

What We Know, Cures Who We Are, Heals

The Heart of the Matter
CancerCare Manitoba and CAPO
Winnipeg, Manitoba
May 2, 2014

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Providence Health Care/University of British Columbia

Health care is about curing and healing; art and science, mind and heart, skills and knowledge, technology and compassion, living and dying, life and death.

Health care is based on a business model of efficiency, the work we do is about relationship—*relationship with self, other and Other!*

Communication Iatrogenic Suffering

Oh by the way, we were wrong. It is cancer. I have made an appointment for you to see the oncologist in a few days.

The way in which the doctor talked with me caused me more pain than the pain from the disease itself.

Iatrogenic Suffering

Iatrogenic: originating from the treatment

Dorland's Medical Dictionary

Suffering: a perceived or real threat to the sense of one's intact self

Eric Cassel, MD

The Nature of Suffering

Centre for Practitioner Renewal (CPR)

- How do we sustain health care providers in the work place?
- What is the effect of being in the presence of suffering?
- What would be reparative, healing or restore resilience for health care providers?

Efficiency through Relationship

All illness, care, and healing processes occur in relationship.

The nature and the quality of relationships are central to health care and the broader health care delivery system

Beach, MC, Inui, T, Relationship-Centered Care Research Network, Relationship-centered Care A Constructive Reframing
J Gen Intern Med 2006; 21:S3-8



Objectives

- Increase your understanding of the personal impact of working in cancer care.
- Explore ways to build and nurture a sense of community.
- Deepen your sense and understanding of yourself.

Relationship-centered Health Care

An approach that recognizes the importance and uniqueness of each health care participant's relationship with [*one's self and*] every other, and considers these relationships to be central in supporting:

- ◆ high-quality care
- ◆ high-quality work environment
- ◆ superior organizational performance

Safran, DG, Miller, W. and Beckman, H
Organizational Dimensions of Relationship-centered Care
J Gen Intern Med 2006; 21:S9-15

Relationship-centered Health Care

Emphasizes the need to listen, respect [*one's self and*] colleagues, appreciate the contributions that colleagues from other disciplines bring, promote sincere teamwork, bridge differences, and learn from and celebrate the accomplishments of their colleagues.

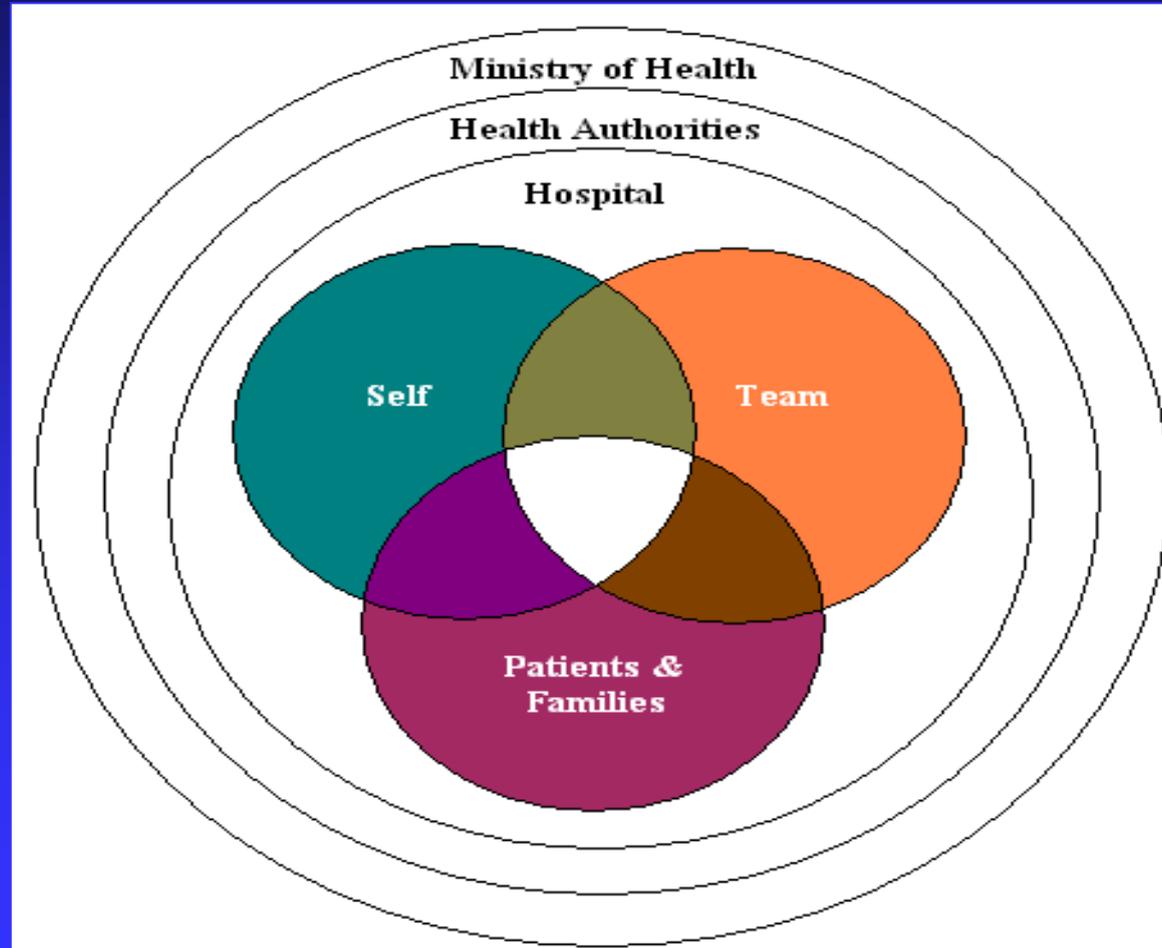
Beach, MC, Inui, T, Relationship-Centered Care Research Network, Relationship-centered Care A Constructive Reframing J Gen Intern Med 2006; 21:S3-8

