



WHAT DOCTORS FEEL

How Emotions Affect the Practice of Medicine

Danielle Ofri, MD

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About the Book

In this book of real-life stories intermixed with the latest research, Dr. Danielle Ofri examines the often overlooked aspect of medicine—how doctors feel. By shedding light on how doctors cope with the stresses and responsibilities of patients, colleagues, lawyers, and their personal lives, she explains why it is important that patients know how emotions influence the way physicians treat their patients both medically and interpersonally. Exploring the full range of human emotion—from the fear of making a fatal mistake to the pride and elation of triumphing over death, *What Doctors Feel* allows patients at the other end of the stethoscope to have a good listen to the beat of the emotional life behind the white coat.

Praise

“The world of patient and doctor exists in a special sacred space. Danielle Ofri brings us into that place where science and the soul meet. Her vivid and moving prose enriches the mind and turns the heart.” —Jerome Groopman, author of *How Doctors Think*

“Danielle Ofri is a finely gifted writer, a born storyteller as well as a born physician.” —Oliver

Sacks, author of *Awakenings*

“Danielle Ofri . . . is dogged, perceptive, unafraid, and willing to probe her own motives, as well as those of others. This is what it takes for a good physician to arrive at the truth, and these same qualities make her an essayist of the first order.” —Abraham Verghese, author of *Cutting for Stone*

“Her writing tumbles forth with color and emotion. She demonstrates an ear for dialogue, a humility about the limits of her medical training, and an extraordinary capacity to be touched by human suffering.” —Jan Gardner, *Boston Globe*

“Here is a book that is at once sad and joyful, frightening and thought-provoking. In her lucid and passionate explanations of the important role that emotions play in the practice of medicine and in healing and health, Danielle Ofri tells stories of great importance to both doctors and patients.” —Perri Klass, author of *Treatment Kind and Fair: Letters to a Young Doctor*

“An invaluable guide for doctors and patients on how to 'recognize and navigate the emotional subtexts' of the doctor-patient relationship.” —*Kirkus Reviews*

“Ofri’s passionate examination of her own fears and doubts alongside broader concerns within the medical field should be eye-opening for the public—and required reading for medical students.” —*Publishers Weekly*

About the Author

Danielle Ofri MD, PhD is an associate professor of medicine at New York University and has been caring for patients at Bellevue Hospital, the oldest public hospital in the country, for over two decades. She is editor-in-chief and cofounder of the *Bellevue Literary Review*, the first literary journal to arise from a medical setting. She is the author of three collections of essays about life in medicine: *Singular Intimacies*, *Incidental Findings*, and *Medicine in Translation*. This is her fourth book.

Dr. Ofri’s essays have been published in the *New York Times*, the *Los Angeles Times*, the *Washington Post*, on NPR, and in numerous medical and literary journals and anthologies, among them the *New England Journal of Medicine*, *Best American Essays*, and *Best American Science Writing*. She is a frequent contributor to the *New York Times*’ “WellBlog” and the *New York Times*’ science section. She received the John McGovern Award from the American Medical Writers Association for “preeminent contributions to medical communication.” Dr. Ofri edited the anthology *The Best of the Bellevue Literary Review* and was also editor of the award-winning medical textbook, *The Bellevue Guide to Outpatient Medicine*. She lives with her husband, three children, cello, and black-lab mutt in a singularly intimate Manhattan-sized apartment.

Questions for Discussion

Introduction

1. Do you think patients need to know about doctors' emotions? Have you ever had experiences with medical professionals whom you considered either too emotionally attached or too detached? If you are a doctor or medical student, have you ever struggled with different approaches to handling emotion?
2. The divide between reason and emotion is a longstanding concept in western thought. Do you think rationality and emotion are mutually exclusive, or is this a false dichotomy? Why do you think doctors in particular are assumed to be more rational than emotional?
3. Dr. Ofri cites Sir William Osler and his canonical speech "Aequanimitas" which stresses that "a certain measure of insensibility is not only an advantage, but a positive necessity in the face of calm judgment." How do you think Osler's opinion has impacted medical practice and popular perception of doctors? How is insensibility or being detached as a doctor an advantage? How is it a disadvantage?
4. Ofri writes that there is essentially no such thing as a doctor with no emotion, just doctors who choose or choose not to (in varying degrees) process emotions. Do you agree? Why?

