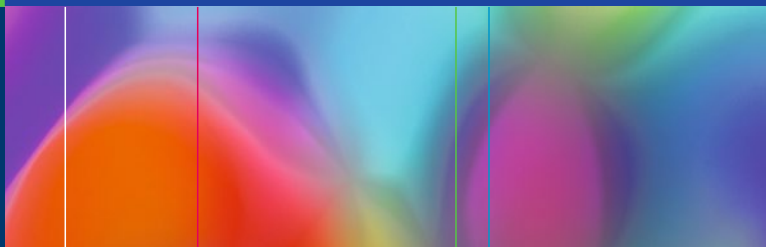


John D. Kelly IV
with Ann Marie Kelly



The Resilient Physician

A Pocket Guide to Stress Management

 Springer

The Resilient Physician

John D. Kelly IV

The Resilient Physician

A Pocket Guide
to Stress Management

With Contributions by Ann Marie Kelly

 Springer

John D. Kelly IV, MD
Department of Orthopedic Surgery
University of Pennsylvania
Philadelphia, PA, USA

ISBN 978-3-319-61218-8 ISBN 978-3-319-61220-1 (eBook)
DOI 10.1007/978-3-319-61220-1

Library of Congress Control Number: 2017944434

© Springer International Publishing AG 2018

This work is subject to copyright. All rights are reserved by the Publisher, whether the whole or part of the material is concerned, specifically the rights of translation, reprinting, reuse of illustrations, recitation, broadcasting, reproduction on microfilms or in any other physical way, and transmission or information storage and retrieval, electronic adaptation, computer software, or by similar or dissimilar methodology now known or hereafter developed.

The use of general descriptive names, registered names, trademarks, service marks, etc. in this publication does not imply, even in the absence of a specific statement, that such names are exempt from the relevant protective laws and regulations and therefore free for general use.

The publisher, the authors and the editors are safe to assume that the advice and information in this book are believed to be true and accurate at the date of publication. Neither the publisher nor the authors or the editors give a warranty, express or implied, with respect to the material contained herein or for any errors or omissions that may have been made. The publisher remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Printed on acid-free paper

This Springer imprint is published by Springer Nature
The registered company is Springer International Publishing AG
The registered company address is: Gewerbestrasse 11, 6330 Cham, Switzerland

*I dedicate this work to the woman of
my dreams and the answer to my
prayers: My wife of 30 years,
Marie Theresa.
You are an exemplar of faith, loyalty,
and a woman “built for others.”*

Preface

The medical vocation is indeed a marathon (Fig. 1). Years and years of “on call” and a seemingly endless stream of demands can exact their toll on physician well-being. This book is for those of us who struggle with attaining balance and finding some measure of happiness in the midst of the stressors which seem to be mounting year by year.

I wish to share the hard-earned wisdom I have learned in my 26 years of practice in Orthopedic Surgery. Many things I will discuss are the result of suffering and pursuing happiness in “all the wrong places.” Other insights shared are derived from my study of the literature on stress management and resilience.

Recovery Several years ago I developed a serious eye infection. The unique organism which attacked the soft tissues around my right eye was *Nocardia asteroides*, an opportunistic contagion peculiar to immunocompromised hosts. My eye surgeon informed me that he usually saw this infection in severely debilitated patients, such as those suffering from HIV infection (Fig. 2).

At that time, I was trying to establish a practice and be a good husband and responsible father to our twin daughters. I reasoned that sleep could be “downsized” in an effort to fulfill my goals. I was also plagued by perfectionism and a rather healthy dose of excessive guilt such that there was little joy in my life.

After nearly losing my vision, I became determined to take better care of myself and tame the demons that were robbing me of my happiness. I dedicated myself to learning the fundamentals of



Fig. 1 Life is a long race



Fig. 2 Rock bottom: Serious infection, right eye



Fig. 3 We can decide our destiny

resiliency and enlisted the help of a therapist. I recognized that physician self-care must receive primacy over caring for others. I further appreciated the truth that the singular most effective means of “providing” for our patients, families, and friends is to preserve our own personal happiness.

Despite ever increasing demands, resiliency can be attained. Decisions are required which will promote health and happiness. In fact, what separates humans from primates is the capacity for self-awareness and imagination—both tools essential for crafting one’s life (Fig. 3).

I am living proof of the power of decision.

Today, I am more peaceful and happy than ever *and* I have never been more effective in my vocations of surgeon, husband, father, and friend.

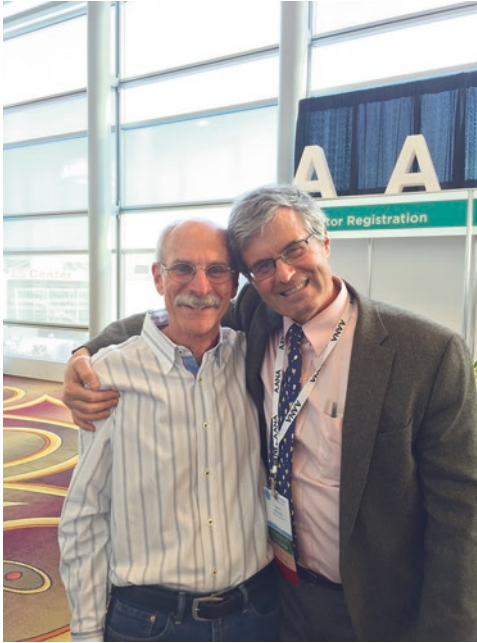


Fig. 4 Author and dear friend Ben Rubin, M.D.

This book is my gift to all of us fighting the daily battles of seeking balance in this most wonderful of vocations. It is time we each reclaim our lives and emerge from the depths of overwork and despair (Fig. 4).

Philadelphia, PA, USA

John D. Kelly IV

Contents

1	The Problem: Prevalence of Burnout and Depression	1
1.1	Happiness Matters	2
	References	4
2	Mindfulness: “The End of Suffering”	5
2.1	Mindfulness and Managing Emotions	6
2.2	Practice Is Needed	7
2.3	Embrace the Process	9
	Tomorrow, Try This	11
	References	12
3	Forgiveness	13
3.1	Forgiveness: Essential for Resilience	13
3.2	Old Baggage	14
3.3	Old Wounds	14
3.4	Forgiveness Defined	14
3.5	Healing Our Hurts	15
3.6	Barriers to Forgiveness	16
3.7	Empathy Is the Answer	17
	Tomorrow, Try This	18
	References	19
4	Relationships and the Medical Marriage	21
4.1	The Data: A Mixed Bag	22
4.2	Commitment	23
4.3	Compassion	24
4.4	Other-Centeredness	25
4.5	Friends and Family	25
	Tomorrow, Try This	26
	References	28

5	Learn from Your Body	31
5.1	Pain	31
5.2	Fatigue	32
5.3	Eyelid Twitching	33
5.4	Depersonalization	34
5.5	Fear and Anxiety	36
	References	36
6	Perfectionism: The Bane of Happiness	39
6.1	What Is Perfection?	39
6.2	Cognitive Distortions	41
6.3	Origins of Perfectionism	42
6.4	Recovery: Courage to Accept Imperfection.	43
	Tomorrow, Try This	45
	References	46
7	How to Deal with Mistakes	47
7.1	The Human Condition	47
7.2	Why So Devastating?	48
7.3	Where Is the Gift?	50
7.4	Learned Optimism	51
	7.4.1 It Wasn't All Me.	51
	7.4.2 Mistakes Don't Define Me.	52
	Tomorrow, Try This	53
	References	53
8	Be Kind	55
8.1	A Focus Outward	56
8.2	A Focus on the Now	56
8.3	Kindness to Self, Kindness to Others	57
8.4	Forgiveness	58
8.5	Generate Uplifts	59
8.6	Resistance	59
	Tomorrow, Try This	61
	References	62
9	The Power of Gratitude	63
9.1	Increased Competitiveness	63
9.2	Egocentric Living	65
9.3	Anxiety and Depression	66

9.4	Heal Your Brain	67
9.5	Gratitude Journal	68
9.6	Quieting the Mind	70
	Tomorrow, Try This	70
	References.	71
10	Work Less to Become More Effective!	73
10.1	Henry Ford and Efficiency.	73
10.2	The Biopsychosocial Model of Wellness.	74
10.3	Vacations: A Lifesaver	75
10.4	Take the Hit	77
10.5	The Sabbath	77
	References.	81
11	Coping with Emotional Pain: Getting Help for Yourself and Colleagues	83
11.1	Look for the Cues.	84
11.2	If You See (Or Feel) Something, Say Something	85
11.3	Aversion to Getting Help	86
11.4	Efficacy	87
	Tomorrow, Try This	88
	References.	89
12	“The Four Agreements” Necessary for Resilience	91
12.1	Agreement 1: Be Impeccable with Your Word	91
12.2	Agreement 2: Never Take Anything Personally.	93
12.3	Agreement 3: Make No Assumptions	93
12.4	Agreement 4: Always Do Your Best	94
	Tomorrow, Try This	95
	References.	96
13	Tolstoy’s Three Questions.	99
	Tomorrow, Try This	104
	References.	104
	Index.	105

Chapter 1

The Problem: Prevalence of Burnout and Depression

Burnout is a stress-induced syndrome defined by the three distinct manifestations: emotional exhaustion, depersonalization, and diminished sense of personal accomplishment [1–3].

It is no surprise that burnout among physicians is on the rise. A 2015 Mayo Clinic survey compared burnout between 2011 and 2014 and reported an increase in the percentage of physicians reporting at least one symptom of burnout, from 45.5% to 54.4% [4]. Loss of autonomy, increasing demands of time and energy, insurance hassles, and the ever-present “electronization” of medicine have intruded into the once sacred bond between doctor and patient. In fact, a recent physician survey [5] noted that the top three causes of burnout were too many bureaucratic tasks, followed by too many work hours and increasing computerization.

Most physicians were drawn to the medical vocation in an effort to help others and mitigate suffering. To most, the call to medicine was indeed a vocation, not a profession. The word *vocation* is derived from the Latin word *vocatio*, “a call.” When one answers a “calling,” fulfillment and satisfaction follow—that is, when one is empowered to actualize the “calling” through enactment of one’s passion and enthusiasm.

Drowning in paperwork, fighting insurance companies and detaching further from connection to patients in a computer-laden office encounter, most physicians will find it difficult to reconnect with their service-oriented intentions.

Burned out physicians provide inferior care, have less complaint patients and are named in more malpractice suits [6]. In essence, we cannot give what we do not have. When energy levels are low, there is simply no “juice” to care for others.

Sadly, suicide rates for physicians are considerably higher than the general public:

for males, two to three times higher; for females, as much as five- to sixfold increase [7]. In one study, approximately 10% of medical students experienced suicidal ideation, with a strong correlation to burnout seen [8].

Burnout can be sidestepped, but it will require a *decision* to seek a more peaceful and joyful life. The above sobering statistics do not necessarily predict certain doom.

1.1 Happiness Matters

Most physicians go through the rigors of medical training believe that “someday I will become fulfilled and happy.” The mantra seems to be “when I am successful, I can finally become happy.”

Nothing can be further from the truth.

Happiness breeds success. Success does not necessarily yield happiness. In truth, happy doctors provide superior care. Happy doctors have more satisfied patients, are named in less malpractice suits and enjoy increased compliance by their patients [9].

One of the most important questions a physician can ask themselves is: “How happy am I?”

The following chapters will help guide you to the path to more fulfillment, balance, joy and yes, happiness. Each chapter ends with some time tested and evidence based suggestions to be incorporated into one’s life as a means to achieve more balance and inner quietude. Commit to the exercises the best you can and new habits will be sown which will inch you closer to your natural state of peace.

Your life and vocation will “soar” once the demon of burnout is slain (Figs. 1.1 and 1.2).



Fig. 1.1 Happy staff



Fig. 1.2 We all can beat burnout to the punch

References

1. Maslach C, Schaufeli WB, Leiter MP. Job burnout. *Annu Rev Psychol.* 2001;52:397–422.
2. Maslach C, Jackson SE. The measurement of experienced burnout. *J Occup Behav.* 1986;2:99–113.
3. Maslach C, Jackson SE, Leiter MP. *Maslach burnout inventory manual.* Palo Alto, CA: Consulting Psychologists Press; 1996.
4. Shanafelt TD, Hasan O, Dyrbye LN, et al. Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014. *Mayo Clin Proc.* 2015;90:1600–13.
5. Peckham C. Physician burnout: it just keeps getting worse. *Medscape Family Medicine;* 2015.
6. Williams ES, et al. The relationship of organizational culture, stress, satisfaction, and burnout with physician-reported error and suboptimal patient care: results from the MEMO study. *Health Care Manag Rev.* 2007;32(3):203–12.
7. Sonneck G, Wagner R. Suicide and burnout of physicians. *Omega.* 1996;33(3):255–63.
8. Dyrbye LN, et al. Burnout and suicidal ideation among US medical students. *Ann Intern Med.* 2008;149(5):334–41.
9. Roberts RG. Seven reasons family doctors get sued and how to reduce your risk. *Fam Pract Manag.* 2003;10(3):29–34.

Chapter 2

Mindfulness: “The End of Suffering”

A recurrent principle in this book is that in order to properly care for our patients, we must first take care of ourselves. Rejecting our own needs for the benefit of our patients may seem like a noble intention, but it is inherently dysfunctional. The consequences—burnout, damaged relationships, and illness—are real and have been well-publicized [1]. Failure to manage our own emotions and relationships contributes to professional dissatisfaction; leaves us vulnerable to divorce and social isolation; and increases risk of depression and substance abuse [2, 3]. We simply cannot give to others when our own emotional well is dry [4].

Attaining awareness of a problem is only the first step; we must be willing to change our ways rather than adopting the dismissive mantra of “that’s just the way it is.”

In this chapter, I elaborate on a key component of attaining resiliency and balance, mindfulness, defined as the practice of living in the moment. Mindfulness can be practiced at home, in the office, and even in the operating room and is a proven “game changer” in attaining a more peaceful, satisfied, and resilient life.

2.1 Mindfulness and Managing Emotions

Being mindful means being completely present in everything we do—whether it is conversing with a friend, engaging in a surgery, or discussing a diagnosis with a patient. The practice of mindfulness, or living in the moment, has been shown to decrease anxiety and depression, while increasing overall feelings of peace and well-being [5–7].

Through the course of any workday, our thoughts can run amok and can barrage our minds with negativity, leading to negative emotions such as guilt and anxiety—veritable energy “sinks.” In truth, negative emotions result from negative thoughts. Guilt is nothing more than thoughts with a preoccupation with the past—a focus on what “should have been.” Excessive guilt undermines passion and enthusiasm and compromises our ability to minister to our patients, loved ones and *ourselves*.

Anxiety arises from thoughts occupied with the future—or what “could be.” Anxiety is founded on “what if?” thinking. For example, “*What if* the case becomes infected?” or “*What if* this complication leads to a lawsuit?” Like guilt, anxiety depletes our inner strength and shortchanges our ability to freely give to others.

Most anxious predictions of negative future events never manifest; dwelling on the “what ifs” only robs us of the confidence, creativity and energy to deal with challenges if and when they do arise.

Only through adhering to the time-tested principles of wellness—satisfying emotional, physical, social, and spiritual needs—can one gain enough peace, joy and energy to share with another. Without emotional health, the entire human organism is shifted out of balance, regardless of the state of one’s physical, social, or spiritual state.

All the elements required to satisfy the demands of the biopsychosocial-spiritual needs of an individual must be present in order to attain wellness. No one human need can be amiss. For example, if one can attain adequate rest, nutrition and exercise and be blessed with a rich social network, yet have a poor interior life, happiness (and wellness) will be elusive.