Relationship-centered Health Care

1. Relationships in health care ought to include the personhood of the participants.
2. Affect and emotion are important components of these relationships.
3. All health care relationships occur in the context of reciprocal influence (Reciprocal Relationship Centered Care RRCC DCave).
4. Formation and maintenance of genuine relationships in health care is morally valuable.

Beach, MC, Inui, T, Relationship-Centered Care Research Network, Relationship-centered Care A Constructive Reframing J Gen Intern Med 2006; 21:S3-8

Do Good; Do No Harm!



Do Good; Do No Harm!

The Patient

The Family

The Friend

The Health Care Provider

The Hospital

The Health Care System

Challenges to Well Being in Health Care

- Economic restraint & restructuring
- Rapidly developing technologies
- Increased access to information (and misinformation!)
- Increased patient complexity & an aging population
- Shortage of practitioners & multigenerational issues
- Decreased numbers of beds
- A more critical & litigious social climate

Clinician-Patient Relationship

Relationship-centered care recognizes that the clinician-patient relationship is the unique product of its participants and its context....the quality of communication is an interactive process that is dependent on the efforts of both participants.

Beach, MC, Inui, T, Relationship-Centered Care Research Network, Relationship-centered Care A Constructive Reframing J Gen Intern Med 2006; 21:S3-8

Clinician-Clinician Relationship

Relationship-centered care recognizes that the relationships that clinicians form with each other, especially within hierarchical organizations, contribute meaningfully to their own well-being as well as the health of patients.

Beach, MC, Inui, T, Relationship-Centered Care Research Network, Relationship-centered Care A Constructive Reframing J Gen Intern Med 2006; 21:S3-8

Clinician-Clinician Relationship

The energy and enthusiasm that a practitioner brings into the consultation with a patient is profoundly influenced by the practice and larger organization's values.

Beach, MC, Inui, T, Relationship-Centered Care Research Network,
Relationship-centered Care
A Constructive Reframing
J Gen Intern Med 2006; 21:S3-8

Leadership

The success of an intervention depends on the interior condition of the intervener.

Bill O' Brien, CEO
Hanover Insurance

Same person in the same situation doing the same thing can effect a totally different outcome depending on the inner place from which that action is coming.

Otto Scharmer
Massachusetts Institute
of Technology

Hurt people hurt people.

