WESTCHESTER PHYSICIAN

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PRESIDENT'S MESSAGE
UP CLOSE AND PERSONAL WITH PATIENTS
PETER ACKER, MD PRESIDENT

Advances in the technology as well as of the basic science of medicine has created stunning progress in the treatment of many conditions and diseases. But there comes a point when a doctor needs to put down his prescription pad, his x-rays, his lab results, his lap top and brush them aside and face his patient: "I have done all I can. How can I help you now?"

For many years I was the only physician in my extended family. I have rather enjoyed this distinction; fielding questions of a medical nature around the dinner table at family gatherings, peering at a rash on an aunt's shin or taking a late night call from a cousin who I have heard from in years. I confess it is gratifying to my ego to get this kind of attention and that I can arrive a family reunions unperturbed by any concern of needing to impress anybody or stoop to engage in various competitive family dynamics. Simply, by dint of my medical titles, I can remain about the fray. I may hear a hint of sarcastic disdain when I enter from a cousin calling out "the doc is here" but I barely notice it, knowing that someday he will probably need me. It must be similar to for priests who with collar and celibacy, stand apart. Doctors, with our white coasts and stethoscopes as our vestments and our privity to patient's secrets, also stand apart. Our patient rooms and bedsides are our confessionals and we possess a strange alchemy of simultaneous respectful aloofness and deepest intimacy. Our motives are similarly convoluted; yes, we enter medicine with ideals and a desire to help others, but we also enjoy the societal approbation and respect, and yes, the power, over nature and man. Yet, we are burdened by our inadequacies and suffer silently as we brood endlessly over our mistakes. Those of us in primary care particularly feel a connection with our patients, often over spans of years or even decades. We see our patients in regular check-ups, in the midst of illness, during emotional crises and at times when we are off duty, say in the grocery store or at the gym. We are privileged and burdened by our knowledge of our neighbor's inner lives, their secret fears and foibles. We see our patients undressed and peer with impunity into bodily orifices. We are charged to treat our patients with all our knowledge and technology, but then ministering to them once we have reached our limits; comforting them during illness, whether it be mild and temporary or serious and final.

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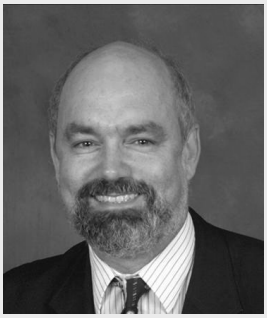

PETER ACKER, MD
President, WCMS

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FROM THE GUEST EDITOR…

TO IRE IS HUMAN

BRUCE MOLINELLI, MD, IMMEDIATE PAST PRESIDENT

"Do you have time to listen to me whine? About nothing and everything all at once…"
(Basket Case lyrics from Dookie by Green Day, Reprise Records, 1994).

Have you recently wondered to yourself, "Why is everybody so mad?"
Or the corollary, "Is everybody really so mad?"
And even more specifically, "Are all of us doctors mad?"
If so, then let's delve into the emotion of anger.
Are we disgusted by injustice?

Why do others get away with cutting corners, or cheating the system, when I'm following the rules? There is unfairness that is not being addressed. (Physician specific example— why am I submitting clean claims for valid medical care but not being reimbursed without having to fight with the insurance company. Who is monitoring them and their treatment of the physicians?)

Are we oversubscribed?

Everyone is asking so much of me and I have pressure to perform, produce, succeed yet I do not have a realistic chance with the current environment. That's gets me really mad, when I am lacking adequate resources or time yet I am expected to produce. (Physician specific example- just how many patients can I see in a day, a week, a month, with limited staff, and still provide the necessary care and documentation required?)

Are we exposed to egregious transgressions?

Am I in danger by a direct or perceived threat of an offense by someone who has crossed the boundary of a "norm" and no one knows or cares to do anything about it? (physician specific- what's my risk and ultimate response to a disgruntled and unreasonable patient or family member threatening staff and self)

I would say that any of the above scenarios seemingly promotes anger justifiably. Anger is a necessary, immutable emotion of humans which does have utility, at least according to psychiatrists . It is also intimately attached to fear.