Mindfulness is a very effective means to gain more mastery over emotions. When immersed in the present moment, guilt and anxiety wane and negative movements of the spirit lose their grip. When we are truly *present*, conversations flow effortlessly, insights manifest more freely during patient encounters, and surgeries are performed lyrically. When we are totally living in this moment alone, we truly become our best selves.

2.2 Practice Is Needed

How can one grow in becoming more mindful in the throes of a busy medical vocation? How do we become more “present”? The answer lies in the practice of *awareness*—the discipline of noticing what is going on *now*. Becoming mindful requires regular practice *and* patience with oneself during the learning process.

Our ego is the source of dysfunctional thinking and is constantly at work, endeavoring to undermine our ability to achieve inner peace. Some simple exercises can help silence—or at least let us peacefully coexist with—the seemingly endless chatter of the egoic mind.

In his spiritual masterpiece, *The Power of Now* [8], Eckhart Tolle explains that becoming *aware of our body* is an efficient way to quell the chatter of our minds. Tolle maintains that when we focus on bodily sensations, we are immersed in a purely sensory state and enjoy the peace of “no mind.” That is, when we focus on feeling our bodily sensations, such as that experienced during breathing, the endless “noise” in our mind recedes, and we no longer are in bondage to our thoughts. Practicing “breathing exercises” daily may appreciably lessen levels of anxiety and stress as well as lessen overall bodily adrenaline levels [9]. To practice mindful breathing, assume a comfortable upright posture, close your eyes, and breathe deeply for 2 min, aiming for inhalation duration of 4 s and exhalation of 8 s. Focus on the sensation of air passing through your nostrils as you inhale and exhale with each breath.



Fig. 2.1 Noticing all the beauty around us keeps us “present” (© 2016 Creative Touch)

The absence of continual stimuli—silence—can be initially disturbing. We may tend to avoid reaching into the unfamiliar inner sanctum of our “quiet space,” hoping that our busy work schedules—the meetings, papers and patients—will keep the inner pain at bay. But this approach will never tame negativity.

Simply feeling our breath is an efficient conduit to the present moment. When intrusive thoughts enter your mind (and they will), merely observe them and let them pass and return to the sensation of each breath. The human brain is plastic and we can actually “rewire” brain circuitry and potentiate “feel good” pathways through regular meditation practice. Those who engage in regular relaxation techniques have actually shown increased activity in the prefrontal cortex, the area of the brain dedicated to focus and attention [10].

Another mindfulness practice is to become more “aware” of all one’s senses at any given moment. For example, in the midst of office hours, one may pause and “feel” one’s own hands and feet throughout the day. Feel the carpet touching your shoes as you walk between patients. Feel the air touching your nostrils as you inhale. Feel the pen in your hand. Notice a flower outside (Fig. 2.1). These simple



Fig. 2.2 The present moment brings us peace (© 2010 T.M.F.Y.)

acts will bring a good measure of serenity to a hyperactive mind. When in the midst of an especially challenging patient encounter, feel the chair you are sitting in, become aware of the chart you are holding, or more importantly, be totally attentive to the patient and his or her story. If you tend to run behind schedule, it is easy to lapse back into an anxious state, fearful of “what if...I get more behind?” When faced with such anxious thoughts, focus entirely on the patient at hand—his or her words, expressions, mannerisms, and physical findings. Use the breath or other bodily sensations to keep you anchored to the present moment. Remember, anxious thoughts cannot flourish when we are totally living in the *now* (Fig. 2.2).

2.3 Embrace the Process

A natural reaction for an early practitioner may be: “I took a deep breath, I am totally attentive to the patient, and the patient still really irks me. This stuff doesn’t work.” You may even ask: “Can I ever attain a mindful state? Is this only attainable for monks, or can a busy doctor master a mindfulness practice that fosters professional and personal well-being?”



Fig. 2.3 Life is meant to be peaceful. With my bride in Hawaii

In truth, difficult patients will always exist, and the challenges we face daily will remain. However, when we can lessen the “cross talk” and “static” in our minds, we will be infinitely better equipped to embrace the challenges each moment brings. We will confront our problems with our “best selves.” When we are mindful, clarity of thought manifests and we are more prepared to deal with what *is*.

A significant barrier to mindfulness is the increased mind chatter precipitated by stress. Become *aware* of these thoughts during stressful situations whenever possible. Mindful individuals become the *observer* of their thoughts and are not the victims of them. The virtue of presence is attained with daily practice. The regular institution of a relaxation technique such as yoga, meditation, or deep breathing can be transformative in increasing one’s inner peace. All of these techniques are simply means to attaining a more mindful state, of getting back to the *now*, where peace and fulfillment are found. When we can embrace one patient, one operation, one relationship, one moment at a time, inner peace will naturally follow (Fig. 2.3).



Fig. 2.4 Pets help us to stay “present”

When stress mounts, pause and take a moment to return to a mindfulness practice using any of the tools suggested. After a few moments, when more present, return to the specific professional, interpersonal, or domestic task at hand. You may be surprised at how more readily the stressor was managed! (Fig. 2.4).

Tomorrow, Try This

- For surgeons, at the scrub sink, consciously feel the soap and water trickling down your hands. Be present to the rinsing of the stream of water as it washes away dirt *and* your endless mind chatter.

- During office hours, take three diaphragmatic breaths between each patient encounter and focus on one patient, one problem, one exam at a time.
- When you return home after a long day, turn off the ignition in your car before you enter your home, pause briefly and take a few slow, deep breaths. Create some *space* between the residual thoughts on the stressors of the day and the present moment. Decide to be the *observer* of those thoughts and leave them in your car.

References

1. Shanafelt TD, Boone S, Tan L, Dyrbye LN, Sotile W, Satele D, West CP, Sloan J, Oreskovich MR. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. *Arch Intern Med.* 2012;172:1377–85.
2. Judge TA, Bono JE. Relationship of core self-evaluations traits—self-esteem, generalized self-efficacy, locus of control, and emotional stability—with job satisfaction and job performance: a meta-analysis. *J Appl Psychol.* 2001;86(1):80–92.
3. Judge TA, Bono JE, Erez A, Locke EA. Core self-evaluations and job and life satisfaction: the role of self-concordance and goal attainment. *J Appl Psychol.* 2005;90(2):257–68.
4. Farber BA, Heifetz LJ. The process and dimensions of burnout in psychotherapists. *Prof Psychol.* 1982;13(2):293.
5. Grossman P, Niemann L, Schmidt S, Walach H. Mindfulness-based stress reduction and health benefits: a meta-analysis. *J Psychosom Res.* 2004;57:35–43.
6. Csikszentmihalyi M. *The flow experience and its significance for human psychology.* New York, NY: Cambridge University Press; 1988.
7. Kabat-Zinn J. *Wherever you go, there you are: mindfulness meditation in everyday life.* Hyperion; 1994. Kabat-Zinn J, Massion AO, Kristeller J, Peterson LG, Fletcher KE, Pbert L, Lenderking WR, Santorelli SF. Effectiveness of a meditation based stress reduction program in the treatment of anxiety disorders. *Am J Psychiatry.* 1992;149:936–943.
8. Tolle E. *The power of now: a guide to spiritual enlightenment.* Novato, CA: New World Library; 2004.
9. Pal GK, Velkumary S. Effect of short-term practice of breathing exercises on autonomic functions in normal human volunteers. *Indian J Med Res.* 2004;120(2):115.
10. Hölzel BK, Ott U, Hempel H, Hackl A, Wolf K, Stark R, Vaitl D. Differential engagement of anterior cingulate and adjacent medial frontal cortex in adept meditators and non-meditators. *Neurosci Lett.* 2007;421:16–21.

Chapter 3

Forgiveness

John D. Kelly IV with Ann Marie Kelly

3.1 Forgiveness: Essential for Resilience

As burnout rates continue to increase across all divisions of health-care providers [1], there has never been a greater time to work on our interior lives. Surely the exterior aspects of medicine are not going to manifest appreciable improvements in mitigating stress in the near future. We *can* control our reactions and attitudes to our conditions.

An essential trait of the resilient physician is a forgiving spirit. A forgiving mindset will yield immeasurable dividends on our emotional lives. Forgiveness is essential in safeguarding oneself from experiencing negative emotions, including despondency and emotional depletion [2]. Forgiveness also yields innumerable health benefits since it lowers adrenaline and cortisol levels—hormones which exact their health toll when excessive [3].

In truth, anger and hostility can wreak havoc on our heart health, as the chronic effects of heightened blood pressure and vasoconstriction are the bane of coronary arteries [4]. Our bodies are ill-equipped to handle continual surges of adrenaline that an angry disposition harbors. Resilient people—those that can “bounce back” from adversity—all share one common characteristic: a forgiving spirit to others and *themselves* [5].

3.2 Old Baggage

Forgiveness frees us of the emotional energy and pain attached to a hurt. The thought of old hurts generate negative emotions, robs us of happiness joy and *energy*. When we carry around old hurts, our emotional gas tank is at best half full. We simply have *less* to give our family, friends and patients. Imagine the compromised state a surgeon may endure during a long day of cases when last evening's "spat" with a spouse still lingered on his or her mind. An un-forgiving spirit simply produces a life engine that is "running only on three cylinders."

3.3 Old Wounds

One reason we find it difficult to forgive is the presence of old hurts, especially those that arose from childhood [6]. Whenever we react exuberantly to an offense, a childhood wound is often activated. Forgiving the original "offender," whether a parent or caregiver, will do much to enhance our current relationships. With forgiveness, emotional "hot buttons" will dissipate and we can become more *present* to those we care deeply about now.

My father, good man that he was, was raised by a very judgmental father; naturally he levied much criticism against me during my formative years. Thus it is easy to understand why I used to be *exquisitely sensitive* to *any* critical remarks. I have worked in earnest to forgive my father as I began to recognize that the emotional abuse he endured from *his own* father was a chief reason he was so quick to find fault in me.

He simply did the best he could, given his own difficult formation.

3.4 Forgiveness Defined

To forgive someone who has hurt you doesn't mean you're *condoning* a particular behavior. It by no means excuses that person for their offenses nor does it mean you will *enable* another

“offense.” Forgiveness means you are simply letting go of the *pain*.

We are all endowed with basic dignity and should accept nothing less. We can, however, recognize *why* certain individuals hurt us so that we can understand their actions and ultimately release the pain they caused us.

We are all imperfect and each of us carries certain wounds which manifest time to time. To forgive another’s offense is to merely recognize the human condition—the emotional baggage we all carry.

3.5 Healing Our Hurts

When we forgive others, we are concomitantly healing ourselves [7]. We project onto others how we see ourselves and the world. In truth, when we forgive and accept others are they *are*—imperfect, flawed humans who are struggling but doing the best they can under their current circumstances—we can begin to look at ourselves with more compassion. When we can begin to see others with loving, compassionate and kind eyes, our gaze upon *ourselves* will be more forgiving.

Resilient people are quick to forgive themselves, recognizing that every human makes mistakes and that one occasional misstep is to be expected. The resilient person furthermore places failure in perspective and recognizes that there are many conditions that are merely of our control (Fig. 3.1). For example, the wound infection could easily have been explained by an unsuspected autoclave failure, not a breach in technique. Similarly, the hematoma may have been truly due to the failure of the patient to report aspirin use the day before surgery; not a result of inadequate surgical hemostasis.

Finally, those that have cultivated self-compassion recognize that they are not their mistakes. One blunder does not lead to overgeneralizations and self-condemnation. For example, an errant move in the surgery will be framed by the resilient surgeon as “I made a miscalculation in judging the configuration of the fracture.” A surgeon afflicted with a dearth of self-compassion may react to the same event with negative self-talk such as “I am a terrible surgeon” or “only mediocre surgeons commit such mistakes.”



Fig. 3.1 Forgiveness brings peace (© 2013 T.M.F.Y)

3.6 Barriers to Forgiveness

Many of us are too proud to forgive, believing we will be portrayed as weak and without backbone. Nothing is further from the truth. It takes great *strength and character* to forgive [8].

The revered Catholic Saint, Francis of de Sales, was known to have stated: “Nothing is so strong as gentleness, nothing so gentle as real strength.” [9].

Some believe that only when their offender is “sorry” or repentant can forgiveness be possible. Not so. The *sooner* we forgive, the *sooner* we will experience peace.

All too often, we wish our offenders to “suffer” and we may act out in a “passive aggressive” mode in order to “punish” them further. Our resentment and hardened hearts are only hurting *ourselves*. Our anger, derived from a lack of forgiveness, is the driving force behind the intent to hurt others (Fig. 3.2).

Finally, many delude themselves into thinking there will be a “perfect time” to forgive. There is simply no time like the present to free ourselves of hurt. The more we delay, the more we will suffer.

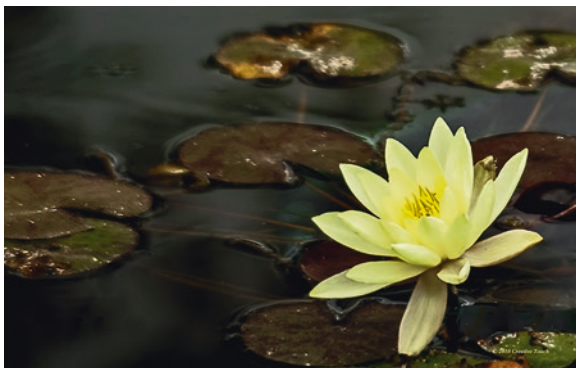


Fig. 3.2 The sooner we forgive, the sooner we experience peace (© 2010 Creative Touch)

3.7 Empathy Is the Answer

Empathy is essential to fully forgive another. Once we begin to see the world as our offender sees it, we can understand (not necessarily condone) their behavior. We must recognize that we all sin out of our own hurts. What drove someone to hurt us was merely their own pain projected outwardly.

For example, the seemingly extreme reactivity that a coworker demonstrates to any “feedback” rendered may be a manifestation of an old childhood hurt delivered by a hypercritical parent. The scrub nurse who seems to be absolutely *obsessed* with detail may be expressing a fear of failure instilled by an alcoholic parent. An excessively demanding patient may have suffered a recent personal loss of a loved one and is looking for solace from a potential “healer.”

And lastly, the orderly with a seeming lack of ambition maybe was told repeatedly by a parent that he “would never amount to anything.”

There can be no real peace in one’s life without forgiveness. Take positive steps to forgive those that have hurt you. In addition, consider enlisting the help of a therapist to help heal yourself of old hurts so that “offenses” won’t come so easily. Then watch your life soar (Fig. 3.3).



Fig. 3.3 Bermuda beach

Tomorrow, Try This

- Recognize the toll an unforgiving spirit is exacting on your health and personal joy.
- Practice mindfulness. When we are present, all former hurts vanish.
- Own “your stuff.” What pushes one’s buttons hold the key to healing an old childhood wound.
- Be a love finder ... not a fault finder. Looking for the good and practicing gratitude for the merits in another will dissipate all that may irk you in that person.
- Practice compassion. By seeing the world through another’s eyes, one will usually find the reasons for offensive behavior.

“Resentment is like drinking poison and then hoping it will kill your enemies,” as Nelson Mandela stated.

References

1. Dyrbye LN, Shanafelt TD. Physician burnout: a potential threat to successful health care reform. *JAMA*. 2011;305(19):2009–10.
2. Chan DW. Subjective well-being of Hong Kong Chinese teachers: the contribution of gratitude, forgiveness, and the orientations to happiness. *Teach Teach Educ*. 2013;32:22–30.
3. Worthington EL, Scherer M. Forgiveness is an emotion-focused coping strategy that can reduce health risks and promote health resilience: theory, review, and hypotheses. *Psychol Health*. 2004;19(3):385–405.
4. Miller TQ, et al. Meta-analytic review of research on hostility and physical health. *Psychol Bull*. 1996;119(2):322.
5. Tuck I, Anderson L. Forgiveness, flourishing, and resilience: the influences of expressions of spirituality on mental health recovery. *Issues Ment Health Nurs*. 2014;35(4):277–82.
6. DiBlasio FA. The use of a decision-based forgiveness intervention within intergenerational family therapy. *J Fam Ther*. 1998;20(1):77–96.
7. Hope D. The healing paradox of forgiveness. *Psychother Theory Res Pract Train*. 1987;24(2):240.
8. Kurzynski MJ. The virtue of forgiveness as a human resource management strategy. *J Bus Ethics*. 1998;17(1):77–85.
9. Madden LE. A call for strength: how to manage students for a more caring society. *Education*. 1997;118(2):225.