Rick Singleton

Director

Pastoral Care and Ethics

Eastern Health,

St. John's, Nfld

Hurt

- Bullying
- Uncivil behaviour
- Working together for 5 years and not knowing someone's name
- Exclusion
- Criticism (Private and/or public)

Civility

An authentic respect for others that requires time, presence, willingness to engage in genuine discourse, and intention to seek common ground.

Clark CM. Why civility matters.

Reflections on Nurse Leadership. Sigma Theta Tau.

Available at: http://www.reflectionsonnursingleadership.com/pages/vol36_1_clark2_civility.aspx

Relationship with Self

The individual's capacity for self-awareness, depth of self-knowledge, and capacity to create and sustain personal integration (“wholeness” or integrity) in complex and challenging circumstances.

The least explored dimension of relationship-centered care.

Beach, MC, Inui, T, Relationship-Centered Care Research Network, Relationship-centered Care A Constructive Reframing J Gen Intern Med 2006; 21:S3-8

On average, how much time do you spend each day thinking about yourself?

- 1 minute
- 5 minutes
- 15 minutes
- 30 minutes
- 60 minutes

In the stories we hear...

- Grief
- Anger (smiling rage)
- Distress
- Moral distress
- Anxiety
- Ambivalence
- Confusion
- Bullying
- Depression
- Suicidal ideation
- Burnout
- Vicarious trauma
- Fatigue
- Frustration
- Isolation
- Uncivil behaviour

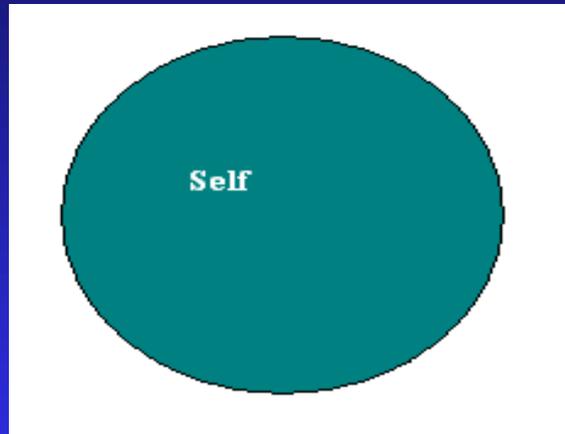
We also hear about...

- Healing
- Repair
- Love
- Forgiveness
- Hope
- Honesty
- Collaboration
- Thankfulness

Many people miss out on themselves as they journey through life. They know others, they know places, they know skills, they know their work, but tragically, they do not know themselves at all.

John O' Donohue: Anam Cara

Who am I?



Self Knowledge and Connection

The unexamined life is not worth living. Socrates

We live forward, we understand backward. Kierkegaard

To understand ourselves we have to be understood by another. To understand another we have to understand ourselves.

Watzlawick, Bevan & Jackson

Who am I?

- Whose life am I living?
- What do I want?
- Who do I admire?
- Who do I despise?
- Which emotions am I most afraid of expressing?
- Was I traumatized or neglected in my childhood?
- Do I feel seen, heard, and understood?

Who am I?

- What brought me to health care?
- What keeps me in health care?
- Who do I expect from patients?
- What do I expect from colleagues?
- What do I expect of myself?
- If I had \$2, 000,000 what would I do?
- What makes my heart sing?

How would you define yourself?

- Introvert

- ◆ 'drained' by social contact

- Extrovert

- ◆ energized by social contact

- Introvert/Extrovert

- ◆ it could go either way depending on the circumstances

Conspiracy of Silence

- Dying
- Suffering
- Pain
- Family Dynamics
- Unacceptable topics (Money, the cost of caring)
- Unacceptable emotions (Anger, sadness, grief)
- Relationships

What is your relationship with:

- Illness
- Disease
- Suffering
- Death
- Dying
- Dysfunctional and disruptive family behaviour?

The practice of medicine is:

an art, not a trade;

a calling not a business;

*a calling in which your heart will be
exercised equally with your head.*

Sir William Osler

The secret of the care of the patient is in caring for the patient.

Dr Francis W. Peabody

Another secret of the care of the patient is in caring for the health care provider.

