your vocation in research and other areas of medicine, but if you feel called to spend your professional life in the "dust of the arena", then certainly as Frances Peabody wisely said, "the secret of the care of the patient is in caring for the patient".<sup>3</sup> I would also add that caring for the patient optimally involves caring for yourself too.

Your professional life will almost certainly be enormously rewarding, but it will also be accompanied by challenges such as uncertainty, losses, disappointments, disillusionment, and errors. You will need to foster ways to cope with these things.

### Rural Practice in the 1960s

In 1968, I began my medical career as a general practitioner in a rural area, a town of only 3000. Our hospital staff included 3 FPs, a general surgeon (usually available), a FP anesthetist (for elective surgery only), a radiologist (once weekly), an obstetrician (who was an hour away if the weather was good), as well as timely and expert telephone advice from the very best of my U of T Faculty. The 50-bed cottage hospital had a lab, x-ray, ER, and surgical and obstetrical suites. This rural experience changed my professional life, making me a better doctor and a more humane specialist. I shall be forever grateful to my colleagues and mentors there, and the patients of whom many I still remember so vividly.

I recall certain patients with a variety of emotions along with the successes, failures, uncertainties, diagnoses, and misdiagnoses of their care. In the day to day mundane office visits and house calls of ordinary practice, some patients stand out as if yesterday. Among these are (in no particular order):

- A farm boy (with his Mennonite family) who was dying from osteogenic sarcoma and pulmonary metastases with intractable phantom pain from his amputated leg. Thank goodness for his oncologist and my teacher at PMH who advised that it was ok to give the morphine doses required to manage his pain.
- A young boy with an upper GI bleed going into shock in an old station wagon, low-ceiling-type ambulance with no elevation, and pumping in blood while transferring him downtown.
- Numerous attacks from farm dogs - luckily on short chains - as they barreled toward me snarling from around the corner of the farmhouse as I left my car heading for the front door. To this day, I still have dog teeth marks on my medical bag.
- Obstetrical challenges such as a massive postpartum hemorrhage in the wee hours, being alone and praying that the blood and drug I was giving would work. Or the unexpected transverse lie in a woman in ER who had no prenatal care. Nor can I forget the young woman with a placenta that would not deliver (placenta accreta).
- The elderly lady in the dark, little house in heart failure. Initially overlooked her paper-white skin, until I realized that her heart failure was from severe iron-deficiency anemia.
- Being pleased to recognize the renal calculus previously misread by a radiologist as a gallstone as the cause of costovertebral pain in a patient.

I left that rural practice because I was single and unsettled. I had fallen in love with neuroanatomy, the brain, neurology, and the problem of pain. However, I knew at the end that they appreciated my work and wanted me to stay, and a large part of me wanted that too. I had learned a great deal from them about people and medicine.

### What is to be learned from this sort of experience?

I came away thinking at that time that all physicians, no matter where they end up, should have this type of experience. As you may be on your own a lot, it is of importance to prepare yourself for the particular rural experience I was reasonably able to do. I was on a steep learning curve for treating the mundane conditions such

as pharyngitis, plantar warts, varicose ulcers, and various types of headaches, but relatively well-prepared for the ER, OR, and OBS.

You should make it clear what you are prepared to give in terms of on call and holidays to recharge. Try to keep up to date with journals and meetings. I came away with confidence, a good understanding of the stresses of family medicine, and with feet firmly planted in the importance of managing common conditions. I was also left with a great intolerance for pejorative views of family doctors that I later encountered in residency training, as well as for elitism, arrogance, black humour, and eponym-spouting, fiercely competitive colleagues.

On graduating, each of us in our class was given a copy of Osler's book, *Aequanimitas*. There is no doubt that a clear and detached mind is necessary to deal with situations such as emergencies and surgery. But there is also a place for, as my old friend Dr. Edgar Hope-Simpson (who made seminal discoveries about the nature of varicella zoster virus from his own family practice) in the UK said, "a kindly, understanding doctor who will keep in touch with his patients is extremely valuable therapeutically."

Finally, being on time as much as possible shows respect for patients who travel, give up work time, and/or organize babysitting to seek help from us. Remember that often one of the most powerful effects we wield may be a placebo (a bona fide endorphin-mediated effect), so look professional and consider the demeanor of your staff, and the appearance of your office. Try to engage the patient and family and not focus totally on your computer screen - one of the biggest complaints I hear!

My early practice in a small town involved many hours of clinical work and being on call almost constantly. My perception at that time was that it was weakness to complain. When I was later recruited after specialty training, as the only specialist of my kind for a population of more than a quarter of a million, I did not regard 24/7 coverage as particularly arduous given the Spartan nature of my training, but rather to be expected. I gradually recognized that I was heading for burnout and made changes. The failure to recognize and help yourself can for some individuals be fatal, so it is a serious business.

## Coping Strategies

Cherish and nourish your good friends, your family, and your close colleagues; you need quality time and effort for this. This means having a reasonable workload and on-call schedule, going to medical meetings to keep updated, but building in breaks and holidays. It means developing interests which are undoubtedly unique to the individual, but may involve exercise, athletics, gardening, hobbies, interests in the natural world, art, music, and other recreational activities outside of medicine. I belong to the United Church of Canada, but also draw from various other sources picking the most meaningful from Stoicism, Judaism, Buddhism, and Islam. I recommend developing your own personal prayer/mantra for daily use and in times of personal distress of any kind.

I would also encourage you to try and develop an interest in the long lineage of your predecessors in this profound calling and what they have contributed and learned. They speak from much experience, wisdom, and compassion. Indeed, "we have seen further because we stand on the shoulders of giants."<sup>4</sup> Some of your own clinical research and medical writing may add another dimension to your clinical practice. Time-honored observational data is again increasingly important as evidence-based medicine will not provide all the answers. Perhaps begin with an interesting case report submitted to a journal about a patient from your practice (it only takes one case of meningococcal meningitis cured by penicillin to establish efficacy).

Finally, Osler said, "It is much more important to know what sort of patient has the disease than what sort of disease the patient has... The good physician treats the disease, the great physician treats the patient who has the disease."

With all best wishes,  
Ave atque vale



C Peter N Watson  
Meds 6T6

## References

1. CMA National Health Survey: A National Snapshot. October 2018. Canadian Medical Association.
2. Busis NA, Shanafelt TD, Keran CM et al., Burnout, career satisfaction, and well being among US neurologists in 2016. *Neurology* 2017; 18: 797-808.
3. Peabody Francis W. The care of the patient. *JAMA* 1927; 88(12): 877-882
4. Isaac Newton.