Chapter One: The Doctor Can't See You Now

Themes: Empathy, Compassion, Communication Styles

"I knew that I had to swallow it all back, that I had to continue my approach toward this woman. This is what I'd signed on to when I enrolled in medical school—to help patients in need, no matter who they were or what they looked like. The Hippocratic Oath, the Oath of Maimonides—this was what these professional oaths were written for." (p. 7)

1. On Ofri's first call as a volunteer rape crisis counselor, her patient is a homeless woman whose smell and appearance repel Ofri so much that she is unable to approach the woman and treat her. What does this incident illustrate about compassion in general? How is compassion in everyday interactions different than it is in a healthcare setting? Have you ever had a similar experience of feeling unnerved in someone's presence?
2. Ofri writes that empathy is easier when we have common ground with the other person. What challenges does this create when dealing with people with diverse backgrounds and life experiences?
3. Ofri mentions a patient who exaggerates all of her symptoms. How can differences of perspective and experience make patients and doctors disagree about diseases and treatments?
4. Ofri mentions that some medical professionals express contempt for patients with conditions they consider at least partly self-inflicted, such as obesity or addiction. Does our society in general stigmatize these conditions? Do we consider any problems to be social issues that are in fact primarily medical issues, or vice versa? How does this affect people seeking treatment for these issues?
5. How is uncovering a patient's personal history (not just his or her medical history) valuable to the healing process for both doctor and patient?

Julia, part one

“We doctors were in an emotional bind. The rational doctor side of us knew exactly what facts to convey to her. But the emotional, human side of us could not bring ourselves to be the conveyers of this horrible twist of fate. To have a potential cure for your patient and then to have to tell your patient that she can’t get it and will thus die places a human being in an emotionally untenable spot.” (p. 25)

1. Dr. Ofri explains that when Julia was first diagnosed with congestive heart failure, both Ofri and her colleagues were unable to deliver Julia the bad news. Why might doctors hesitate to give patients a terminal diagnosis? Was it wrong not to tell Julia the whole truth upfront? Why?

Chapter Two: Can We Build a Better Doctor?

Themes: Loss of Empathy, Teaching/Preserving Empathy, the “Hidden Curriculum” of Medical School

“The students’ true teachers are no longer the august, gray-haired professors who practiced medicine in “the days of the giants” but harried interns and residents in grubby white coats stained with the badges of medicine in the trenches.” (p. 33)

1. Ofri opens this chapter by pondering whether empathy is innate or learned. Do you think empathy is an inherent trait, learned, or a combination of both? Can empathy be taught, and if so, how?
2. Ofri notes that the classroom years of medical school are vastly different from the clinical years. Not only are the classroom years more uniform but “everything existed for [students’] sake. Their medical education was the raison-d’être of the entire enterprise” (31). The clinical years, by contrast, are chaotic and often dismantle the students’ idealistic views of medicine. How do the first experiences with real patient care demoralize medical students? Do other professions experience a similar discrepancy between education and work experience, or is medicine unique in this respect?
3. What does Ofri mean by the “hidden curriculum” of medical school?
4. This chapter shows that humor can be used to help doctors cope with stress, but gallows humor can also desensitize doctors. Can humor help people cope with dire situations, or does it always trivialize them? How can a doctor’s explanations and word choice affect your experience as a patient? When you are in a patient role, do you prefer that doctors use their usual medical jargon or that they simplify their language instead? How does the use of medical jargon or simplified language affect your patient experience?

Julia, part two

1. How does Julia’s status as an undocumented immigrant complicate her medical care? Can you think of other groups of people who often fall through the cracks or are ignored in our health care system?

2. The resiliency of Julia’s body and spirit gives Ofri hope despite knowledge that there is little that can be done. Have you ever latched onto hope despite odds that seem stacked against you? Was it helpful or detrimental?
3. Do you think it was right for Ofri, as a doctor, to favor hope over reality? Does the goal of thinking rationally about survival odds deprive patients of hope?

Chapter Three: Scared Witless

Themes: Fear, Stress

“This fear of making a mistake and causing harm never goes away, even with decades of experience. It may be most palpable and expressible in neophyte students and interns, but that is the merely the first bead in a chain that wends its way throughout the life of a doctor. It may be sublimated at times, it may wax and wane, but the fear of harming your patients never departs; it is inextricably linked to the practice of medicine.” (p. 68)

1. In academic and work settings, many people thrive on stress and adrenaline. Do you find that stress makes you more or less productive? If your reaction to stress is unpredictable, how could this affect your job performance and your well-being?
2. Medicine is one of the rare professions in which fears constantly revolve around death or endangerment. How do some of your fears help or hinder your daily life both privately and professionally?
3. How can fear be healthy for both doctors and patients? Does fear humanize doctors, or does it make them seem incompetent? Does it bring out arrogance?
4. One of Ofri’s overriding fears is letting something slip under the radar or missing a rare disease amidst everyday aches and pains. Medicine is a profession with a high level of accountability and potential for deadly error. Are there any other fields that have a similar level of responsibility? How does the high risk of error contribute to certain stereotypes about these professionals—for example, that they’re perfectionists or arrogant? Are these stereotypes, in fact, reasonable? Do we have even more specific stereotypes about different types of healthcare professionals?