The Good, the Bad, and the Ugly

Wholeness = Healing

Healing = Wholeness

When our psyche (soul) cannot get our attention, our bodies will.

Only what is really oneself has the power to heal.

The psyche moves naturally toward wholeness.

Carl Jung

A story is not just a story. In its most innate and proper sense, it is someone's life. It is the numen of their life and their first hand familiarity with the stories they carry that makes the story 'medicine' ...a medicine which strengthens and rights the individual and the community

Clarissa Pinkola Estés

Erikson's Eighth Stage of Development

Despair-----Integrity

Compassion

Wisdom

Erikson's Eighth Stage of Development

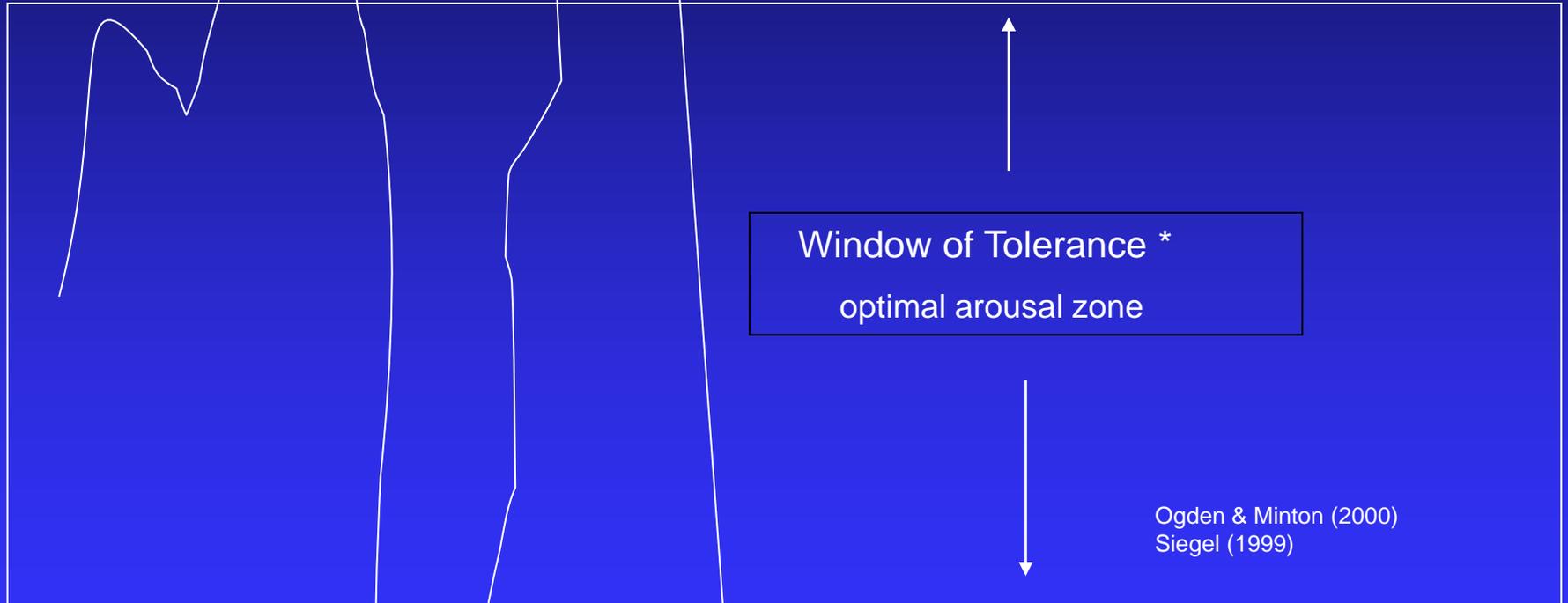
Despair-----Integrity

What keeps us in despair?

How do we move toward integrity?

