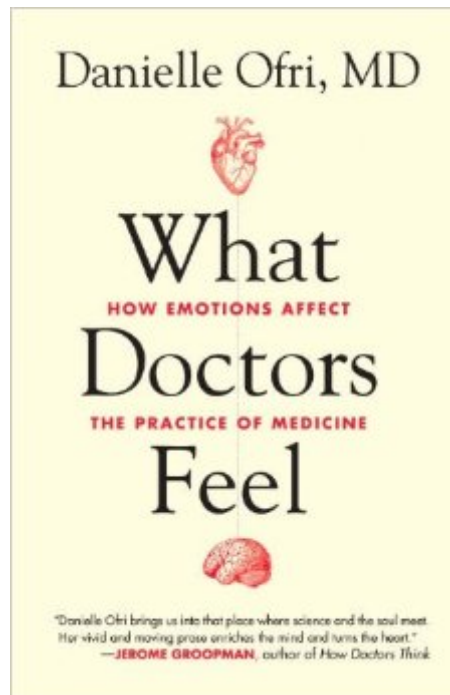


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What Doctors Feel: How Emotions Affect The Practice Of Medicine



Synopsis

A look at the emotional side of medicine—the shame, fear, anger, anxiety, empathy, and even love that affect patient care—Physicians are assumed to be—objective, rational beings, easily able to detach as they guide patients and families through some of life’s most challenging moments. But doctors’ emotional responses to the life-and-death dramas of everyday practice—have a profound impact on medical care. And while much has been written about the minds and methods of the medical professionals who save our lives, precious little has been said about their emotions. In *What Doctors Feel*, Dr. Danielle Ofri has taken on the task of dissecting the hidden emotional responses of doctors, and how these directly influence—patients. — How do the stresses of medical life—from paperwork to grueling hours to lawsuits to facing death—affect the medical care that doctors can offer their patients? Digging deep into the lives of doctors, Ofri examines the daunting range of emotions—shame, anger, empathy, frustration, hope, pride, occasionally despair, and sometimes even love—that permeate the contemporary doctor-patient connection. Drawing on scientific studies, including some surprising research, Dr. Danielle Ofri offers up an unflinching look at the impact of emotions on health care. — With her renowned eye for dramatic detail, Dr. Ofri takes us into the swirling heart of patient care, telling stories of caregivers caught up and occasionally torn down by the whirlwind life of doctoring. She admits to the humiliation of an error that nearly killed one of her patients and her forever fear of making another. She mourns when a beloved patient is denied a heart transplant. She tells the riveting stories of an intern traumatized when she is forced to let a newborn—die in her arms, and of a doctor whose daily glass of wine to handle the frustrations of the ER escalates into a destructive addiction. But doctors don’t only feel fear, grief, and frustration. Ofri also reveals that doctors tell bad jokes about —œtoxic sock syndrome,— cope through—gallows humor, find hope in impossible situations, and surrender to ecstatic happiness when they triumph over illness. — The stories here reveal the undeniable truth that emotions have a distinct effect on how doctors care for their patients. For both clinicians and patients, understanding what doctors feel can make all the difference in giving and getting the best medical care.— — —

Book Information

Paperback: 232 pages

Publisher: Beacon Press; 1 edition (May 6, 2014)

Language: English

ISBN-10: 0807033308

ISBN-13: 978-0807033302

Product Dimensions: 5.6 x 0.7 x 8.5 inches

Shipping Weight: 11.2 ounces (View shipping rates and policies)

Average Customer Review: 4.5 out of 5 stars [See all reviews](#) (112 customer reviews)

Best Sellers Rank: #46,539 in Books (See Top 100 in Books) #5 in [Books > Textbooks >](#)