Chapter 4

Relationships and the Medical Marriage

The life of a physician is filled with excitement, personal satisfaction, and ... daily anxiety. I run two operating rooms, see approximately 110 patients a week, and do my best to educate the next generation of surgeons. I would not trade my vocation for any other; yet stress abounds each and every day. My wife of 29 years, Marie (Fig. 4.1), my trusted colleagues, friends, and staff all help buoy my emotions, and I am quick to share my professional journey with them. We all need the trusted support of a significant other—whether a spouse, close personal friend, or family member—to help soften the daily stressors that confront us.

Relationships, not material things, determine our personal happiness [1]. In fact, the quality of our lives is directly proportional to the quality of our relationships. The deeper each relationship, the more influence it has on our well-being.

This chapter focuses chiefly on the importance of our significant other—spouse or partner. I hope to demonstrate that resiliency is utterly unattainable without a commitment to nurturing those important people in our lives.



Fig. 4.1 Mr. and Mrs. Kelly

4.1 The Data: A Mixed Bag

I am blessed because after 26 years, I still love my job. However, my occupation often requires considerable time away from home. No surprise. The average physician works approximately 54 h per week [2]; an orthopedic surgeon works a bit longer, averaging 58 h per week [2]. Add travel to conferences (occasionally to different countries), and the time dedicated to papers and peer-reviewed studies, one could easily draw a straight line from physicians being away from home to higher divorce rates, compared to the national average

(often cited between 40–50% [3]). The data verifying this claim, however, is inconsistent. A 1997 *JAMA* study that assessed the specialty choices and marriage histories of 1118 graduates from The Johns Hopkins University School of Medicine from 1948 through 1964 found that surgeons had a divorce rate of 33% [4]. The authors acknowledged that contemporary medical school graduates may have a different acceptance of divorce, and so the proportions may vary over time. However, in his book *The Medical Marriage: Sustaining Healthy Relationships for Physicians and Their Families* [5], author and psychologist Wayne M. Sotile, Ph.D. argues that the divorce rate is 10–20% higher than the percentages just cited.

Relationships—especially one’s choice of spouse—are usually complex, and given the stresses endured by physicians, the data show that marriage/partnerships do not all end well. Even so, there are some principles that can help support a fulfilling and lasting union: commitment, compassion, and other-centeredness.

4.2 Commitment

Most of the data on physician relationships come from the perspective of the physician [2, 5–7]. A 2013 study by Shanefelt and colleagues [8], however, examines physician relationships from the perspective of their spouses/partners. Of the 891 survey responders, most (86.8%) said they were satisfied with their relationship with their physician spouse or partner. According to the study, the strongest predictor of relationship satisfaction was the mean *time* spent with their partners each day. Although the large majority of the spouses/partners in the survey appeared content with their relationship, the data also indicated that physicians often came home irritable, too exhausted to perform home activities, or remained preoccupied with work [8, 9]. Thus it is not merely an issue of “quality time”; rather, relationships require both quality and a sufficient *quantum* of time in order to flourish.

Healthy relationships blossom in the presence of commitment. The more important the relationship, the more important is the role of commitment. When an easy escape is available, many opt to

leave rather than do the real work of personal growth. When we decide to leave, we simply shuffle our “stuff” to the next relationship. Only in the context of a committed and loyal relationship is the safety and assurance provided to risk new behaviors and strategies. In addition, when we commit, we are more inclined to look at our partner’s positive attributes. In other words, we make the most out of the situation [10]. Commitment applies to lasting friendships as well: Both single and divorced physicians will need trusted friends in order to ease the stressors a busy practice will generate.

4.3 Compassion

Healthy relationships thrive on compassion. The antithesis of compassion is judgment. Judgment of another leads to anger, frustration, and discontent. Resilient couples see one another as imperfect beings bearing childhood hurts and merely doing the best they can. When we change our core beliefs about another, our entire perspective is transformed. For example, if our partner is having a bad day and displays moodiness, it is easy to believe that he or she is inconsiderate and is willfully trying to upset us. If, instead, we interpret our partner’s actions through a lens of compassion, we will then see our partner as someone who is merely acting out of his or her own *pain*. Their internal suffering is manifest outwardly as complaints, irritability or fault-finding. When we are compassionate, we extend loving kindness and see others as they really are: imperfect creatures carrying old wounds, and doing the best they can.

This is not to say that boundaries can’t be protected. We need never tolerate verbal or physical abuse, and we must always uphold our own personal dignity. However, episodic bouts of discourteous behavior can usually be neutralized with compassion and acts of kindness.

4.4 Other-Centeredness

Resilient couples and good friends continually seek to help and please each other. This behavioral mindset, labeled as “other-centeredness,” may result in tremendous personal growth [6]. Further, as stated in a previous chapter, other-centered individuals are generally happier. When we focus outward on the needs of another, we leave our own concerns and troubles in the background. We become more engaged in the present moment and our anxieties and guilt dissipate. For the physician, the failing patient, fever of unknown origin or positive wound culture all lose their hold on our minds when we focus our attention outwardly to our companion.

4.5 Friends and Family

Those who spend their lives in social isolation endure more illness and emotional strife and do not live as long than those with a healthy social circle [11, 12]. A sound relationship with a significant other, as well as a richly supportive network of friends and family confers health benefits, increases longevity and overall feelings of well-being [13]. Trusted friends give us honest feedback, provide words of counsel when needed, and simply “cover our backs.” It is especially important to nourish nonmedical relationships, where one can get a reprieve from the omnipresence of patient care discussions.

I have a cadre of friends from the church, from the beach, and from the second career I have cultivated—stand-up comedy. My friends provide a quiet stability, a respite from the professional cacophony we all experience.

As for children, I try to remind myself that I am the only father my daughters have. My fulfillment of the role of father, in the form of unwavering unconditional love, supports my own growth and well-being. Responsible parenting reminds me that my life



Fig. 4.2 Close friends are a real treasure

does not solely revolve my orthopedic practice. Having children enhances resiliency for surgeons. Assuming different roles (i.e., parent, physician, husband, and community member) diffuses stress rather than potentiates it. Being a good parent provides meaning in ways that no material success can. Let your children be your true mark on the world. Relish and enjoy their successes your entire lifetime. The roles of father and husband remind us that we are so much more than physicians. A bad day at the office can be soothed by a great evening with one's family (Figs. 4.2, 4.3, and 4.4).

Tomorrow, Try This

- Commit for the next 30 days to be the best spouse/partner/friend you can be. Expect nothing in return. Recognize that the quality of relationships in large measure determines the quality of your life.



Fig. 4.3 Kelly family

- Write a vision statement for your important relationships and refer to them often. A relationship vision statement is a written summary describing in detail your vision of your life with another person. Capture in words your conception of the ideal relationship and use specifics. What activities, habits, attitudes, and atmosphere do you seek?
- Change your core belief that the offensive behavior of others is directed at you personally. Rather, see your partner or friend as another wounded soul on life's journey.
- Establish relationship traditions that are sacrosanct: date night, favorite TV shows, or weekend sporting activities.
- Develop compassion for your partner and yourself. If you have failed in other relationships, it is never too late to grow. If you are



Fig. 4.4 Home for the holiday

divorced and you harbor sustained anger toward your “ex,” enlist the help of a therapist so that old wounds can be healed. You will be doing more than you can imagine for the happiness of your ex-spouse, your children, and most importantly, yourself.

References

1. Garcia D, Sikström S. A collective theory of happiness: words related to the word “happiness” in Swedish online newspapers. *Cyberpsychol Behav Soc Netw*. 2013;16:469–72.
2. Dorsey ER, Jarjoura D, Rutecki GW. Influence of controllable lifestyle on recent trends in specialty choice by US medical students. *JAMA*. 2003;290:1173–8.
3. American Psychological Association. Marriage and divorce. Available at: <http://www.apa.org/topics/divorce/>. Accessed 7 Nov 2014.
4. Rollman BL, Mead LA, Wang NY, Klag MJ. Medical specialty and the incidence of divorce. *N Engl J Med*. 1997;336:800–3.

5. Sotile WM, Sotile MO. The medical marriage: sustaining healthy relationships for physicians and their families. Chicago, IL: American Medical Association; 2000.
6. Compton WC. Toward a tripartite factor structure of mental health: subjective well-being, personal growth, and religiosity. *J Psychol.* 2001;135: 486–500.
7. Gabbard GO, Menninger RW. The psychology of postponement in the medical marriage. *JAMA.* 1989;261:2378–81.
8. Shanafelt TD, Boone SL, Dyrbye LN, Oreskovich MR, Tan L, West CP, et al. The medical marriage: a national survey of the spouses/partners of US physicians. *Mayo Clin Proc.* 2013;88:216–25.
9. Glicksman E. Wanting it all: a new generation of doctors places higher value on work-life balance. Available at: <https://www.aamc.org/newsroom/reporter/336402/work-life.html>. Accessed 7 Nov 2014.
10. Whitton SW, Stanley SM, Markman HJ, Johnson CA. Attitudes toward divorce, commitment, and divorce proneness in first marriages and remarriages. *J Marriage Fam.* 2013;75:276–87.
11. Liu H, Reczek C. Cohabitation and U.S. adult mortality: an examination by gender and race. *J Marriage Fam.* 2012;74:794–811.
12. Stein J. Marriage: is there a hitch? Available at: <http://content.time.com/time/magazine/article/0,9171,1015873,00.html>. Accessed 7 Nov 2014.
13. Holt-Lunstad J, Birmingham W, Jones BQ. Is there something unique about marriage? The relative impact of marital status, relationship quality, and network social support on ambulatory blood pressure and mental health. *Ann Behav Med.* 2008;5:239–44.
14. Miller NM, McGowen RK. The painful truth: physicians are not invincible. *South Med J.* 2000;93:966–73.

Chapter 5

Learn from Your Body

John D. Kelly IV with Ann Marie Kelly

Your body holds great instructive value concerning the state of your wellness ... or lack thereof. Our bodies teach us much about our current state of health and, most importantly, send us “distress signals” that we are “off track” in our quest for inner peace and balance (Fig. 5.1). Our bodies send clever clues that physical or emotional homeostasis has been lost.

5.1 Pain

Physical pain is a great teacher. It indicates that some form of tissue breakdown is active. I have a degenerative hip and when my left groin aches, I know I have exceeded my “envelope of function” (i.e., the squats I did at the gym last Sunday were more than my hip’s chondrocytes could handle!). My left thumb MP joint, another victim of arthritis, flares up when I tend to hold surgical instruments too tightly. Thumb pain indicates that I need to exercise with more gentleness in the way I handle the knife or the arthroscope.

Low back pain or neck pain may not only indicate a degenerative spine condition but also serve as a proxy for psychological distress [1]. I see many patients in varied high stress and high



Fig. 5.1 Our natural state is peace

profile positions who present with chronic back or neck pain of uncertain etiology. When both examination and imaging findings reveal no obvious cause of the extraordinary discomfort, stress is often to blame.

5.2 Fatigue

If one finds oneself falling asleep during patient encounters in the office, the need for more rest is evident. Many physicians believe that they can become conditioned to require less sleep. Millions of years of evolution suggest otherwise. Sleep is a basic human need that cannot be ignored (Fig. 5.2). The negative effects of sleep deprivation are expansive and include increasing the risk of diabetes, weight gain, inflammation, mood disorders, and even Alzheimer's [2, 3]. If I get less than 7 h of restful sleep nightly,



Fig. 5.2 Catching up on sleep

I *dramatically* lose effectiveness at work and at home. In my efforts to get “more done,” I am really accomplishing less and putting my health at risk (Fig. 5.3).

5.3 Eyelid Twitching

When one or both of my eyelids start twitching, that is my body’s way of saying that I am overloaded. Eyelid twitching is often due to stress or fatigue [4] and for me indicates that I am simply



Fig. 5.3 Real rest with my girls

overcommitted. The sense of feeling overwhelmed is due, at least in part, to my periodic perfectionistic tendencies, which undermine my happiness and satisfaction. Too many tasks that have to be executed “perfectly” siphon energy rapidly and leave precious little room for joy.

All too often I find that I am taking myself *too seriously* and I have drifted away from my mindfulness practice. When I am anxious I am no longer living in the moment and the fear of future events has taken hold. Eyelid twitching is simply my cue to be more loving, grateful and *present*. For me it is very helpful to ask: “What am I seeing incorrectly?” In other words, to what am I ascribing such importance that it is robbing me of my peace?

Recall that our natural state is one of peace and joy. Disturbances in inner peace indicate we are relinquishing our intrinsic worth to something *external*.

5.4 Depersonalization

Depersonalization is a cardinal feature of burnout [5] and is characterized by living in a robotic, mechanistic fashion with very little feeling or passion. Depersonalized physicians merely “get by” and go through the motions. When I experience depersonalization, it is high time to discharge certain obligations. I am overloaded and my compulsive “yes” to opportunities that I “should” do have



Fig. 5.4 Precious time with Marie



Fig. 5.5 Nature break

overtaken my inspired “yes” to things I *want* or feel *called* to do. Similar to eye twitching, depersonalization indicates that rest is long overdue. The well has run dry.

Time to get away! (Figs. 5.4 and 5.5).

5.5 Fear and Anxiety

These negative emotions indicate that accumulated psychic pain or ego has taken over one's mind. These feelings are derived from negative thoughts that are definitely not from one's "source." Distorted thinking will lead to negative emotions and negative consequences. The more one practices self-awareness and labels these thoughts as coming from our "wounded self," the more one can return to the present and extend love and gratitude. Recall that negative thoughts (and therefore negative emotions) wither when one is immersed in the present moment.

Lastly, sleep deprivation is also a known anxiety generator [6]. As previously stated, lack of rest merely thwarts energy renewal, leaving one less prepared (and more fearful) for any given situation.

For any signal your body is sending you—whether physical or emotional—it is imperative to acknowledge it, label it, and then *own it*. Resistance to an emotion only feeds it more energy. The challenge is to develop *awareness* of negative energy and use it to *grow*. For instance, if I am feeling particularly irritable, I accept these feelings, become aware or observe them, and use them as a cue to be more *mindful* and extend love.

A recent series of particularly sleepy and fatigue-laden days prompted me to exercise more (so I could sleep more soundly) and to go to bed a half hour earlier. The result: more productive and alert days!

Our most beloved vocation of medicine is a marathon. In order to navigate the long journey successfully, we must heed the signals that our body manifests. Listen to the cues your body is presenting and *respond*.

You will be your best self—your best physician!

References

1. Yip Y. A study of work stress, patient handling activities and the risk of low back pain among nurses in Hong Kong. *J Adv Nurs*. 2001;36(6):794–804.
2. Taskar V, Hirshkowitz M. Health effects of sleep deprivation. *Clin Pulm Med*. 2003;10(1):47–52.

3. Pilcher JJ, Huffcutt AJ. Effects of sleep deprivation on performance: a meta-analysis. *Sleep*. 1996;19(4):318–26.
4. Diamond EL, Trobe JD, Belar CD. Psychological aspects of essential blepharospasm. *J Nerv Ment Dis*. 1984;172(12):749–56.
5. Maslach C, Jackson SE. The measurement of experienced burnout. *J Organ Behav*. 1981;2(2):99–113.
6. Sagaspe P, et al. Effects of sleep deprivation on Color-Word, Emotional, and Specific Stroop interference and on self-reported anxiety. *Brain Cogn*. 2006;60(1):76–87.