Window of Tolerance

Hyperarousal: too much arousal to integrate



Hypoarousal: not enough arousal to integrate

Signs of Hyper/Hypoarousal

Hyperarousal

- Energy in upper body
- Faster breathing
- Faster speech
- Escalating emotion
- Increased heart rate
- Panic/anxiety
- Losing social engagement
- Fast pace

Hypoarousal

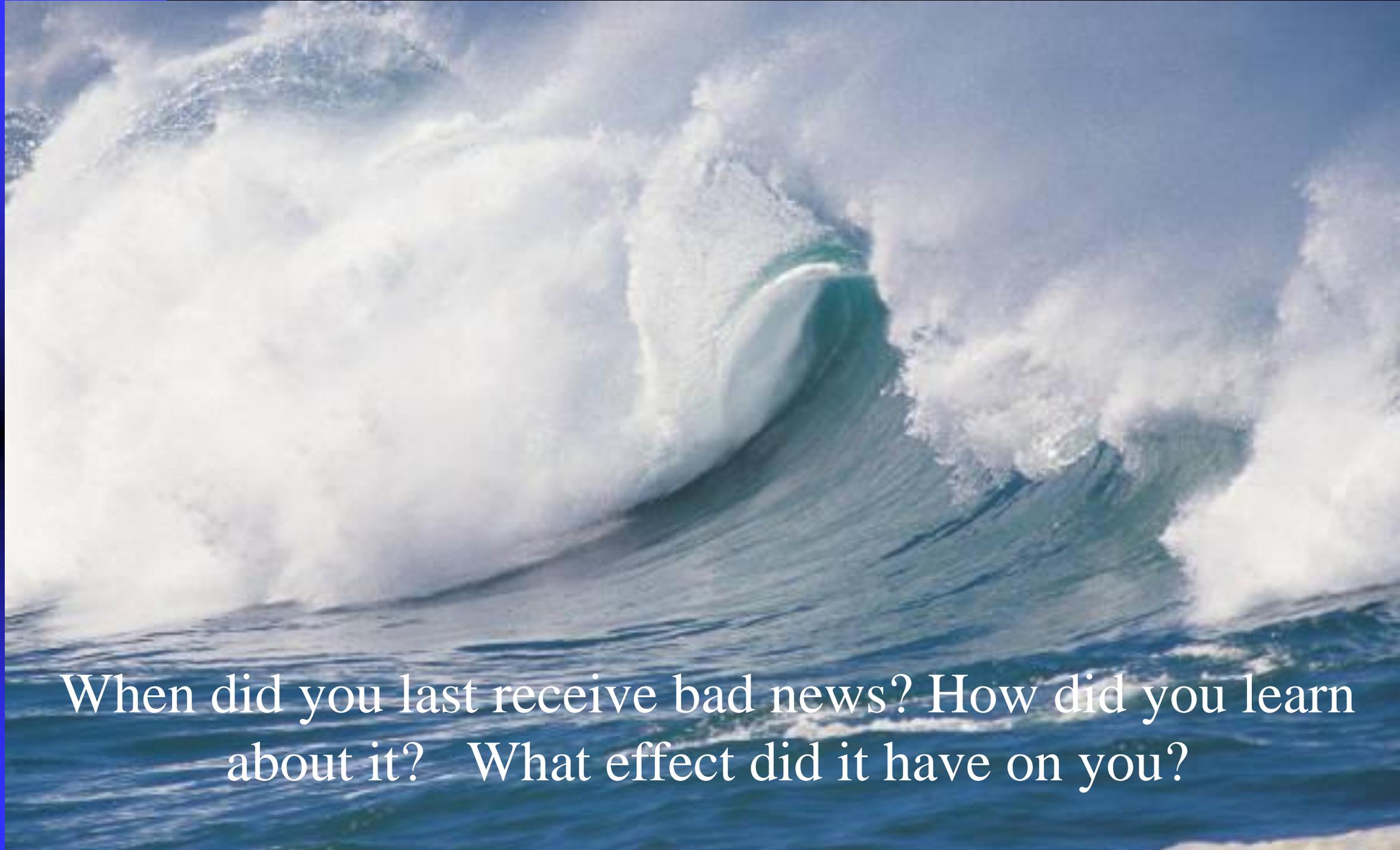
- Flat affect
- Foggy or spacey
- Can't respond to questions
- Can't think clearly
- Can't feel body
- "leaving" the room
- Losing social engagement
- Loss of contact with self & environment

Grounding Techniques

- Breathing
- Eye contact
- Hand on heart & belly
- Standing
- Self hug at elbows
- Pushing knees together with palms of hands together between knees



Remember a significant branching point in your life



When did you last receive bad news? How did you learn about it? What effect did it have on you?