The experts say, *"Anger can appear as a reaction to a condition of bodily distress, as a way to protect oneself to an attack from a predator in this sense, anger is a possible consequence of fear; (Wilkowsky and Robinson, 2010), as an emotion supporting goal-directed behavior when a circumstance in the outside world prevents the desired goal to be fulfilled, causing frustration (Panksepp, 1998*). "**

There is even a new entry in the latest DSM-5 (2023) which identifies a pathological anger , **Intermittent Explosive Disorder**, which involves repeated, sudden bouts of impulsive, aggressive, violent behavior

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PRESIDENT'S MESSAGE
UP CLOSE AND PERSONAL WITH PATIENTS
PETER ACKER, MD PRESIDENT

(Continued from page 1)

Yet, we are still human and each time we encounter a patient we bring our own personal narratives along which affect and color our interactions and responses. I once was startled when a mother of a patient (I am a pediatrician) told me a family tragedy that had occurred when she was a teenager. I found myself telling her of a similar event that had darkened my high school years. We never talked about it again, but there has existed since that time an unspoken mutual sympathy and greater comfort in our communications about her family. Self-revelation, I have found, can be a powerful medicine, thought like any powerful medicine, it must be used judiciously and with full knowledge of its impact or "side effects". Im my early twenties, I suffered from panic attacks which resulted in hurried trips to the emergency room. I remember to this day, the casual dismissive reassurances I was given from the ER docs "You're fine, kid". I have since had the opportunity to treat teenagers and young adults with panic disorder and I often reveal my own history. It has an almost magical effect; and immediate expression of relief and the knowledge that they are not the only one. This perhaps breaks some of the traditional rules governing "clinical distance" and indeed it is a slippery slope: our objectivity is often crucial in our ability to diagnose. One possible pitfall is leaping to the diagnosis of panic disorder when there is a long list (albeit rare) conditions that can mimic, like pheochromocytoma or thyrotoxicosis. Still, with any medicine, we are cognizant of risk – that penicillin that we dispense so liberally has the power to kill in very very rare circumstances.

Clearly, our personal experiences affect our empathy and understanding. A cancer surviving physician is apt to be a particularly sensitive purveyor of information to a fellow sufferer. Obviously, we cannot expect physicians to treat only patients with conditions that they have personally experienced. But still, we can dip into the well of our own personal experiences and try to approximate what our patients are going through. It is a privilege and a burden!

♦

STOP THE TRAIN
Elliot Barsh, MD

"The only way we can serve is by showing up."

Hi everyone.

I hope our column finds you healthy and well.

Treating illness is a *transaction*.

We are *trained* for this.

Healing suffering is *transforming*!

We all *need* this, and are all *capable* of this!

Living takes a toll on us, wearing us down and leaving invisible scars.

Some people experience every day as a battle.

We all need to have our pain taken seriously.

The time we spend with our patients *matters*, to our patients and to us, in the most *human* way.

It is these times, when we are the most uncomfortable, lonely and scared, that demand our presence.

Our presence is *essential, life-affirming*.

It was a fourth century Rabbi who wrote that we can *"alleviate one-sixtieth of a patient's pain with each visit."*

And what happens to us, as *Sharon Brous* writes (*The Amen Effect),* the healers who *"empty ourselves in the care of others.?"*

None of us can heal ourselves.

Healers need healers!

We all need to be *held*, *loved*, and *comforted*.

Human touch, used with care, is life's elixir.

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STOP THE TRAIN
Elliot Barsh, MD
(Continued from page 5)

It can help us begin again, with a new way to think about ourselves, our connection to others, and our place in the world.

We can bridge the gap that separated us from everything and everyone else, and feel less alone, more joyful, and more giving.

This goes way beyond our commitment as clinicians, and elevates us to accept responsibility for each other.

Kindness and gratitude become our guides.

Suffering can be transformed into the possibility to thrive.

Thanks for reading.

Be safe.

"*When you see others in pain, instead of causing you to get overloaded and retreat, compassion motivates you to reach out and help."*
That Numbness You're Feeling? There's a Word for It.

Feeling other people's pain is not the best way to help them — or yourself.

"...exposure to the distress and suffering of others can lead to empathic distress or compassion."
Empathy and Compassion

"Can we grieve with room for joy, and be joyous with grace and humility?"

"So, how are you feeling?"

"a mentor is someone who has more imagination about you than you have about yourself."

"What if I'm feeling nothing?"
Heartbeat

♦

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Douglas Wallace, MD, PhD — Endowed Chair in Pediatric Mitochondrial Medicine and Metabolic Disease; Director, Center for Mitochondrial and Epigenomic Medicine, CHOP; Prof., Dept. of Pediatrics, Univ. of Pennsylvania

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neuroimmuneinstitute.org/autism-2024-conference-fee-waivers

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MSSNY President, Dr. Bonnie Litvack, President-elect, Dr. Joseph Sellers and Dr. William Valenti, Chair of MSSNY's Committee on Infectious Diseases discuss vaccines currently available for COVID-19 and answer many questions patients may have about the vaccines.

★ How to Talk to Patients About Vaccine Hesitancy ★

Dr. William Valenti, Chair of MSSNY's Committee on Infectious Diseases discusses the history of vaccine hesitancy and offers sage advice to listeners on talking to vaccine hesitant patients.