Chapter Four: Daily Dose of Death

Themes: Grief, Sorrow, PTSD

“Eva was suddenly consumed with a wave of immense sadness for this tiny baby, this little girl. To never have been held by her parents, to never have been held by anyone. It was almost beyond comprehension.” (p. 101–102)

1. Before reading this book, how did you imagine doctors dealt with observing suffering and death?
2. Ofri describes some of the experiences that Eva, a pediatrician, had during her pediatrics internship. One of the most traumatic experiences was waiting for a baby with Potter’s syndrome to die so that she could record time of death. Why might many medical residents

repress their traumatic experiences? How does Eva's desire to avoid her feelings about this incident impact her patient care and the families of her patients?

3. Can people actually compartmentalize sadness? Are there benefits to this? What negative effects does it have? How might the way a doctor deals or does not deal with grief directly impact patient care?
4. Ofri argues that a crucial aspect of navigating grief is to acknowledge it. Everyone has experienced grief for a loved one, but have you ever been sad over the death of a stranger? How is the doctor/patient relationship different from either of those categories?
5. Eva's early experiences with grief in the NICU impressed upon her the importance of the emotional well-being of her patients and their families. This leads her to refrain from diagnosing Down syndrome in one of her patients shortly after birth in order to give the parents time to bond with their newborn. Is it ever OK to withhold information or a diagnosis, and if so, when? How is withholding the suspicion of a disability different than hesitating to give a life-threatening diagnosis, as Ofri did with Julia?
6. In describing her grief over the death of Mr. Edwards, Ofri compares grief to love, writing that the human capacity to grieve can expand just like its capacity to love. Though she does not welcome sadness, she knows that "the connections that permit grief to occur are the connections that keep us—doctors and patients—alive." Ofri writes that what matters most with regards to grief is how it is handled and addressed. What do you think is the happy medium between acknowledging the importance of human connections and not allowing oneself to be consumed by sadness and grief?

Julia, part four

"It was like I'd had a long-term relationship with the healthy, robust Julia, the one who wasn't going to die, and like any creature of habit, I wasn't prepared for when the relationship changed. But as the months wore on, I could no longer delude myself. That healthy Julia was fading before my eyes, aging and weakening in real time." (p. 122)

1. Ofri notes that Julia's "web of connections" comforted her. How are active support systems helpful and necessary to patient health?
2. Despite the slow but obvious decline in Julia's health, Ofri refuses to welcome or "jumpstart" her grief. Is it possible to shut out grief completely? What are the consequences? Have you ever wanted to shut out grief completely?

Chapter Five: Burning With Shame

Themes: Shame, Embarrassment, Medical Error

"But it was the shame that was paralyzing. It was the shame of realizing that I was not who I thought I was, that I was not who I'd been telling my patient and my intern I was. It wasn't that I was forgetful or momentarily distracted. It was not that I was neglectful or even uncaring. It was that up until that moment, I'd thought I was a competent, even excellent, doctor. In one crashing moment of realization, that persona shattered to bits." (p. 129)

1. Ofri describes how soon after completing her internship, she nearly killed a patient by not ordering long-acting insulin in a patient with DKA (diabetic ketoacidosis). In this incident, her attempts to think logically actually harm the patient. Have you ever “over-thought” a situation, with detrimental results? Did it change the way that you approached similar situations in the future?
2. Ofri describes her reticence to apologize to patients and their families. How are doctors’ apologies different than those in ordinary interactions? Do we see doctors as infallible?
3. Ofri notes that perfectionism in medicine creates the idea that “you’re either an excellent doctor or a failure” (129). What is the fall-out of this construct? Is this “all-or-nothing” attitude unique to medicine, or do we see it elsewhere?
4. Ofri cites a study about medical error which showed that students who discussed their errors and admitted responsibility were more likely to have made constructive changes in their behavior than those who never discussed their error. How can doctors learn and benefit from past mistakes? Why would the medical community try to downplay errors?
5. If you were a patient and there was a near-miss error (an error that occurred but didn’t actually cause you harm) would you want to know about it? What are the positives and the negatives about being made aware of a near-miss error? Do you consider a near-miss error to be malpractice?