Chapter 6

Perfectionism: The Bane of Happiness

John D. Kelly IV with Ann Marie Kelly

Have you lost your juice after office hours? Do you feel drained after a day in clinic? Did you recently complete a grueling 70-min knee “short procedure”? (Fig. 6.1). Are you critical of others and of yourself? Chances are you suffer from perfectionism—the mind’s recipe for misery. Sadly, perfectionistic tendencies infiltrate the thinking of most physicians. While the lure of perfection promises satisfaction, it only yields unhappiness. Perfectionism robs us of truly being our best selves.

6.1 What Is Perfection?

Perfection is an illusion. It simply does not exist.

Yet many of us lead lives of continual frustration, attempting to achieve a perfect life, a perfect marriage, and, yes, a perfect patient outcome. Tales abound of many a fracture surgeon spending over 6 h in an attempt to achieve a “perfect” fracture reduction. Or perhaps we know the family physician that can only see ten patients a day.

But at what cost? Perfectionists must ask themselves if their current methods are sustainable.



Fig. 6.1 Teaching in surgery—in the ZONE

Such a life is riddled with fear and extreme caution. Creativity, joy, inspiration, and even productivity are squashed when perfectionism infiltrates one’s thinking. In a vocation as demanding as medicine, perfectionistic tendencies can rapidly drain a physician’s energy—leaving little room for self-care and relationships. Perfectionism interferes with the ability to relinquish control and rest. It has been linked to insomnia as well [1].

Perfectionists tend to overcommit themselves and are generally exceedingly sensitive to criticism. They procrastinate, waiting for the *perfect* time to attend to tasks. For the surgeon, challenging cases may be deferred. Surgical cases that a surgeon could readily handle are often referred “elsewhere.” Internists may shun referrals that have the hint of a challenge for fear of making a mistake.

In essence, perfectionists simply fear failure and equate *any* error to personal defectiveness. They lead their lives convinced that perfection is the only means to self-acceptance [2]. Such unrealistic standards have been linked to less personal satisfaction and even increased suicide risk [3]. Further, those that suffer from perfectionistic thinking are at higher risk for eating disorders, anxiety, and depression [4].

6.2 Cognitive Distortions

Clearly, perfectionism is a byproduct of faulty thinking. The mind of the perfectionist is plagued by the illusion that attainment of perfection will justify self-worth. Thoughts such as “I am not good enough as I am” or “if I make a mistake, I am unworthy” riddle the mind of the perfectionist.

Cognitive behavioral psychologists have characterized faulty, dysfunctional thinking to fall into one of several patterns. One such distortion commonly found in perfectionists is “all-or-nothing” thinking. The perfectionist may see any event as either a “failure” or “no failure.” Even when a perfectionist achieves a measure of success, he does not experience the delight of the accomplishment. Instead, there is only relief that this time he did not fail. In addition, one negative event may trigger a cascade of subsequent further intrusive thoughts that generalize misfortune into all aspects of one’s life. For instance, a difficult surgery to the perfectionist may generate a stream of negative thoughts along the lines of “I am not good,” “I am a lousy surgeon,” or even “I don’t deserve to be called doctor.” This exhausting cycle threatens a doctor’s self-confidence and has the potential to directly affect his or her performance—fulfilling the daunting prophecy. The binary method of “all-or-nothing” thought is simply not sustainable.

Perfectionists also are prone to several other patterns of distorted thinking including “personalization and blame”—that is, the tendency to blame oneself for something one was not entirely responsible for. For example, the wound infection to the perfectionist surgeon is always “my fault,” even after evidence ultimately

emerges that the autoclave was not fully functional and some instruments were mistakenly labeled as “sterile.” A perfectionistic oncologist may assume total responsibility for the cancer death—even though the prognosis was guarded from the onset of the diagnosis.

Another common distortion experienced by perfectionists is “labeling,” whereby one tends to base their *entire* identity on their shortcomings. Instead of acknowledging a mistake, “labelers” are quick to identify themselves as “losers” or abject “failures.” Perfectionists may experience up to ten different types of thought distortions, which all lead to diminished personal happiness and joy [5].

The recognition and *awareness* of these distorted thoughts are the beginning of the road to recovery. Create *space* with perfectionistic thoughts and merely *watch* them...not *be* them. When they arise, simply breathe and let these intrusive thoughts pass. The distorted, perfectionistic thoughts that are sure to arise are to be observed simply as tricks your mind is playing.

6.3 Origins of Perfectionism

Beneath perfectionistic tendencies usually lies a self-esteem issue. During formation as a child, the perfectionist likely received messages of conditional acceptance from a significant caretaker, usually a parent. The message was interpreted loud and clear: “I will love you if ...” The demands for academic, behavioral, or athletic “perfection” from a parent can fashion a wounded self-image in a child. The presence of affectionless and overcontrolling parental figures, coupled with a tendency for neuroticism, has been found as a common denominator in the childhood of perfectionists [6]. The pressure to perform generates intrusive thoughts in young minds and will linger for the remainder of their lives, unless treatment is sought.

To the perfectionist, self-worth is utterly dependent on “perfect” performance. Failure is not an option, so the perfectionist may put off tasks until the “perfect time” arises. Perfectionists tend to carve

a very narrow life for themselves, embracing only matters that they feel they can readily handle or are in their narrow comfort zone. Failure in any endeavor increases feelings of shame and guilt [7].

Ironically, perfectionism does *not* lead to success. Rather, with perfectionist thinking, creativity is blunted and the “flow” experience is thwarted. Instead of doing five excellent surgeries, the perfectionist surgeon may spend hours trying to produce the “perfect fracture reduction.” With energy depleted, there is simply less “fuel in the tank” available for subsequent surgeries, personal needs, family, and friends. A career in medicine simply will be stultified by the “paralysis” of perfectionism.

6.4 Recovery: Courage to Accept Imperfection

Recovery from perfection requires correction of improper thinking. Perfectionists need to recognize that absolutely nothing or no one is perfect. The conception that perfection is attainable is merely an illusion formed by the mind to stave off a fear—namely, the fear of failure.

Recovery can be attained with the help of a therapist, and cognitive behavioral therapy has been shown to be especially effective [8]. A trained therapist can help one to examine thoughts that evoke anxiety and fear and reframe them into more realistic terms. For example, any failure can be seen as an opportunity for learning, rather than an excuse for self-reproach.

Furthermore, perfectionists need to recognize that others will accept them more fully when they are authentic and real, rather than a “perfect” pseudo-self the mind has constructed out of fear. Such an appreciation of one’s authentic self may help the perfectionist to ‘lighten up’ and be more tolerant of themselves. When we can learn to let go and just be our genuine and talented selves, our lives will blossom. Happiness, joy, and satisfaction will increase; productivity will boom, and relationships will flourish (Fig. 6.2).

Nature just “is” and demonstrates its native splendor without effort (Fig. 6.3).

We are all wonderfully made ... just as we are (Fig. 6.4).



Fig. 6.2 With great friend and stellar nurse, Lucito Ayon, RN



Fig. 6.3 Just “be,” like nature—daughters at Glacier National Park



Fig. 6.4 Life and all of creation is a miracle

Tomorrow, Try This

- In the words of David Burns, MD [8]: “Dare to be average” for the next 30 days. Accept that you are imperfect and resist the temptation to give into fear. Just be and reconnect with your creative self. Let inspiration and passion rule rather than “the tyranny of shoulds.”
- Make a list of pros and cons on a piece of paper about your perfectionism. Burns uses this exercise to convince his patients that they are *less productive* when perfectionism takes hold [8].
- Another tactic Dr. Burns recommends is to become more “process oriented” rather than results oriented [8]. For example, focus on a good consistent effort in the operating room or office and release the compulsion to attain the perfect result. Implicit with a process orientation is the setting of realistic time limits

to each task. Be sure to adhere to them. You will be surprised at the satisfaction and productivity boost you will realize.

- Look at mistakes as opportunities for growth—not a sign of failure. We learn from errors, not successes. Each apparent step backward merely brings us closer to our goals.
- Practice mindfulness [5] or a deep relaxation technique daily. A quiet mind does not dwell on compulsive thinking.

Remember that we are all endowed by the universe with intrinsic worth which is immutable and cannot be altered with any measure of achievement.

Now, have yourself a great, fulfilling, and *average* day.

References

1. Ferguson KL, Rodway GR. Cognitive behavioral treatment of perfectionism: initial evaluation studies. *Res Soc Work Pract.* 1994;4:283–308.
2. Greenspon TS. Making sense of error: a view of the origins and treatment of perfectionism. *Am J Psychother.* 2007;62(3):263–82.
3. Kiamanesh P, Dieserud G, Haavind H. From a cracking façade to a total escape: maladaptive perfectionism and suicide. *Death Stud.* 2015;39:316–22.
4. Egan SJ, Wade TD, Shafran R. Perfectionism as a transdiagnostic process: a clinical review. *Clin Psychol Rev.* 2011;31(2):203–12. doi:[10.1016/j.cpr.2010.04.009](https://doi.org/10.1016/j.cpr.2010.04.009). Epub 2010 May 5
5. Lundh L-G, et al. Perfectionism and insomnia. *Cogn Behav Ther.* 1994; 23(1):3–18.
6. Maloney GK, Egan SJ, Kane RT, Rees CS. An etiological model of perfectionism. *PLoS One.* 2014;9(5):e94757.
7. Stoeber J, Kempe T, Keogh EJ. Facets of self-oriented and socially prescribed perfectionism and feelings of pride, shame and guilt following success and failure. *Personal Individ Differ.* 2008;44:1506–16.
8. Burns D. *Feeling good.* New York: Harper Collins; 1999.

Chapter 7

How to Deal with Mistakes

Physicians have the opportunity to gain incredible fulfillment and job satisfaction. We are granted the opportunity to materially affect the lives of others and mitigate suffering like no other vocation.

Unfortunately, despite our best efforts and thorough preparation, mistakes do occur. In the last chapter, we discussed the perils of perfectionism and how striving to be perfect breeds continual frustration. This chapter elaborates on recovery from a key element of perfectionism: fear of mistakes.

In order for physicians and surgeons to become resilient, they must accept the imperfection of the human condition and recognize that mistakes are inevitable. How we handle them will determine whether they will “make or break” us.

7.1 The Human Condition

There has never been, nor will there ever be, a truly perfect surgery or medical treatment plan. By nature, we are all imperfect and prone to error. If one were to examine postoperative X-rays of some of the world’s greatest joint replacement surgeons, each image would contain at least a few subtle (sometimes not so

subtle) flaws. No ACL graft was ever placed in perfect position, and no fracture ever had a truly perfect fixation. There has never been an internist who has identified every aberrant medical condition in every patient.

Striving for *excellence* should be our charge, not perfection.

Many of us are simply devastated by the mere occurrence of a mistake: a less than ideal joint replacement component placement, a less than anatomic fracture reduction, a less than bloodless gallbladder resection, or a missed medical diagnosis may send us into a tailspin.

The result: happiness decreases, satisfaction wanes, and energy depletion eventually results. Risk of incurring illness increases, and we have less to give to our staff, friends, family, and, yes, patients [1].

7.2 Why So Devastating?

As stated in the last chapter, fear of mistakes is synonymous with fear of failure. Many of us have early childhood wounds that prompt us to gain our esteem from *performance*. Perhaps a parental figure gave you conditional love based on your school performance, or you had an emotionally absent parent and the only way you gained his or her attention was through stellar achievement.

A parental style based on conditional acceptance sows the seeds of feelings of inadequacy in the child. A performance-based reward system may generate a fluctuating self-concept in a developing mind. An inner dialogue in the child may develop along the lines of, “When my performance is superb, I am loved; when mistakes occur, I am defective.” We see ourselves as unworthy, and nothing could be further from the truth (Fig. 7.1).

While deep feelings of inadequacy may prompt us to want to achieve more, most of us operate under the *illusion* that we are accomplishing much. The truth is: when we learn to accept mistakes and develop self-compassion, our lives will explode with satisfaction, increased peace, and, yes, increased productivity.

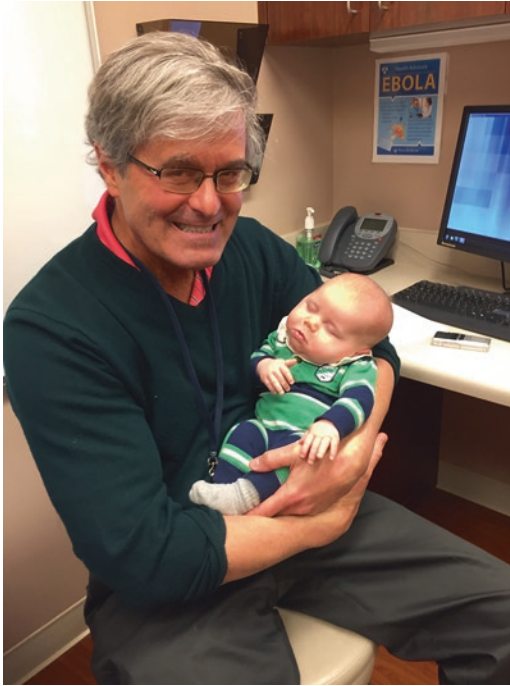


Fig. 7.1 How do you see yourself? Defective? Or an imperfect being doing the best they can?

Consider this: Who do you think will accomplish more in a lifetime? A person riddled with fear, anxiety, discontent and compulsive thinking, or ... a peaceful soul in touch with their higher, creative self—a happy person filled with boundless energy?

Happy doctors have better patient compliance, are named in less malpractice suits, and do render better care [2]. In order to gain more peace (and more productivity), we must learn to embrace mistakes and reframe them with a different perspective [3].



Fig. 7.2 Mistakes mold our character

7.3 Where Is the Gift?

Each mistake is an opportunity for growth. It is true we all learn much more from our mistakes than our successes. Each mistake in medicine holds a powerful gift—a true lesson which will help mold our skills and attitudes befitting a more masterful healer (Fig. 7.2).

When I compulsively grab an instrument and nearly harm my scrub nurse, that is my cue to “slow down.” The gift: a reminder from the Universe that I have lost my mindfulness—I am no longer in the “zone.”

The scuff that manifested on the articular surface of the knee was a sign that perhaps I allowed the resident to do more than their capabilities enabled at that time. The gift: the lesson that perhaps my fear of resident disapproval momentarily overtook my interest in the patient’s well-being.

Maybe the 3-h cuff repair would have been better served by a mini-open. The gift: the realization that pride likely overtook reason.

Consider the wound infection. The gift: the recognition that my haste in prepping maybe compromised the field sterility. Or the rotator cuff failure. The gift: the appreciation that I should have more reverence for soft tissue quality. How about the new total knee implant that added 20 min to the case? Gift: the salesman had too much influence on my thinking, and *next time* I will be more dedicated solely to the patient.

In the office, a diagnosis was missed. Gift: the epiphany that I may be seeing too many patients. An angry patient storms out of your office. Gift: a cue that perhaps you had a lapse in respecting someone's dignity. Too much time deciding on a plan for a patient? Gift: a reminder that perfectionism may have crept back into your thinking.

All these vignettes have gems of real instructive value. They shouldn't be used as opportunities for self-reproach or castigation.

7.4 Learned Optimism

Martin Seligman, in his landmark work *Learned Optimism* [4], expounds on traits that positive, optimistic people share in the face of failure [5]. Essentially, they adopt a more realistic view of failure and are less likely to place blame solely on themselves.