★★The additions of these podcasts marks 100 podcasts published on the MSSNY Podcast website!★★

FROM THE GUEST EDITOR…

TO IRE IS HUMAN

BRUCE MOLINELLI, MD, IMMEDIATE PAST PRESIDENT

(Continued from page 2)

or angry verbal outbursts. The definition notes reactions are too extreme for the situation. Road rage, domestic abuse, throwing or breaking objects, or other temper tantrums may be symptoms of intermittent explosive disorder. Managing anger constructively is important for maintaining healthy relationships and overall well-being.

But how about reducing or avoiding anger altogether? Maybe, if we understand causations contributing to the perception of rising global anger, we could cool our collective jets somewhat. Has anger in the populace risen because there truly are more situations with which we find ourselves being threatened , harmed or treated unfairly, or are we just perceiving more episodes of such, which are not accurate or representative of the true facts ?

Enter social media and the potential for bad info…..

We certainly have more access to bad info, and we seem to spend more time sifting through it (we cannot eschew wasting time getting online especially when our WiFi or internet access is spotty- now that makes me mad!)
There certainly is more accessible data out there- bad and good, and perhaps the bad data inherently is outlandish egregious, ridiculous , which then starts the cascade igniting anger as one burns on the audacity, inappropriateness and hubris of such and such to do such and such without any restitutions. *"Look at what this person did! Can you believe it? That really makes me mad when people get away with stuff they shouldn't get away with especially when it is so obvious how wrong they are!*" Anger seems to be the guttural response to clearly offensive data… yet this data may be cursory or misinterpreted or even worse, intentionally falsely formulated . So maybe they aren't actually committing those actions, or getting away with anything. If that's true, then we did not need to respond with anger in the first place .

Elon Musk, as noted in the book *Elon* (Isaacson, 2023) seems to frequently exhibit anger. Love him or hate him, he certainly is driven in his push for rockets to Mars for humanity, clean energy via electric cars, and access to free speech. With his detailed involvement in all his companies functions, he routinely gets angry when he hears of regulations or requirements or supposed physical limitations that have not been challenged or tested to prove their validity before considering it dogma or immutable fact. Although the book seems to explain away much of his behavior due to Asperger's and various life experiences during upbringing, he seemingly cannot accurately sense emotions of others, so when he berates a worker for being an idiot for not questioning a fact, he is not sensing their emotional response, and so does not hold back the intensity of his ire. The point being he is not making any decision based on what he is being told but is agonizingly scrutinizing it, ruminating until he is satisfied that the fact is indeed a fact. So essentially he is getting angry when he ***does not*** have verified facts. The rest of us mere neurotypicals usually get angry with the info we are fed, without necessarily, or comprehensively questioning the accuracy of the info. Let's face it, who has time to question everything all the time for validity unless you're a driven billionaire?

So next time you're mad, or you are around someone who is, take a brief moment to question the source incurring the anger. Is it valid or is there a chance it is flawed? Note the source. Perhaps this will stave off the anger , for a moment, and allow a calmer response. Imagine the cumulative effect of lessening the negative vitriol from anger this would have on society. So get the facts, question the facts you get, then allow your reaction.

For us physicians, we already do this medically. We have all trained to review the literature, understand the nuances, and decide on a course of treatment. But for non medical issues,
vis a vis business of medicine, we no longer have the luxury of time to dissect all information we are presented. We are pressured to make a decision, without the chance to accurately review the information, which threatens our confidence in our decision, potentially instilling anger of being put in this situation in the first place.

I might suggest a practical solution, at least with the business of medicine related topics. Seek help from a trusted organization (perhaps your medical society? hint… hint…) to help you verify the information, thereby instilling self confidence in your decision, avoiding an anger response altogether. You may end up mitigating exposure to unjustified anger provoking triggers thereby creating a more tranquil daily routine— one that is filled with confidence , less fear , and yes, anger, when appropriate.

Perhaps the Green Day lyrics should read," Do you have time, to listen to me whine, about the facts that I have just verified …"

***Front Psychol. Anger as a Basic Emotion and It's Role in Personality Building and Pathological Growth: The Neuroscientific, Developmental and Clinical Perspectives ; 8: 1950. Published online 2017 Nov 7. doi: 10.3389/fpsyg.2017.01950 PMCID: PMC5681963 PMID: 29163318 Riccardo Williams**

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1. Fleming-Dutra KE, Hersh AL, Shapiro DJ, et al. Prevalence of inappropriate antibiotic prescriptions among U.S. ambulatory care visits, 2010–2011. JAMA 2016;315:1864–73. PMID: 27139059
2. Keller SC, Caballero TM, Tamma PD, et al. Assessment of Changes in Visits and Antibiotic Prescribing During the Agency for Healthcare Research and Quality Safety Program for Improving Antibiotic Use and the COVID-19 Pandemic. JAMA Netw Open 2022;5:e2220512.