Chapter Six: Drowning

Themes: Disillusionment, Burnout, Substance Abuse, Stress

“Disillusionment can be a pervasive state of being, calling up a complex of emotions triggered by feeling that medicine wasn’t what you thought it was, that your ideals of being a doctor have come into conflict with reality, and that reality is flattening those ideals to the mat.” (p. 149-50)

1. Although Joanne initially loves working in the ER, she grows to hate it, finding herself endlessly frustrated with patients who won’t take care of themselves. In combination with the stress of being a single mother, Joanne’s disillusionment with medicine drives her to drink. What other ways, aside from alcoholism, might a doctor’s disillusionment manifest and affect his or her patients?
2. What factors might cause doctors to become alcoholics or have other addictions? Do you think doctors’ knowledge and observation of others’ addictions make their own addictions more surprising?
3. This chapter describes the transition between student-centered medical school and a patient-centered work environment, and how many doctors’ skills reach a plateau. How do people in other jobs experience this tension between improving oneself and helping others? Is it possible to do both equally well, or do people focus on one or the other? Knowing that every hour a doctor takes herself away from medicine is one hour less for patients, do you think there is an element of selfishness in doctors taking time to enhance their own lives?

Julia, part five

“After eight frightening years with Julia’s life on the line, people had finally listened. The world had finally listened. It had opened its heart and given her a second chance at life.” (p. 172)

1. Ofri writes that “tears of joy might rank as one of the most sublime experiences in the emotional vocabulary” and that joy is “a rare commodity in medicine. So rare that it hardly merits mention.” If joy is so rare, why do you think that doctors stay in medicine, knowing they will see so little of it?
2. Upon hearing that Julia would receive a heart, Ofri is eager to contact a vast network of friends to let them know the good news. The incredible number of people in Ofri’s network who have followed Julia’s health is, in and of itself, a testament to how emotionally involved Ofri has become over the course of their doctor-patient relationship. Is this too much? Has she compromised her ability to be objective? Has she harmed her patient in any way? Do you think it is wise for doctors to become emotionally invested with patients?

Chapter Seven: Under the Microscope

Themes: Judgment, Lawsuits

“I felt like I’d just stripped naked in front of the Inquisition, then dismissed with nothing more than a vague, non-committal wave-of-the-hand.”(p. 178)

1. Ofri describes a chart review she had with a hospital lawyer for a potential lawsuit concerning a patient named Mercedes. The session reveals no mistakes on Ofri’s part, but it leaves her with an “embarrassing, inconclusive, foreboding” feeling. If no mistakes were found, why does she feel so awful?
2. Ofri describes the experience of Sara Charles, a psychiatrist, who was sued by the family of a former patient who attempted to commit suicide; the family blamed Sara even though Sara felt she had done all she could and more for her patient. Did you think Sara was at fault?
3. On balance, do you think that lawsuits do more harm or do more good in our society? Has anyone you know ever sued a doctor, or been sued by a patient?
4. Defensive medicine, such as the over-ordering of tests and treatments, is one of the most common reactions by doctors to lawsuits. Does this knowledge change how you would feel, as a patient, when your doctor orders a test?
5. The quality measures movement is intended to offer hard data to allow patients and hospitals to judge the quality of doctors. Why do you think doctors are uncomfortable about being judged by this type of data? Is that a reasonable response? What do you think about online patient reviews of doctors? How have you selected a doctor when you’ve needed one? What measures would you find useful and meaningful in selecting a doctor?

Julia, part six

“Despite the hardships of her life, Julia had maintained an uncanny tenderness, enduring but also prospering, savoring a life filled with love. Her human spirit had indeed been well spent.”(p. 209)

1. Now that you’ve finished reading the book, why do you think Danielle Ofri chose to weave in the story of Julia throughout?
2. Throughout the book Ofri embraces all the emotions felt during her time as Julia’s doctor (and friend). Do you think that Ofri’s emotions had a positive impact on Julia’s life and care, or do you think there might have been negatives? Did you get a sense of Julia’s thoughts and feelings from the book?
3. In a novel, Julia’s story might have ended with the heart transplant (and a successful one at that). Did her death make her seem more or less real? Did her death erase any of the more positive emotions that you may have felt throughout the story?
4. Ofri’s as-they-happen snapshots allow the reader to fully connect with both Ofri and Julia. Did the story-telling technique make you feel the emotions more intensely? Did it give you any sense of the benefits (and detriments) of doctors connecting emotionally with patients?

Afterword

1. What encompasses caring for a patient? Do you think the book has shown in what ways (aside from medical treatment) that doctors care for their patients?
2. Do you feel that a doctor’s attunement to both her own and her patients’ emotions is crucial to the healing process? Are there downsides?
3. Does the book suggest ways to balance emotion with rationality? Can optimism be detrimental to patients? If so, how? What about love?

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