7.4.1 *It Wasn't All Me*

Resilient physicians acknowledge that there are certain factors that are beyond one's control. Seligman refers to this as *depersonalization*. For example, the midnight crew who assisted you for the hip fracture disrupted your rhythm and deterred you from bringing your "A" game to the case. Perhaps you didn't expect the patient's bone to be so brittle. Furthermore, the drill bit you liked wasn't available, or the fact that you missed detecting one's penicillin allergy was in part due to the patient's forgetfulness and language barrier.



Fig. 7.3 Role as a husband

Acknowledging other factors beyond your control is not “making excuses,” it is merely cognizant of the truth—we cannot control everything.

7.4.2 Mistakes Don’t Define Me

Resilient physicians also accept the truth that they are not their mistakes. Pessimists, according to Seligman, allow mistakes to pervade other aspects of their lives. A case that didn’t go as planned is by no means a reflection of either one’s character or their role as a husband, father, or member of a community (Fig. 7.3).

When we generalize errors to reflect our basic essence and character, we are heading to helplessness. For example, instead of stating a truth that “a case didn’t go as well as expected,” many of us rush to judgment of ourselves and harbor self-critical thoughts such as “I am no god” or “I am a lousy surgeon.”

We are not our mistakes, and negative self-talk robs us of confidence, peace and the energy needed to help others. The vocation of medicine is a marathon. Mistakes will manifest every day. When we befriend them and look for their value, we will evolve much more readily into seasoned surgeons.

Tomorrow, Try This

- Next time you recognize a mistake, look for the gift. There is always a lesson and opportunity for growth.
- Catch yourself whenever your self-talk contains the words *always* or *never*. Blanket statements such as these will serve you no good.
- If you are particularly distressed about a mistake, write down on paper some factors that simply were not under your control.
- Be your best friend. How would you speak to a surgical or medical colleague who endured an untoward event? Use the same compassion toward yourself.
- Embrace the truth that no one is, has been, or ever will be perfect. Strive for excellence and recognize that mistakes are “part of the deal” and are our greatest opportunities for growth.

References

1. Argyle M. Do happy workers work harder? The effect of job satisfaction on work performance. In: How harmful is happiness; The Netherlands: Universitaire Pers Rotterdam 1989.
2. Roberts RG. Seven reasons family doctors get sued and how to reduce your risk. *Fam Pract Manag.* 2003;10(3):29–34.
3. Jundt D, Hinsz VB. Are happier workers more productive workers? The impact of mood on self-set goals, self-efficacy, and task performance. In: Annual meeting of the midwestern psychological association, Chicago; 2001.
4. Seligman M. *Learned optimism*. New York, NY: Pocket Books; 1998.
5. Schulman P. Applying learned optimism to increase sales productivity. *J Pers Selling Sales Manage.* 1999;XIX(1):31–7.
6. Argyle, Michael. “How harmful is happiness.” Consequences of enjoying life or not. The Netherlands: Universitaire Pers Rotterdam (1989).

Chapter 8

Be Kind

John D. Kelly IV with Ann Marie Kelly

The revered American novelist Henry James was once asked by his nephew what he ought to do with his life and how he should live it. The great author responded: “Three things in human life are important. The first is to be kind. The second is to be kind. And the third is to be kind.”

As we all strive to live more peaceful lives, we are wise to take James’ words to heart.

Kind deeds—a tender word, thoughtful gift, or loving gesture—clearly enrich the lives of those that receive them and can lift the mood of even the most disheartened soul. Perhaps more importantly, being kind brings increased joy and well-being to the *giver*; that is, if we extend loving gestures to others, we can transform ourselves into happier and more joyful beings. In fact, evidence is abundantly clear that a *kind* disposition is indeed a *happier* disposition [1]. Thus an imperative to a more resilient life is to simply be kind. However, as we all have likely experienced, this is easier said than done.

8.1 A Focus Outward

If a physician is experiencing a “bad hair day,” a mere shift in attention to wholly invest in the story of each and every patient will recalibrate perspective and do much to terminate a seemingly endless stream of negative thinking. For surgeons, if a case is not going as well as planned and the next room is ready, many of us are prone to descend into negativity and be overcome with feelings of distress, anxiety, and frustration.

A pause to breathe, a decision to focus on all the good one is doing with the singular goal of patient well-being, may tame whatever demons that may be lurking in one’s cerebrum. It is in the difficult times when kindness is most difficult to execute—yet these are the times that afford the most growth.

When we direct our attention to another, *our* problems receive less attention. A focus outward directs our energies to the pain and suffering of someone other than ourselves. We forget our woes and become engaged with the person in pain. For example, upon entering an examining room, a simple “How can I help you?” will immediately shift attention from thoughts of frustration, fatigue, tardiness, or fear of failure to the well-being of the patient before you. The patient’s response to your question may offer some perspective. What if your patient’s chief complaint is skin breakdown on the stump of an amputated leg? Not only can we at least momentarily forget our own concerns, but we often recognize that the plight and hardship of another gives perspective to our own perceived difficulties.

8.2 A Focus on the Now

Kindness brings us back to the now. As we focus outward and become intentional in bringing goodness to others, we become more present. Kind actions reorient us to this single moment in time. “How can I help you?” brings with it a return to now—the only moment kindness can be executed. As stated previously, in the present moment, anxiety, guilt, and depression vanish. Feelings of well-being usher in.

The human brain can only process one thought at a time. Even in the most harried and convulsive state, a surgeon can reorient to the present moment by simply slowing mind activity, pausing to breathe, and then direct all of one's attention to the singular task of extending kindness to another.

After surgery, many surgeons shun speaking to families about the outcome of a procedure. Most would much rather be back in surgery where the familiar and comfortable looms. Unexpected outcomes are indeed difficult to embrace and even more trying to convey to family. Instead, this time can be a wonderful opportunity to extend loving kindness and reorient to the present moment as one explains the nature and prognosis of a procedure. Even unforeseen complications can be portrayed in a kind and loving manner. A present-moment focus on another is all that is required.

8.3 Kindness to Self, Kindness to Others

Self-compassion, or kindness to oneself, is an essential virtue for a peaceful and joyful life and also confers health benefits [2]. In order to navigate the marathon journey of a vocation in medicine, self-compassion is essential. As iterated in the previous chapter, mistakes are inevitable, but they do not define us. When we become preoccupied with mistakes and exercise self-judgment, we lose confidence and compromise our ability to heal others [3]. Interestingly, the most effective way to become kind to oneself is to be kind to *others*.

In his masterful work *Getting the Love You Want* [4], author Harville Hendrix, Ph.D. elaborates on the phenomenon of how our unconscious mind (brain stem and limbic system) cannot differentiate between acts of kindness extended to others versus those extended to ourselves. Our “old brain” (the brain stem and hippocampus), as Hendrix refers to it, merely processes signals from our cerebral cortex and cannot differentiate from actions directed outward or inwardly. In other words, kindness to others is perceived by the old brain in the same way as kindness directed to oneself. According to Hendrix, the only way for each of us to *truly* get the love we all crave and want, is to be kind to others. Only then will our unconscious mind receive the steady stream of loving messages



Fig. 8.1 A vocation in medicine offers many opportunities to be kind to patients and pupils alike—teaching in surgery

necessary for healing of old hurts. Love from others will prove inconsistent and is beyond our control. However, we each have the power to continually extend loving kindness to others and thereby bombard our old brain with healing messages.

8.4 Forgiveness

Kindness forgives old offenses. When we extend loving gestures to those who have offended us, we are on a fast track to forgiveness. Instead of harboring old hurts and grudges, a simple act of kindness can transform a day of drudgery into a peaceful experience.

Truly, actions speak louder than words, and when we extend ourselves charitably to those who have offended us, we convey our desire for reconciliation loud and clear. Kindness also ushers forth a focus on all that is good and stymies negativity. When we extend charitable acts, we will and intend good things on another (Fig. 8.1). It is not possible to extend a courteous gesture and at the

same time be steeped in negativity. The human brain can only hold one thought at a time. Finally, when we desire good for another, good thoughts will ensue.

8.5 Generate Uplifts

Kindness is contagious. When we extend loving and kind gestures to others, they, in turn, will be much more inclined to do the same. “Mirror neurons” in our brain reflect back impulses they receive [5]. In other words, when we each receive loving gestures, the mirror neurons in our cerebral cortex will generate neural impulses that will, in turn, prompt loving actions.

Reflect on the influence of kind individuals in your own life—supportive teachers, coaches, and parents; all can empower us to become more generous with our time and resources. Positive people encourage others to become more optimistic, while naysayers and those prepossessed in doom and gloom can sabotage the mood of an entire room.

Wayne Sotile, Ph.D. has written extensively on resiliency in medicine and notes that the most satisfied physicians do not escape hardships any more than “burnt out” doctors; what distinguishes resilient physicians from emotionally exhausted ones is the presence of “uplifts” received in the course of day [6]. A kind word, gift, loving gesture or any random act of charity will buoy the spirit of even the busiest of physicians.

How does one receive more uplifts in one’s life?

The answer is self-evident: Give them! When we bless others, we will be blessed in return. When we look for all that is wrong and imperfect in others, we will certainly find it and spread the contagion of negativity.

8.6 Resistance

The greatest barrier to a kind disposition is our own pain. Internal strife does not lend itself well to being kind. However, when we become aware of our own pain, we can decide to be kind *anyway*.

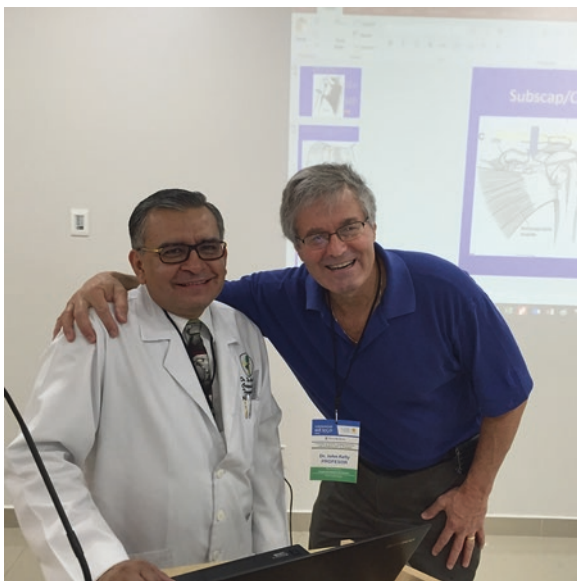


Fig. 8.2 With friend and Nicaraguan surgeon, D. Aguilar, MD

Our brains are plastic and can become rewired in time to generate more loving and kind thoughts. It is important to observe negativity within and act with kindness despite whatever dysfunctional and negative circuitry our brains are generating.

Just like practicing a surgery refines neural impulses so that procedures ultimately flow lyrically, practicing kindness, in time, makes being kind easier. Kind actions in time will reorient our focus to others; bring us back to the present moment; promote forgiveness; switch attention to comforting thoughts; and bring healing to our old emotional wounds. In addition, we will sow the seeds of a happy life since what we spread around at work and at home will come back to bless us (Figs. 8.2 and 8.3).



Fig. 8.3 OR staff—Managua, Nicaragua

Tomorrow, Try This

- Take a *3-week challenge* to be as kind as you humanly can for 21 consecutive days ... regardless of how you perceive others treat you. Make note of your “happiness index” at the onset of this exercise.
- Become aware of and “own” your negative emotions when they arise. Then be kind ... anyway.
- Keep a journal at your bedside and note and reward yourself for times in the past 24 h you have been kind. Also note times when you could have been *more* kind or positive. Make amends to practice *more* kindness the next day.
- Next time you are having a “bad hair day,” decide to practice a random act of kindness to the next person (or patient) you encounter.
- After 3 weeks, determine your happiness index. Recognize the presence of more joy in you and those close to you.

References

1. Nelson SK, Layous K, Cole SW, Lyubomirsky S. Do unto others or treat yourself? The effects of prosocial and self-focused behavior on psychological flourishing. *Emotion*. 2016;16(6):850–61.
2. Friis AM, Consedine NS, Johnson MH. Does kindness matter? Diabetes, depression, and self-compassion: a selective review and research agenda. *Diabetes Spectr*. 2015;28(4):252–7.
3. Seligman M. *Learned optimism*. New York: Pocket Books; 1998.
4. Hendrix H. *Getting the love you want*. New York: Harper Perennial; 1990. p. 165.
5. Iacoboni M, Woods RP, Brass M, Bekkering H, Mazziotta JC, Rizzolatti G. Cortical mechanisms of human imitation. *Science*. 1999;286(5449):2526–8.
6. Sotile WM, Sotile MO. *The resilient physician: effective emotional management for doctors and their medical organizations*. Chicago: American Medical Association; 2002.

Chapter 9

The Power of Gratitude

John D. Kelly IV with Ann Marie Kelly

Not only can the regular practice of gratitude can not only promote health and boost one's mood, but it may be the most important habit one can cultivate in order to sidestep burnout. When we decide to focus on all that is good in our lives, blood pressure lessens; heart rate slows; peace and well-being usher in; and resiliency is fortified [1, 2] (Fig. 9.1).

Despite the obvious advantages to practicing gratitude, contemporary cultural attitudes and mindsets have stifled contentment and impeded the practice of stopping to take note of all that is good in one's life. A predominant current societal theme elucidated in a previous chapter is the relentless striving for unrealistic, perfectionist, and egocentric goals. The practice of gratitude is an effective "reset" button to return to a more peaceful and joyful existence.

9.1 Increased Competitiveness

Life is getting more and more competitive as resources dwindle [3]. A quest for "beating the other guy" is a singular goal for many, and outperforming one's peers is indeed encouraged by management in the workplace. Employers, practice plans, and hospitals



Fig. 9.1 Focus on all that is good in one's life

“incentivize” healthcare providers by rewarding them for their “productivity.” In such a tense and competitive arena, a natural focus on “what others may have” can permeate the consciousness of many. Much of the fierce competition witnessed today has arisen from the loss of intrinsic worth many now experience. While I am not a social scientist, I believe at least a part of the apparent self-worth crisis emerging in contemporary culture can be explained by the continual barrage of negative messages our youth experience in all forms of media. Only the fittest, fastest, thinnest, and richest are to be revered!

Such distorted messages coerce many to believe that they are always “missing the mark.” Recall that perfectionists believe that they are always *falling short* of surreal standards and suffer from poor self-esteem. The focus of a perfectionist worker is often *comparison-based*, whereupon attentions are devoted to perceived superior traits that others may have. Envy is gratitude’s enemy, as it always creates the perception of lack. Unhappiness is a natural result. A surgeon who generated \$1.2 million in billing may be

more fixated on a colleague who mustered \$1.4 million in charges, instead of celebrating a truly productive year. An internist may perceive a colleague to have a superior “bedside manner” while neglecting to note that he/she is revered by his/her patients.

Wholesome competition does have some merit. As a former athlete, the lessons I learned on the football field, boxing ring, and wrestling mat forged discipline and tempered a true team spirit. These virtues, when applied to a noble calling (patient care), can predictably lead to fulfillment. However, when “coming out on top” becomes one’s singular purpose in life, misery will be sure to ensue.

Two major barriers to gratitude are the ego and the presence of negative emotions.

9.2 Egocentric Living

The ego is a creation of our minds and is characterized by labels, masks, judgments, and an imaginary self. The ego is sustained by the lie that it will bring us happiness. However, egoic based living promises content but delivers misery [4]. The ego is never fully satisfied and demands constant attention. It syphons our energy and only perceives events in the context of self. Egoic-based living causes separation from others, from service, and from a higher purpose.

I became acquainted with a well-known surgeon who steadily forfeited his home life in order to “succeed” at work. He worked many long hours and missed many family meals and events. He did become a department chair and published extensively only to find himself ultimately divorced, estranged from his children, and living in an apartment ... alone.