A lone, leafless tree stands on a grassy hill under a misty, overcast sky. The tree is the central focus, with its intricate, bare branches reaching out against the pale, hazy background. The foreground is a field of tall, golden-brown grasses, and the overall atmosphere is one of quiet solitude and melancholy.

Remember the last time you were in pain



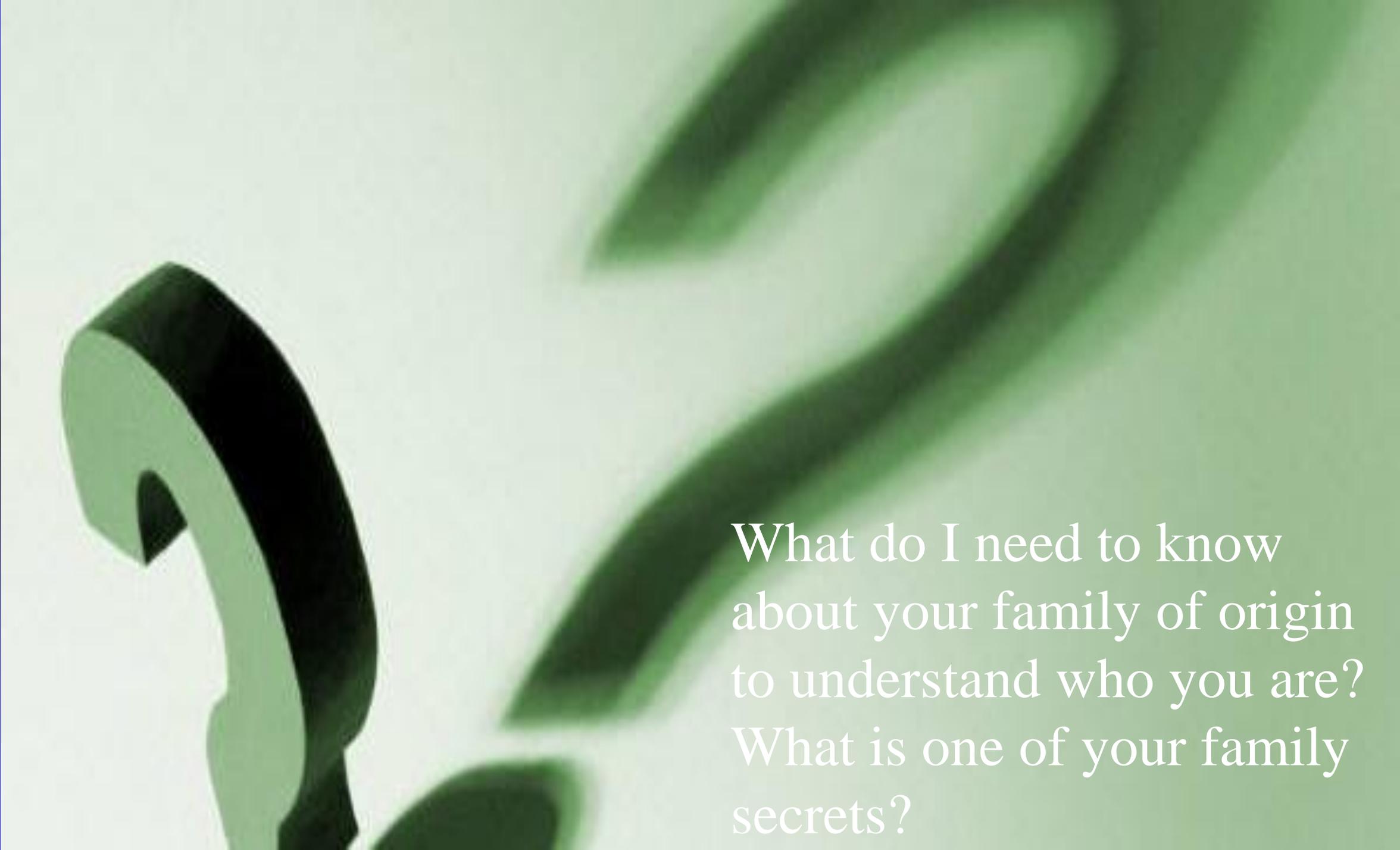
Remember a moment in time when the touch of another person seemed essential to your sense of well-being



What is your grief?