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Customer Reviews

I needed this book. After finishing a surgery clerkship, I was at the lowest place I had been all year. A friend told me at the beginning of the rotation to keep a copy of my personal statement in my pocket, because at times, I would forget why I had chosen to enter medicine. I didn't take his advice, but recognize now that I did become that detached and disillusioned. Thankfully, the combination of a family medicine rotation and having this book to read when patients "would rather not see a medical student" has served the same purpose - if anything, I understand better than ever why I am doing this. I chose to pursue medicine after realizing that I needed more emotional attachment to the people, and the cause, that I wanted to work for. We talk a lot about 'hidden curriculum' in medical school, but I'd take it a step further and say your book discusses the 'neglected curriculum' of medical school. I'm almost done with my first year on the wards now, and am familiar enough with patient care to identify with all the 'feelings' assigned as chapter titles. Countless times, I've wondered how residents and attendings deal with difficult patient deaths, the joy of successful treatment, medical errors, the reprimanding that takes place during M&M, litigation, etc. All we have to learn from are the behaviors our supervisors respond to these situations with, and so much is left unspoken on account of being 'resilient.' I can't thank Dr. Ofri enough for her willingness to be vulnerable and brutally honest. I greatly appreciated the work she did to present different perspectives on each emotion, with many of the stories not having classic 'happy endings.

The author provides a candid and informative view into a very important topic: how a Doctor handles the complex emotional landscape of medical work. Doctors are generally assumed to be impassive and clinical about their work, but they're human too, and the heart that beats beneath that impassive exterior is subject to the same emotional buffeting that any human being would feel. The author's

treatment of the topic, informed by her considerable experience, is highly readable. One aspect I found inadequately addressed was the tension between two opposites: the obvious need for a patient to be treated as a human being, versus the belief in some quarters of the profession that emotions are unnecessary baggage. Thus, is the fact that students "emerge with their empathy battered" from their exposure to real hospital situations merely an unfortunate aberrance that must be stamped out by better educational / training methods, or is it a necessary part of the education? Can you cut into that heart tissue, or administer a painful treatment to a child if you're as emotionally vulnerable as a lay person? (Surgeons rarely operate on their own kin, as emotional involvement can be detrimental to the outcome). Can a medical student even cut that cadaver if s/he imagines that it was once a living, breathing, feeling, caring human being with family of its own? Isn't a certain element of "emotional deadening" integral to the practice of medicine, much as it might be to a judge's work? These issues perhaps merited greater treatment. I also found the focus primarily on first-hand experience. True, the book is peppered occasionally by studies carried out by various medical researchers on the topic, but the overwhelming focus is on the author's direct experience.

We hope that our doctors will provide us with exemplary care, sound advice, and the proper medication for what ails us. We do not always keep in mind that the person treating us is a fallible individual who may be exhausted, having a difficult day, or struggling with personal problems. In "What Doctors Feel," by Dr. Danielle Ofri, the author parts the curtain that separates the layperson from the medical practitioner, revealing how emotions can play a key role in the doctor-patient relationship, especially in "clinical situations [that] are convoluted, unyielding, or overlaid with unexpected complications...." We like to think that, after we are admitted to a hospital, we are in good hands. After all, we are protected by protocols that arise from "evidence-based medicine, clinical algorithms, quality-control measures, even medical experience." Unfortunately, an inpatient is subject not just to infections, but also to medical error. The most well-meaning surgeon or clinician can misdiagnose an illness, prescribe the wrong drug, or perform a procedure incorrectly. Fatigued, distracted, depressed, and anxious doctors are more likely to make mistakes than those who are well-rested, unhurried, and calm. Other scenarios are worth noting. Certain patients complain endlessly; their physicians may become exasperated and subconsciously tune them out. (On the other hand, some doctors may go the extra mile for their more cooperative and appreciative patients.) In today's litigious society, there are specialists who will not take on "difficult" cases for fear of being sued. Troubled doctors may self-medicate with drugs or alcohol, and burned out physicians may be reluctant to admit that they have become thoroughly disillusioned with their

profession.

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