The need for constant approval and the need for constant control are prime functions of the ego. The insatiable demands of the ego afford no room for gratitude. There is simply no allowance to reflect on blessings as people places and things are regarded in the context of “what’s in it for me?” Any event or person is seen only in the framework of potential personal gain.

9.3 Anxiety and Depression

When anxiety or depression arises, gratitude will depart. A suffering soul simply has no inclination to celebrate any blessing in life, as a focus on all that is wrong predominates his/her thinking [5].

Disturbances of mood indicate that distorted thinking is operational. Recall, as stated in Chap. 6 on perfectionism, cognitive behavioral therapy is predicated on the notion that mood disorders are the by-product of cognitive “distortions”—that is, a misperception of reality occurs in our minds and leads to a diminished sense of well-being. Cognitive behavioral therapists maintain that whenever anxiety or depression is present, some measure of distorted thinking is at work. Common cognitive distortions include “catastrophizing,” where one negative event is grossly magnified in terms of its consequences. Another distortion is “all or nothing thinking,” where people, things, and occurrences are seen as *all* bad. There is simply no allowance for mistakes or subpar performance. One errant move in the operating room may translate to “I am a lousy surgeon,” when dysfunctional thinking has overtaken our minds. Imagine the continual state of anxiety and fear that is propagated by such thinking.

Distorted negative thinking simply displaces any room for positivity; there is simply no allowance for gratitude. The anxious or depressed mindset that *wrong thinking* creates will lead to deep inner feelings of inadequacy and a prepossession of all that is lacking in one’s life [6]. Wealth, great achievement, and positions of power will not satisfy an anxious or depressed person. Possessions may only temporarily soothe a deeply held belief that “I am defective.” No temporal object, position, or achievement will bring lasting happiness—especially to one with a distorted regard for self.

Unquestionably, early in my career I strove to become “the best” as a salve for feelings of inadequacy. The lack of affirmation in my childhood prompted me to seek worth in the workplace. I did sacrifice precious time at home for the “add on” case or “extra consult,” both of which could have been handled by others. Thankfully, I awakened in time and help build a beautiful family culture. After years of self-reflection, prayer, and therapy, I now

recognize that peace of mind is an “inside job” and that no “title” or acclaim can match the peace of correct thinking, self-acceptance, and connection to one’s higher power.

9.4 Heal Your Brain

The brain is plastic, and its inner circuitry can be changed [7]. The negative effects of a dysfunctional family, genetics, traumatic experiences, and years of conditioned behaviors can be neutralized with a decision to practice gratitude. The brain can literally be *rewired* to more readily transmit circuits culminating with the generation of good feelings. A willful and deliberate focus on all that is good in one’s life will shift one’s baseline temperament and increase feelings of well-being. This shift in attention does require a *decision* and practice.

Author Arrien [8] refers to this practice as “grateful seeing.” When we decide to focus on all that is working in our lives without denying current burdens, we can generate more positive thinking and a disposition toward thankfulness. We will literally lower the threshold for “feeling good” circuits to discharge in our brain and raise our baseline happiness index [2].

A decision to direct our attention to positive and realistic thoughts, in addition to considering all we really do have in our lives, will remind us of how blessed we really are. Service trips to underserved countries serve as strong reminders as to how richly blessed Americans are (Fig. 9.2).

I make the daily decision to reprogram my brain. Raised in a home where criticism and “fault finding” were the order of the day, I willfully extend compliments to staff, residents, friends, and, most importantly, my family.

Compliments are most efficacious in promoting healing when they are true and precise. In other words, merely saying to a resident “great case” will not be nearly as effective as “excellent exposure of the axillary nerve.” In addition, I have dedicated my life to being a “love finder” rather than “fault finder.” There is abundant good in every person, and every event carries with it a gift. When we decide to look for good, it will manifest.



Fig. 9.2 Makeshift traction apparatus in Nicaragua

9.5 Gratitude Journal

Keeping a journal of all that is good in one's life will boost mood and increase productivity (Fig. 9.3). Simply entering five or more entries weekly of something or someone to be grateful for will help divert one's mind from negativity [9]. The gratitude journal should delve into detail and should focus more on *people* rather than things (Fig. 9.4). Each entry should be regarded as a true gift and savored. The journal should be referred to often so that the subconscious mind has time to truly absorb and incorporate these positive messages.

Apparent misfortunes can be reconsidered in a different light. Difficulties and challenging times always hold a blessing and lesson ... if we decide to look for it. As we stated in Chap. 7 on "Mistakes," a decision to restructure "occurrences" and transform them into blessings is possible in any event. The infection subsequent to the knee surgery may carry the reminder to drape more carefully in the future. The missed diagnosis of early heart failure in clinic is a reminder from the universe to become more "present" and listen more carefully. The "virus" or "head cold" that you have experienced for 3 weeks holds the instructive gift that rest or a vacation is in order. Even the lawsuit may herald a reexamination



Fig. 9.3 My personal gratitude journal



Fig. 9.4 Focus on relationships, not “things”

and reaffirmation of basic core values and motivations as to why one chose to become a surgeon.

Einstein once stated that the most important question one could ask was, “Is the Universe friendly?” [10]—that is, a belief that

every event is rigged to ultimately serve some benefit will help reframe “events” into “gifts.”

In any event, ask “Where is the gift?”

9.6 Quieting the Mind

A recurrent theme in this book is the emphasis on quieting one’s mind. Yoga, meditation, and mindfulness practices slow brain activity and absolutely lessen that intrusion of negative thoughts [11]. Evidence is mounting that our natural, authentic state is one of peace and gratitude [12]. True and lasting happiness can only be attained when we can quiet our minds and the demons of dysfunctional thinking are tamed.

Tomorrow, Try This

- Spend 10 min a day engaging in a practice to quiet your mind, whether it be prayer, yoga, or deep breathing.
- Keep a gratitude journal and make five entries every week about something or especially *someone* to be grateful for.
- Send a brief “thank-you” note, letter, or e-mail every day to someone who has helped you in your life’s journey.
- Begin the habit of thanking your OR team or office staff after *every* day, focusing on their effort rather than outcomes.
- Thank your partner, spouse, or significant other every day for their commitment to the relationship.
- Become a “love finder” instead of a fault finder. There is goodness in everyone, everything, and every event.

References

1. Fredrickson BL, Levenson RW. Positive emotions speed recovery from the cardiovascular sequelae of negative emotions. *Cognit Emot.* 1998;12(2):191–220.
2. Emmons RA, McCullough ME. Counting blessings versus burdens: an experimental investigation of gratitude and subjective well-being in daily life. *J Pers Soc Psychol.* 2003;84(2):377.
3. Twenge JM. *Generation me—revised and updated: why today's young Americans are more confident, assertive, entitled—and more miserable than ever before.* New York: Simon and Schuster; 2014.
4. Mauss IB, et al. The pursuit of happiness can be lonely. *Emotion.* 2012; 12(5):908.
5. Rude S, Gortner E-M, Pennebaker J. Language use of depressed and depression-vulnerable college students. *Cognit Emot.* 2004;18(8):1121–33.
6. Brown JD, Dutton KA. The thrill of victory, the complexity of defeat: self-esteem and people's emotional reactions to success and failure. *J Pers Soc Psychol.* 1995;68(4):712.
7. Amen DG. *Change your brain, change your life: the breakthrough program for conquering anxiety, depression, obsessiveness, lack of focus, anger, and memory problems.* New York: Harmony; 2015.
8. Arrien A. *Living in gratitude: a journey that will change your life.* Boulder, CO: Sounds True, Inc.; 2011.
9. Ben-Shahar T. *Even happier: a gratitude journal for daily joy and lasting fulfillment.* New York: McGraw-Hill Professional; 2009.
10. Phipps C. “Einstein Said....” no wonder you wonder! Switzerland: Springer International Publishing; 2016. p. 5–7.
11. Cahn BR, Polich J. Meditation (Vipassana) and the P3a event-related brain potential. *Int J Psychophysiol.* 2009;72(1):51–60.
12. Seligman MEP. *Authentic happiness: using the new positive psychology to realize your potential for lasting fulfillment.* New York: Simon and Schuster; 2004.

Chapter 10

Work Less to Become More Effective!

As previously noted, burnout rates among physicians are soaring with both the prevalence and *magnitude* of burnout on the rise [1]. Cited reasons already discussed for the decline in physician emotional well-being include increasing bureaucracy, loss of autonomy, electronic medical records, and ongoing radical changes in healthcare delivery. While these negative influences are not likely to depart anytime soon, one immediate change one can make to combat burnout is to *work less*. The evidence is overwhelming; long-term excessive work hours result in a substantial loss of productivity as well as exacting a toll on our health [2, 3].

10.1 Henry Ford and Efficiency

Automaker Henry Ford recognized that his employees were considerably more efficient when they worked 5 days a week versus 6. He further noted that a shift to a 40-h work week coupled with higher pay resulted in even greater productivity. In other words, he was getting *more* for his money when his workers cut back on hours and were paid more!

Subsequent experiments have confirmed Ford's observations. Industrial workers, on average, can realistically expend only about 8 good hours a day [4]. Efficiency levels drop appreciably after this duration. In fact, the most productive period seems to be between hours 2 and 6 of an 8-h day. More recent studies posit that "knowledge workers" employed in sedentary and more intellectual occupations may have only 6 good hours a day! Furthermore, "knowledge workers" are exquisitely sensitive to sleep loss. A US military study demonstrated that loss of as little as 1 h of sleep per night for 1 week resulted in a cognitive impairment similar to a blood alcohol level of 0.1! [5].

When one examines the productivity of a 60-h work week and compares it to the standard 40, work output does in fact increase initially for the overworking cohort. However, after approximately 3 weeks, the production of the longer hour workers begins to drop *below* that of 40-h week employees. Thus, overwork only works in the *short term* and will lead to dysfunction in time. The initial boost in productivity in time degrades to levels below those practicing a more balanced existence.

10.2 The Biopsychosocial Model of Wellness

Overwork leads to loss of productivity because humans can only function optimally when certain basic needs are met. The demands for rest, exercise, nutrition, social connection, and play must be met for one to maintain happiness. And, as I have mentioned earlier in in this book, happy doctors provide better care!

Just one prevailing unmet need can manifest in illness, depression, and, yes, burnout.

Imagine the folly in getting just 4 h of sleep a night. A well-intentioned physician who adopts this pattern may not be aware that sleep deprivation may lead to weight gain, cognitive decline, diabetes, immune compromise, and increased inflammation [6]. In essence, by working more, you *will* be working *less* in your lifetime as you succumb to illness!



Fig. 10.1 A Hawaiian vacation should be “doctor’s orders”

10.3 Vacations: A Lifesaver

Vacations prolong life span. The Framingham Heart Study concluded that women who took more vacations lived longer. In addition, men who took vacations yearly reduced their overall mortality risk approximately 20%, with risk of death from heart disease reduced up to 30%. No doubt stress reduction explains the data [7, 8] (Fig. 10.1).

Sadly, many Americans regard vacation as a luxury. In fact, less than 50% of US workers take the full vacation time allotted them. The data linking vacation and wellness is overwhelming. Vacations are good for your heart health, reduce your waistline, lower blood pressure and cortisol levels, and enhance immune function so that diseases such as cancer may be averted. Stress hormones wane, Vitamin D levels are replenished with sunshine, and mood levels improve [7] (Fig. 10.2).



Fig. 10.2 Vacations help us forget about work—Marie and Mary Kelly “out West”

Germany ranks 25th in average work hours per week among European nations, yet has the second strongest economy. When the German government reduced the work week to 35 h, a rise in gross domestic product was realized [9]. Germans are clearly no strangers to vacations and undoubtedly recognize that a happy, well-rested workforce outperforms an emotionally exhausted one. In contrast, it should be no surprise that the Japanese take the fewest vacation days, yet have one of the highest suicide levels.

Immersing oneself in nature has the added benefit of “phytoncides,” airborne chemicals emitted by plants that are good for what ails us [10]. Even a mini-break like a lunchtime walk around greenery may confer significant health benefits, including enhanced immune competence.

Getting away takes courage, but I realize no person (or physician) is indispensable. Our spouses and children need a certain quantum of dedicated time with us. There is no substitute. If money seems like a real issue, recognize the gain in productivity you will realize when you return to work refreshed and “ready for

battle.” I will frequently repeat the mantra “happy docs give better care.” Indeed, I am at my best when I return from a respite.

Vacations don’t have to be a trip to the Riviera. A simple day trip *away* will do wonders to decompress one’s nervous system and remove from one’s consciousness the *familiar*. My wife and I own a modest condominium at the Jersey shore. I am amazed how refreshed I feel just after one weekend away. There are no stacks of journals, MRIs, or CDs lying around to remind me of what awaits me in the coming weeks.

Implicit in the value of a mini-vacation is the need for techno breaks. Our nervous system is bombarded with text messages, e-mails, snapchats, and e-messages. Our minds need a dedicated reprieve from the continual barrage of stimulation. There can be no real rest without creating a solid boundary with technology.

10.4 Take the Hit

While cutting back on hours sounds like heresy in this reimbursement-strained and overhead-laden medical culture, a mere 5-h reduction in one’s work week will yield immeasurable dividends. Burned out surgeons provide inferior care, are named in more malpractice suits and have less compliant patients [11], while happy doctors yield happy patients and enjoy longevity in both life *and* career. In addition, happy doctors are far less inclined to neglect their loved ones. Burned out, overworked docs tend to damage families.

And ... next time you consider a vacation, take it. Long term, your productivity will be greater. In addition ... your life may just may depend upon it.

10.5 The Sabbath

A rich tradition in Judeo-Christian custom is the observance of the Sabbath, or the day of rest (Fig. 10.3). The older (and wiser) I become, the more the day of rest has real meaning for me.



Fig. 10.3 St. Louis Cathedral in New Orleans—ideal Sabbath locale

The physical and emotional benefits of a day of respite are innumerable, and “time off” is essential for resiliency [12]. Down time should be penciled in every week, as the benefits of vacation tend to wane in a matter of weeks.

For those workaholics and workaholics in recovery, it would be wise to adopt a sacred day of rest for many reasons:

- *Rest your nervous system:* The continual “hyper alert” state required by numerous cases, countless patient encounters and on-call obligations can extract a toll on our nerves. We tend to become hypersensitive to external stimuli and quickly morph into “hyperreactive mode.” Only by retreating from laptops, cell phones, and electronic medical records for a defined quantum of time can our sensory organs recover. Furthermore, studies show that downtime is essential for consolidation of memory and skills. All the journal reading in the world won’t amount to much unless time is allotted to *process* it.
- *Family:* When we dedicate 1 day for family activities, many magical and positive by-products manifest. First, our family (and ourselves) looks forward to the sacred day with great expectancy. The mere notion of having something fun in the future will buoy one’s mood as well as those we love. The most poignant memories I have of our children usually involve a Sunday—our designated family day.
- *Mindfulness:* By taking a retreat from our vocation, we are inching closer to a more mindful (and less stressed) state. When we can give 1 day to our loved ones and be totally *present to them* in every event, the memories and closeness forged will potentially last a lifetime. Our loved ones need us ... *all* of us. One dedicated day will reinforce our significance in the lives of our spouse and children. We may not make every game or rehearsal, but one special day will help satisfy a spouse’s or child’s needs for intimacy. The evidence for mindfulness as a means to prevent burnout is mounting, and observing a personal Sabbath is a great place to start [13] (Fig. 10.4).
- *Clarity:* Ironically, when we are absent from work, we develop clarity and see life and our vocation more realistically. Valid perspective is obtained, and freedom from compulsive thought will empower us to make more effective and fruitful decisions. Once brain equilibrium is reached and all the static of the week has dissipated, we can approach life “with a full deck.”

Take time off ... so that you can *do more!* Watch your life blossom (Fig. 10.5).



Fig. 10.4 Mindfulness at The Grotto at University of Notre Dame



Fig. 10.5 Vacations will make your life blossom (© 2016 Creative Touch)

References

1. Shanafelt TD, Hasan O, Dyrbye LN, et al. Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014. *Mayo Clin Proc.* 2015; 90:1600–13.
2. Van der Hulst M. Long workhours and health. *Scand J Work Environ Health.* 2003;29:171–88.
3. Chapman SJ. Hours of labour. *Econ J.* 1909;19(75):353–73.
4. Thomas HR. Effects of scheduled overtime on labor productivity. *J Constr Eng Manag.* 1992;118(1):60–76.
5. Krueger GP. Sustained work, fatigue, sleep loss and performance: a review of the issues. *Work Stress.* 1989;3(2):129–41.
6. Van Cauter E, et al. Metabolic consequences of sleep and sleep loss. *Sleep Med.* 2008;9:S23–8.
7. Gump B, et al. Are vacations good for your health? The 9-year mortality experience after the multiple risk factor intervention trial. *Psychosom Med.* 2000;62:608–12.
8. Eaker ED, Pinsky J, Castelli WP. Myocardial infarction and coronary death among women: psychosocial predictors from a 20-year follow-up of women in the Framingham Study. *Am J Epidemiol.* 1992;135(8):854–64.
9. Bosch G. From 40 to 35 hours-reduction and flexibilisation of the working week in the Federal Republic of Germany. *Int Lab Rev.* 1990;129:611.
10. Kuo M. How might contact with nature promote human health? Promising mechanisms and a possible central pathway. *Front Psychol.* 2015;6:1093.
11. Shanafelt TD, et al. Burnout and medical errors among American surgeons. *Ann Surg.* 2010;251(6):995–1000.
12. Dein S, Loewenthal KM. The mental health benefits and costs of Sabbath observance among Orthodox Jews. *J Relig Health.* 2013;52(4): 1382–90.
13. Westphal M, Bingisser MB, Feng T, Wall M, Blakley E, Bingisser R, et al. Protective benefits of mindfulness in emergency room personnel. *J Affect Disord.* 2015;175:79–85.

Chapter 11

Coping with Emotional Pain: Getting Help for Yourself and Colleagues

The burnout rate among my vocation of orthopedic surgery is inordinately high [1], and the steady erosion of autonomy has taken its toll on the psychological well-being of all medical practitioners. Higher levels of anxiety, depression, and substance abuse are becoming manifest in the medical profession [2]. Indeed, these are challenging times to be a physician (Fig. 11.1). Certainly, most of us have personally endured substantial emotional pain at some point during our careers. I am confident most of us have witnessed a fellow attending physician or resident in emotional distress. Whether it is perfectionism or emotional detachment, physicians are at particular risk for emotional strife.

When a physician suffers emotionally, the collateral damage extends to patients, friends, family and loved ones [3]. Behavioral problems and dysfunctional thinking, left untreated, tend to worsen over time, and may lead to destructive behaviors that will invariably infiltrate one's personal and professional life. In fact, a survey found that 1 in 16 US surgeons reported suicidal ideation in the previous year. The survey also found that only 26% of surgeons with suicidal thoughts sought psychiatric or psychological help [4], compared to 44% in the general population.

Unfortunately, many of us know of a colleague (either personally or as an acquaintance) who took his or her own life. Such



Fig. 11.1 Medicine *can* devour one's soul (© 2009 Creative Touch)

losses often force us to take stock of our own emotional well-being. As we reflect on our own dealings with professional stress, what comes to mind? In my own personal experiences and in conversations with peers, the most intense triggers of emotional distress generally tend to include the profound sense of responsibility for the life and health of one's patients, the difficulty forgiving oneself when (through error or bad luck) a patient is harmed, and the struggle in coping with harsh self-judgment. As noted in an earlier chapter, tempering our reactions to mistakes, and managing the seemingly ever-present tendency for self-reproach, may help us avoid descent into despair.

While we cannot readily change many of the challenging external stressors, we can radically transform the way we *perceive* our environments. Knowledge of ourselves and why we may react to certain stressors is the first step to successful navigation of a demanding life.

11.1 Look for the Cues

How do we recognize the difference between a bad day or week, and something more severe? As conveyed in Chap. 5, our bodies hold many clues to the recognition that we may need help. Poor quality of sleep, lack of energy, and weight loss or weight gain are

just some of the indicators that we may be anxious, depressed or burned out. Muscle spasms, blepharospasm (eyelid fasciculations), stomach distress, acid reflux, back pain, and headaches all may denote that a change is necessary. Loss of libido is also a reliable index of excessive stress or burnout.

As stated previously, another common sign of burnout is depersonalization, whereby one merely goes through the motions of one vocation with no emotional investment. Social and emotional withdrawal may suggest real pain. Conversely, but equally destructive, is perfectionism, which, as we earlier stated, derives from anxiety or self-esteem issues [5]. Perfectionism, and all its attendant negative effects on happiness, is a common consequence to deep feelings of inadequacy [6]. The same perfectionistic tendencies that drive a premedical student to “ace” all of his/her subjects also puts him/her at risk for continual discontent and dissatisfaction. Finally, any behavior in excess—gambling, golfing, and even exercise—may indicate emotional unrest. Left unchecked, these issues can result in acting out in the form of erratic angry outbursts or drug and alcohol abuse.

11.2 If You See (Or Feel) Something, Say Something

It is incumbent upon us to approach a beleaguered fellow surgeon in need of support. We must firmly—but kindly—inform our colleague that we recognize inner turmoil and that we are there to help him/her. Suicidal ideation is not all that uncommon among physicians [4]. Whenever one suspects even a hint of suicidal thinking in a colleague, immediate help is indicated in the form of an intervention. Young physicians are particularly vulnerable to suicidal thoughts. According to a study by Goebert and colleagues [7], 9.4% of fourth-year medical students and first-year residents reported having suicidal thoughts in the previous 2 weeks.

If these types of thoughts ever plague you, acknowledge that dysfunctional thinking has a stronghold on you and recognize that

without treatment, profound consequences to you and your loved ones may ensue. Depression is treatable and does not merely go away spontaneously. In these times of anguish, do your best not to believe a thing your mind tells you and seek counseling immediately.

11.3 Aversion to Getting Help

Depression is the result of dysfunctional and distorted thinking, and a trained therapist is necessary to fully appreciate this truth. Help is available to all of us in the form of appropriate counseling. Sometimes, a short course of antidepressants (such as selective serotonin reuptake inhibitors or SSRIs) will give us the “water wings” to escape a motivational funk. A skilled counselor or therapist may afford us the opportunity to correct dysfunctional thinking and equip us with tools and strategies to handle stress and return to tranquility (Fig. 11.2).

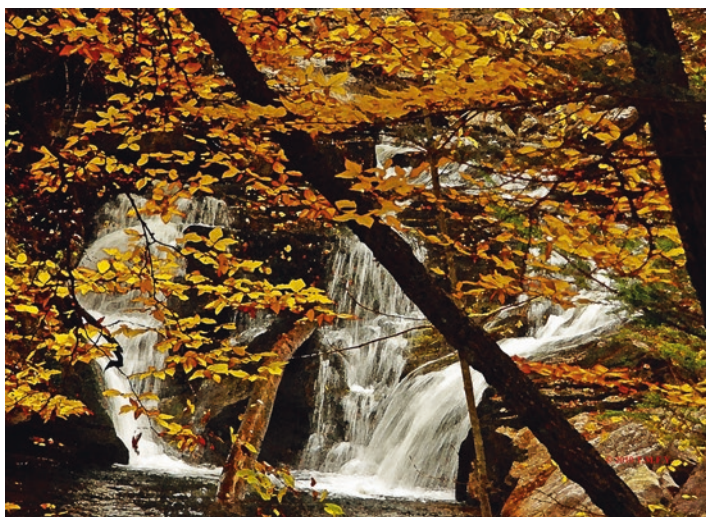


Fig. 11.2 Our minds can attain tranquility (© 2010 T.M.F.Y)

Yet, in my experience discussing the possibility of therapy with colleagues, many do not acknowledge the inner pain, and thus are hesitant or adamantly against any form of therapy. The mere mention of a therapist may serve as a deterrent to seek help. Pride and the perception of failure seem to be two important roadblocks. Sadly, some fear the stigma of seeking counseling. Many actually fear their medical licensure would be at risk if their personal concerns were discovered [8, 9]. Of course, this is essentially a non-issue, as counseling sessions are held in the strictest confidentiality with no access rendered to administrators or superiors.

Seeking help is a sign of strength. When we recognize that we are not living our best lives and admit to the need for change, we are courageously facing difficulties head on and not languishing in denial. If resistance is sensed in a beleaguered colleague, the mere act of listening and remaining a loving presence will bring some solace.

11.4 Efficacy

All forms of therapy have distinct advantages and select disadvantages. Depending on one's needs and personality, a tailored approach will likely prove most effective. Large, university-type settings usually offer intake evaluations, where each patient's needs and desires are recognized so that an appropriate counselor and style of therapy can be assigned. There are varied forms of counseling methods ranging from psychoanalytic to behavioral approaches. Busy practitioners will welcome the fact that Freudian psychoanalysis, couches, and long journeys into one's childhood are rarely used in a contemporary setting. Evolved and modern counseling for medical professionals usually focuses on providing the individual with a cognitive-behavioral toolkit, and, where indicated, discussing the use of antidepressants, which can be effective even in transient or situational circumstances. All successful forms of therapy seem to share a common theme: correcting dysfunctional thinking. Mastery of our minds holds the key to managing stress and maintaining peace. A skilled therapist can help

accelerate our personal growth and aid our journey to a more peaceful and joyful life.

Cognitive behavioral therapy (CBT), alluded to previously, is effective in the treatment of depression and anxiety [10]. CBT is predicated on the recognition of cognitive distortions—incorrect thoughts our brains manufacture in response to stress. The practice of substituting accurate, realistic thoughts when distorted thinking arises can prove transformative. A common type of cognitive distortion is “all-or-nothing thinking,” where one perceived negative event is thought to generalize to one’s entire life. For example, one errant move in surgery can lead one to think, “I never perform this step correctly.” A more rational thought, such as “I learn from my mistakes and am improving each case,” can be substituted and avert an emotional downturn.

Mindfulness-training programs have proven repeatedly to ease tension, reduce stress, and increase a sense of well-being [11]. As we have stated, the practice of mindfulness, or living in the present moment, reigns in guilt (a preoccupation with the past) and helps overcome anxiety (a fear of the future). Again, skilled therapists can accelerate mastery of the aforementioned disciplines.

Seeking help for oneself or guiding another to the right mental health resources are acts of courage, strength and compassion. These interventions can be lifesaving, and, when indicated, certainly are life-improving. Correct thinking serves as the foundation for peaceful living (Fig. 11.3).

Tomorrow, Try This

- Ask yourself, “How happy am I?” If life has lost its zest or passion, if relationships are arid, and if your vocation is drudgery, seek help.
- Listen carefully to your body. What is it trying to say?
- Be mindful of changes in colleagues or friends, and of symptoms that you might be experiencing. Withdrawal, personality changes, and angry outbursts in a friend may warrant a conversation or even an intervention.



Fig. 11.3 Correct thinking is peaceful thinking

- Talk to your spouse or partner and ask for honest feedback about your emotional state. If you have a serious concern for a colleague, tactfully contact their spouse/partner and inquire about the emotional climate at home.

References

1. Arora M, Diwan AD, Harris IA. Burnout in orthopaedic surgeons: a review. *ANZ J Surg.* 2013;83:512–5.
2. Aach RD, Girard DE, Humphrey H, McCue JD, Reuben DB, Smith JW, et al. Alcohol and other substance abuse and impairment among physicians in residency training. *Ann Intern Med.* 1992;116:245–54.
3. Sargent MC, Sotile W, Sotile MO, Rubash H, Barrack RL. Quality of life during orthopaedic training and academic practice: Part 2. Spouses and significant others. *J Bone Joint Surg Am.* 2012;94:e145.
4. Shanafelt TD, Balch CM, Dyrbye L, Bechamps G, Russell T, Satele D, et al. Special report: suicidal ideation among American surgeons. *Arch Surg.* 2011;146:54–62.

5. Kelly JD 4th. Your best life: perfectionism-the bane of happiness. *Clin Orthop Relat Res.* 2015;473:3108–11.
6. Henning K, Ey S, Shaw D. Perfectionism, the impostor phenomenon and psychological adjustment in medical, dental, nursing and pharmacy students. *Med Educ.* 1998;32:456–64.
7. Goebert D, Thompson D, Takeshita J, Beach C, Bryson P, Ephgrave K, et al. Depressive symptoms in medical students and residents: a multi-school study. *Acad Med.* 2009;84:236–41.
8. Chew-Graham CA, Rogers A, Yassin N. 'I wouldn't want it on my CV or their records': medical students' experiences of help-seeking for mental health problems. *Med Educ.* 2003;37:873–80.
9. Rath KS, Huffman LB, Phillips GS, Carpenter KM, Fowler JM. Burnout and associated factors among members of the Society of Gynecologic Oncology. *Am J Obstet Gynecol.* doi:[10.1016/j.ajog.2015.07.036](https://doi.org/10.1016/j.ajog.2015.07.036). [Published online ahead of print 29 July 2015]
10. Hollon SD, Stewart MO, Strunk D. Enduring effects for cognitive behavior therapy in the treatment of depression and anxiety. *Annu Rev Psychol.* 2006;57:285–315.
11. Kelly JD 4th. Your best life: mindfulness-the end of suffering. *Clin Orthop Relat Res.* 2015;473:426–9.

Chapter 12

“The Four Agreements” Necessary for Resilience

In his masterful work *The Four Agreements* [1], Don Miguel Ruiz artfully conveys the powerful wisdom of the ancient Toltec Mexican culture. The venerated spiritual truths revealed to the sages of Old Mexico are contained in four moral imperatives necessary for the attainment of inner peace. The adherence of four “agreements,” or promises one makes with oneself, will ensure a much more fulfilled, tranquil, and peaceful life. These agreements that we can make with ourselves reinforce the essence of this book and serve as excellent guideposts for a resilient life.

12.1 Agreement 1: Be Impeccable with Your Word

Our words can sow the seeds of happiness or wreak destruction to others [2]. Resilient individuals are mindful of what they say to others and *themselves*.

The word *impeccable* is derived from the Latin word *impeccabilis*, meaning “not liable to sin.” The first agreement we must all make with ourselves in order to live more fulfilled and joyful lives is to *never* use our words to sin against another or ourselves. Ruiz



Fig. 12.1 Peace on the African plain (2010 Creative Touch)

expounds on the power of words—how they can be used to heal or harm. Just one sarcastic comment can literally disrupt the joy on an entire family. An improper, critical remark can sabotage the mood of an entire evening.

Conversely, one uplifting word or compliment can literally transform someone’s day [3]. Gossip is an especially hurtful activity which can undermine the integrity of another in a matter of seconds. Furthermore, the words we use against one another will only “bounce” back to harm *ourselves*. The sin we inflict on another merely prompts the receiver of unkind words to respond in kind. Emotions are contagious and we can use our words to spread around good ... or bad [4].

Words against ourselves are equally destructive. Whenever we are blaming ourselves or experiencing the self-talk of self-reproach, we are violating the first agreement. Ruiz emphasizes that only loving words are authentic and any form of self-criticism or self-flagellation (physicians take note) is not from our “source.” Agree to never use your words against others or ourselves, and your suffering will wane and your peace index will rise meteorically (Fig. 12.1).

12.2 Agreement 2: Never Take Anything Personally

The ancient Toltec masters knew of the anguish we all endure when we take what others do to us personally. Imagine the anger and reactivity we all experience when harsh words come our way. Ruiz is quick to explain that what others say or do to us is about *them* ... not *us*. Unsavory words or actions are about the pain of the *sender*, not the receiver.

Imagine the pain of the postoperative patient who utters obscenities because the narcotics were not filled in timely fashion, or the anguish the charge nurse, pressured by administrators, must feel when the surgery schedule is running very late. Similarly, the distress the patient who is experiencing congestive heart failure may prompt him or her to become edgy and irascible. This is not to say we should be “whipping posts” and not protect personal boundaries. However, we are obliged to recognize that harsh words directed against us are the byproducts of someone else’s pain [5].

12.3 Agreement 3: Make No Assumptions

We all seem to fall prey to this trap: We enter into the minds of others and assume we know what they are thinking. Sadly, we generally assume the worst “How could he or she do that?” or “I can’t believe he or she could say such a thing?”

The great Psychiatrist Aaron Beck described numerous “cognitive distortions” (see Chap. 6), which beset a mind afflicted with negative emotions [6]. One chief distortion Beck labeled “mind reading”: This dysfunctional thought pattern dictates that we certainly know the thoughts of others, and, in most cases, we assume the opinions of them are directed *against* us. In reality, we never truly know what another is thinking. In addition, we tend to project our own reality on others as well. If we are experiencing a “bad hair day,” we are more prone to regard others with critical and judgmental eyes. Mind reading and judgment invariably results in discord and separation. Rather than assume, we will be served better to seek to understand.

Ruiz conveys the power of communication and entreats us to simply ask for clarification whenever disagreements ensue. What we hold in our hearts as the truth may be *way off* the mark.

Consider the drug-abusing, tattoo-laden, chain-smoking patient whom we may believe is simply a “bad seed.” After a 10-min dialogue about this person’s past, we may learn that they were abandoned as an infant by two drug-abusing and crime-hardened parents. After being shuttled between three foster homes without much loving affection, it is easy to see why this soul may suffer from poor self-esteem. Consider as well the overly perfectionist nurse who may take several minutes to execute the “surgical timeout.” Rather than assume that they are merely an obstructionist, recognize that the nurse’s father was an alcoholic who always managed to find fault in her. Doing a commendable job is a way she soothes deep feelings of inadequacy [7].

Whenever possible, ask for clarification and do not assume. Your life will never be the same.

12.4 Agreement 4: Always Do Your Best

When we always do our best, in every event, there will be no room for regret or remorse. We are using our God-given talents to their utmost, and the results must be left to our Higher Power. Ruiz clearly points out that our best will vary, depending on our station in life. For example, when sleep deprived after a night of relentless call demands, our best will not approximate what we can give after a restful evening.

The key is not to lament on suboptimal performance. Simply keep doing your best.

Further, our best also doesn’t mean to *overdo* it. As mentioned in Chap. 6, perfection is an illusion and is the natural assassin for happiness [8]. Unrealistic standards only cultivate dissatisfaction and frustration.

Striving for *excellence* is to be distinguished from the pursuit of perfection. When our goal is to commit to providing excellent clinical care to our patients, we will endeavor to continually



Fig. 12.2 Just doing one’s best will give us the confidence of a lion (© 2010 Creative Touch)

improve and refine our skills. Yet, we will recognize our limitations and look for mistakes as opportunities for growth. If perfection is our goal, we will be left with a continual sense of “missing the mark” with all the attendant feelings of inadequacy and frustration. Consider the energy depletion of a 2-h arthroscopy or 6-h “perfect” fracture reduction!

Approach any activity with calm and love and give it your best *inspired* (not compulsive) effort. Simply just do your best, and you will have the satisfaction that you responded to whatever life presented to you to the best of your abilities (Fig. 12.2).

The four agreements serve as a wonderful guidepost to keep one’s life in accordance with enduring and timeless principles known to promote growth and happiness. The adoption of these contracts with oneself will truly keep your life on course (Fig. 12.3).

Tomorrow, Try This

- Resolve to *agree* to the above contracts with yourself. You will enjoy a measure of peace and joy which may have eluded you for some time.



Fig. 12.3 The four agreements will keep your life in line! (© 2015 Creative Touch)

- The next time someone utters a disparaging word against you, stop, breathe, and be. Then respond in a way loving to the offender and yourself.
- When tempted to utter a slanderous or unsavory comment against another, stop, breath, be, and then become aware that your words will have negative consequences.
- Develop ambitious but realistic goals for yourself. Recall that when we “hit our targets,” our confidence grows!

References

1. Ruiz DM. The four agreements. San Rafael, CA: Amber; 1997.
2. Delgado R. Words that wound: a tort action for racial insults, epithets, and name-calling. *Harv CR-CLL Rev.* 1982;17:133.
3. Diener E, Oishi S. The nonobvious social psychology of happiness. *Psychol Inq.* 2005;16(4):162–7.
4. Wild B, Erb M, Bartels M. Are emotions contagious? Evoked emotions while viewing emotionally expressive faces: quality, quantity, time course and gender differences. *Psychiatry Res.* 2001;102(2):109–24.

5. Neuman JH, Baron RA. Workplace violence and workplace aggression: evidence concerning specific forms, potential causes, and preferred targets. *J Manag.* 1998;24(3):391–419.
6. Beck AT. *Love is never enough*. London: Penguin; 1989.
7. Herman KC, et al. Developmental origins of perfectionism among African American youth. *J Couns Psychol.* 2011;58(3):321.
8. Blatt SJ. The destructiveness of perfectionism: implications for the treatment of depression. *Am Psychol.* 1995;50(12):1003.

Chapter 13

Tolstoy's Three Questions

Leo Tolstoy's masterful short story, "The Three Questions" [1], contains a powerful message for those who wish to attain a more peaceful and meaningful life. The lessons contained in this allegory perfectly characterize the essence of a resilient life and therefore serve wonderfully as the final chapter to this work. First published in 1885, the short story recounts the tale of a king who is doggedly determined to find the answer to three personally vexing questions:

- (1) What is the best *time* to do each thing?
- (2) *Who* are the most important people to work with?
- (3) *What* is the most important thing to do at all times? [1]

Convinced that he would never fail in any endeavor if he possessed the answers to the three questions, the king sought the advice from all of the most educated in his kingdom. After hearing only disappointing answers, the king decided to approach a reclusive hermit, widely known for his wisdom. The king donned plain clothes, dismissed his bodyguards some distance away, and met the wise man alone. He discovered a frail old man, digging a ditch in front of a modest hut in a wooded area.

The king proclaimed his three questions to the sage, who did not answer, but merely kept digging. Feeling compassion for the weak hermit, the king grabbed the shovel and relieved the old man

of his laborious task. After hours of work and still silence from the hermit, the king, out of frustration, uttered: "I came to you, wise man, for an answer to my questions. If you can give me none, tell me so, and I will return home." [1].

Just then, they spotted a man running toward them, clearly wounded in the abdomen from some form of penetrating trauma. The man collapsed at the king's feet. The king dressed the man's wounds and nursed him through the night in the hermit's hut. By morning, the wounded man revived, and immediately begged for the king's forgiveness. Puzzled, the king questioned why the man was begging for compassion. The man confessed that he was a sworn enemy of the kingdom, and was determined to assassinate the king following his meeting with the hermit. While hiding, the would-be assassin noted that the king delayed his return, prompting the would-be killer to emerge from his concealed place. The assassin was recognized by the king's bodyguards, who wounded him gravely. He escaped the guards, only to falter before the king and hermit.

Touched by the man's sincere confession, the king not only forgave his potential attacker but made arrangements for his personal physicians to attend to him upon return. Before departing for his palace, the king asked his three questions one last time to the hermit who replied: "You have already been answered" [1]. The wise old man explained that had the king not stopped to help him dig, he most surely would have been attacked on his return by the assassin. "So the most important *time* was when you were digging the beds; and I was the most important *man*; and to do me good was your most important *business*" [1]. Similarly, the sage related that the time attending to the attacker's wounds was paramount, as he was the most important person. Had the king not attended to him and dressed his wounds (thing), the infirmed enemy would have died without making peace with the king.

The wise man concludes by saying, "Remember that there is only one important time and that is *now*. The present moment is the only time over which we have dominion. The most important person is always the person you are with, who is *right before you*, for who knows if you will have dealings with any other person in the future? The most important pursuit is making the person standing at your side *happy*, for that alone is the pursuit of life." [1].

When the hermit exclaimed that now is the only time we have “dominion,” he affirms the truth—the past and future cannot be changed. The only time we have any real power is in the present. Why be preoccupied with what already happened (guilt) or fearful of what is to come (anxiety)? Truly, the most important relationship you have is the person you are with now. Now is the only important time.

Tolstoy's genius is in proposing the most powerful of questions, which may lead to the most meaningful answers [2]. Tolstoy brilliantly illustrates that when the king attended to the hermit and his assailant, he not only saved his own life, but the life of another. He captures the essence of established fundamentals for a resilient life: Living in the moment and service to others [3, 4].

Throughout this book, we have extolled the virtues of mindfulness, or living in the *now*. As stated, mindfulness-based practices increase efficiency and reduce stress [5]. Focus, clarity, and the quality of everything we attend to improves when we immerse ourselves in what is happening *now*. Furthermore, when the background static in our minds is quieted, *space* is created for positive emotions to usher forth. In truth, a mindfulness-based life is fertile ground for happiness and well-being [6].

Like the king, when we give our total attention to those sent our way each moment, the quality of each encounter blooms. We give others affirmation and a sense of worth when we are fully attentive to them. In essence, we convey the message, “you are worth my time,” when we give attention to each word and expression that others communicate to us. Mindful listening helps fortify friendships, marriages, and physician–patient relationships. When our patients feel that we are listening to them, they are more likely to follow our suggestions and more likely to be pleased with their visits.

Tolstoy stresses the importance of service to others and ensuring their happiness as “the pursuit of life.” He recognized that service provided its own rewards [6] and was life's most noble calling. When we embrace a life of service and focus on the happiness of others, our ego vanishes. Our preoccupation with our own concerns evaporates, and time often stands still. We truly become immersed in the singular goal of easing the pain of another or



Fig. 13.1 Peaceful time in Kuaia

bringing them some measure of happiness. Inner peace will then manifest (Fig. 13.1) [7, 8].

Indeed, office hours for me flow more easily when I am invested in the well-being of my patients. Surgeries become much more fulfilling when I bring attention to all the good I am doing for my patients. My own marriage is at its best when I become more intentional to bring my wife, not me, more happiness. When the well-being of my fellow man or woman becomes my focus, energy manifests, and I retire in the evening with a sense of peace no worldly possession has ever given me.

We are blessed to be able to answer the noble call of service in the noblest of vocations. As Tolstoy recognized, a focus outward holds the key to fulfillment (Fig. 13.2). Be present to those patients and people the universe brings to you each instant and do good to them. This is the ultimate prescription for happiness and a life meaningful beyond measure (Fig. 13.3). Indeed, “The Three Questions” serves as a masterful template for a more mindful, meaningful, and resilient life.



Fig. 13.2 A focus outward (on patients) ushers forth fulfillment



Fig. 13.3 Service is its own reward—Mumbai, India

Tomorrow, Try This

- Give your undivided attention to every single activity you are engaged in. Recognize that multitasking diminishes the quality of every action.
- Render your entire attention to whomever you encounter. Give each person all of you and observe the result.
- Dedicate the entire day to be a man or woman built for others, and devote each action with the idea of service in mind. Observe how your day will flow with less perceived effort.

References

1. Tolstoy L. *The works of Tolstoi*. Roslyn, New York: Black's Readers Service Company; 1928.
2. Maxwell JC. *Good leaders ask great questions: your foundation for successful leadership*. UK: Hachette; 2014.
3. Amutio A, Martínez-Taboada C, Hermosilla D, Delgado LC. Enhancing relaxation states and positive emotions in physicians through a mindfulness training program: a one-year study. *Psychol Health Med*. 2015;20:720–31.
4. Khoury B, Sharma M, Rush SE, Fournier C. Mindfulness-based stress reduction for healthy individuals: a meta-analysis. *J Psychosom Res*. 2015; 78:519–28.
5. Zhang JY, Zhou YQ, Feng ZW, Fan YN, Zeng GC, Wei L. Randomized controlled trial of mindfulness-based stress reduction (MBSR) on post-traumatic growth of Chinese breast cancer survivors. *Psychol Health Med*. 2017;22(1):94–109.
6. Weinstein N, Ryan RM. When helping helps: autonomous motivation for prosocial behavior and its influence on well-being for the helper and recipient. *J Pers Soc Psychol*. 2010;98:222–44.
7. Fowler JH, Christakis NA. Dynamic spread of happiness in a large social network: longitudinal analysis over 20 years in the Framingham Heart Study. *BMJ*. 2008;337:a2338.
8. Kelly JD IV. *Your best life: mindfulness, the end of suffering*. *Clin Orthop Relat Res*. 2015;473:426–9.

Index

A

- Anxiety, 36
- Attention, 101, 102
- Aversion, 86–87

B

- Biopsychosocial model, 74
- Body awareness
 - eyelid twitching, 33–34
 - fatigue, 32–33
 - fear and anxiety, 36
 - pain, 31–32
- Burnout
 - malpractice suits, 2
 - physicians, 1
 - stress-induced syndrome, 1
 - suicide rates, 2

C

- Cognitive behavioral therapy (CBT), 88
- Cognitive distortions, 41–42, 93
- Colleague, 83, 85
- Commitment, 23–24
- Compassion, 24
- Competitiveness, 63–65
- Compliment, 92

D

- Depersonalization, 34–36
- Down time, 78

E

- Efficacy, 87–88
- Efficiency
 - Automaker Henry Ford, 73
 - biopsychosocial model, 74
 - production, 74
- Egocentric living, 65
- Emotional pain, 14
 - aversion, 86–87
 - burnout rate, 83
 - efficacy, 87–88
 - recognition, 84
 - suicidal ideation, 85
 - types of thoughts, 85
- Empathy, 17
- Eyelid twitching, 33–34

F

- Fatigue, 32–33
- Forgiveness, 58–59
 - barriers, 16
 - blood pressure, 13
 - defined, 14–15
 - emotional energy, 14
 - empathy, 17

Forgiveness (*cont.*)
 healing, 15
 healthcare providers, 13
 wounds, 14
 Fulfillment, 102
 and peace, 10
 and satisfaction, 1

G

Grateful seeing, 67
 Gratitude
 anxiety, 66
 brain, 67
 competitiveness, 63–65
 egocentric living, 65
 journal, 68–70

H

Happiness, 2–4
 Healing, 15

I

Improper thinking, 43

J

Judeo-Christian custom, 77, 79

K

Kindness
 forgiveness, 58–59
 outward focus, 56
 patient well-being, 56
 resistance, 59–61
 self-compassion, 57
 uplifts, 59

L

Learned optimism
 acceptance, 52
 factors, 51

M

Mayo Clinic survey, 1
 Medical marriage
 commitment,
 23–24
 compassion, 24
 divorce rates, 22
 friends and family,
 25–26

Mindfulness, 101

and emotions, 6
 practises, 7, 8

Mistakes

devastating, 48–49
 human, 47–48
 opportunity for growth,
 50, 51

O

Opportunity for growth, 50
 Outward focus, 56

P

Pain, 31–32
 Perfectionism
 cognitive distortions,
 41–42
 illusion, 39
 origins, 42–43
 recovery, 43–45
 surgical cases, 40
 Personalization, 41
 Preparation, 47

R

Recovery, 43–45
 Resilience
 anger and reactivity, 93
 assumptions,
 93–94
 excellence, 94
 words, 91
 Resistance, 59–61

S

Sabbath, 77–81

Self-compassion, 57

Self-talk, 92

Significant other, 25

Spouse

 partner/friend, 26

 relationships, 23

T

“Three questions”

 mindfulness-based practices, 101

 stresses, 101

V

Vacations, 75, 77