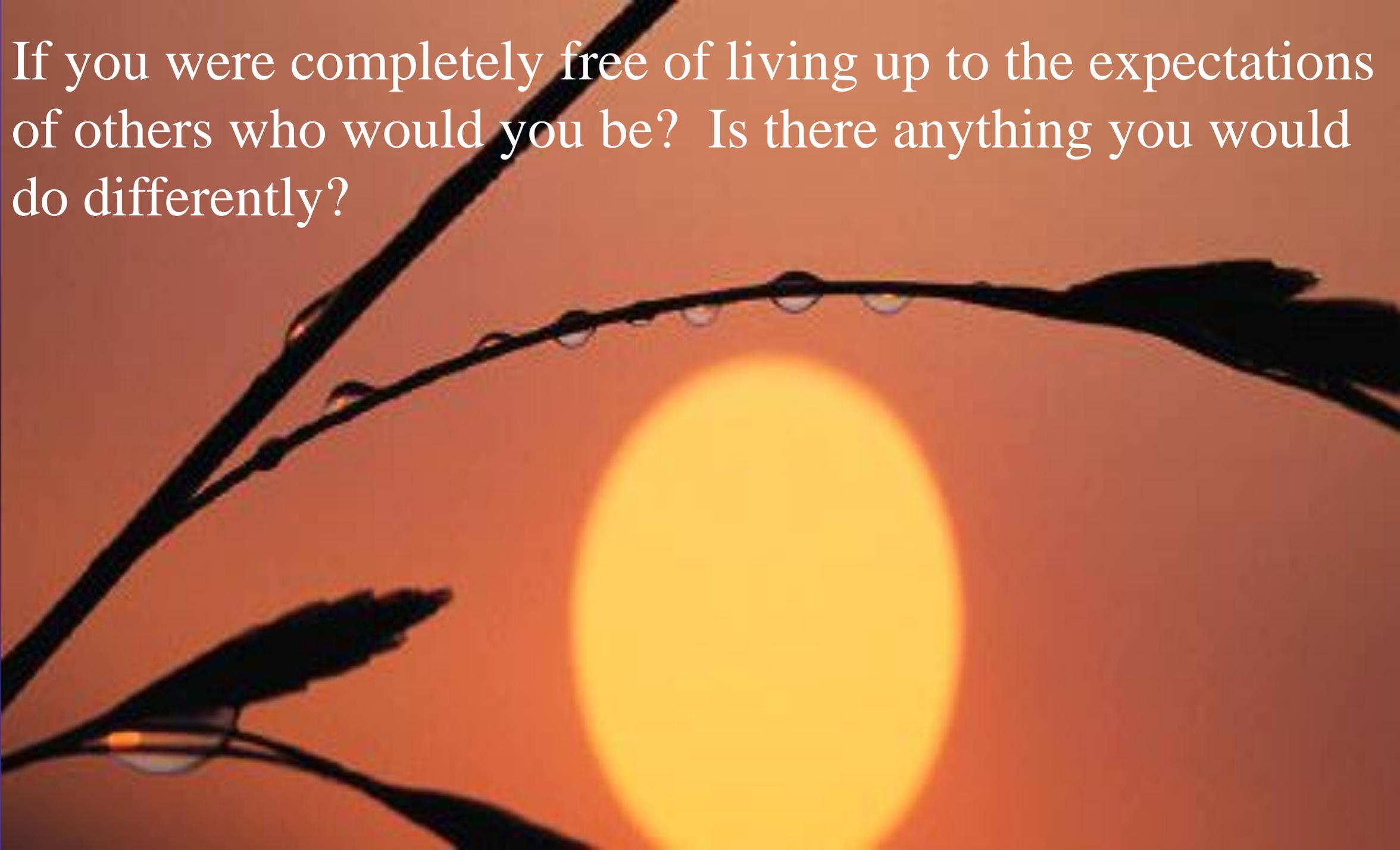


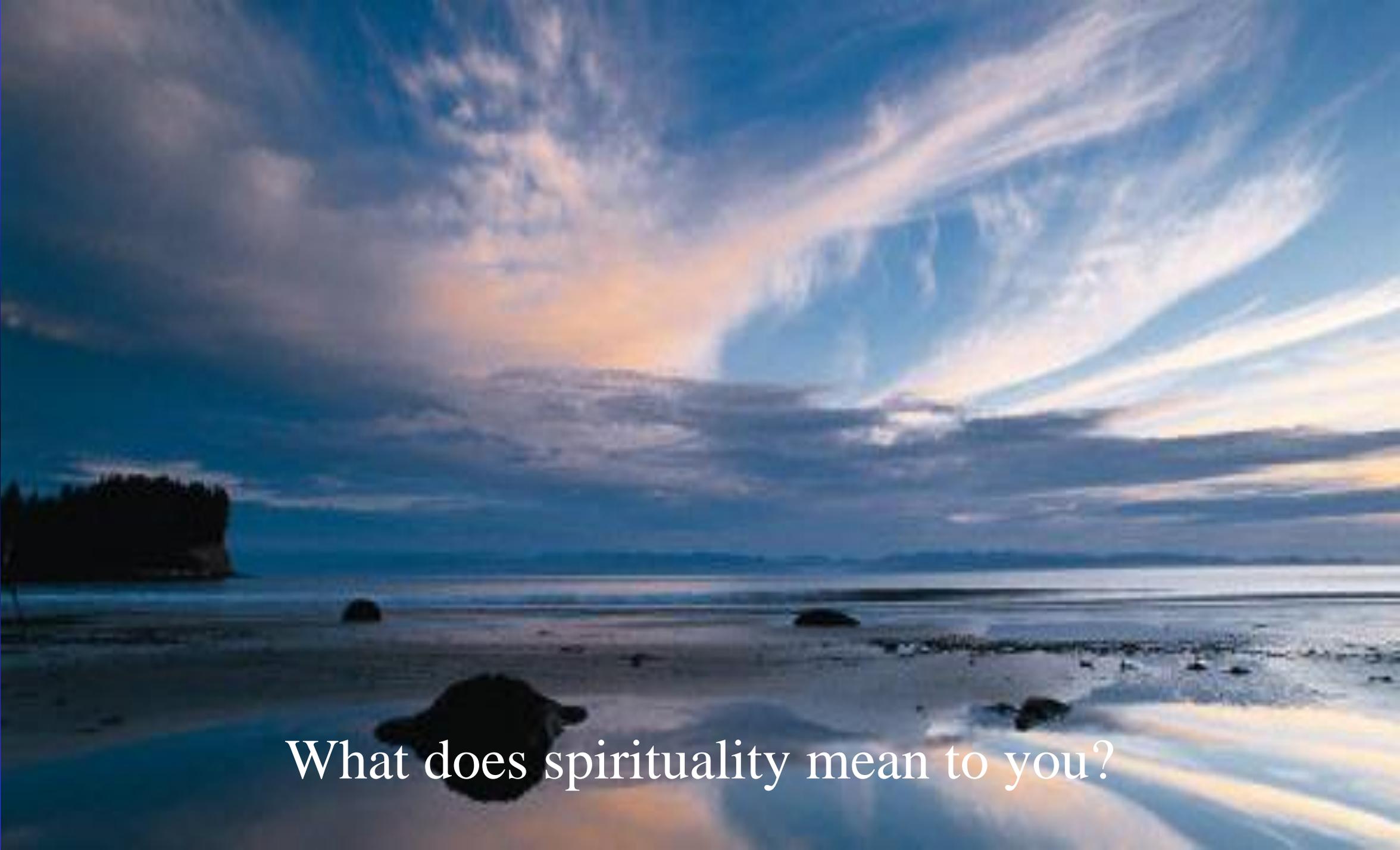
What is the proudest moment of your life, your greatest achievement, or a moment you most celebrate?



What do I need to know
about your family of origin
to understand who you are?
What is one of your family
secrets?

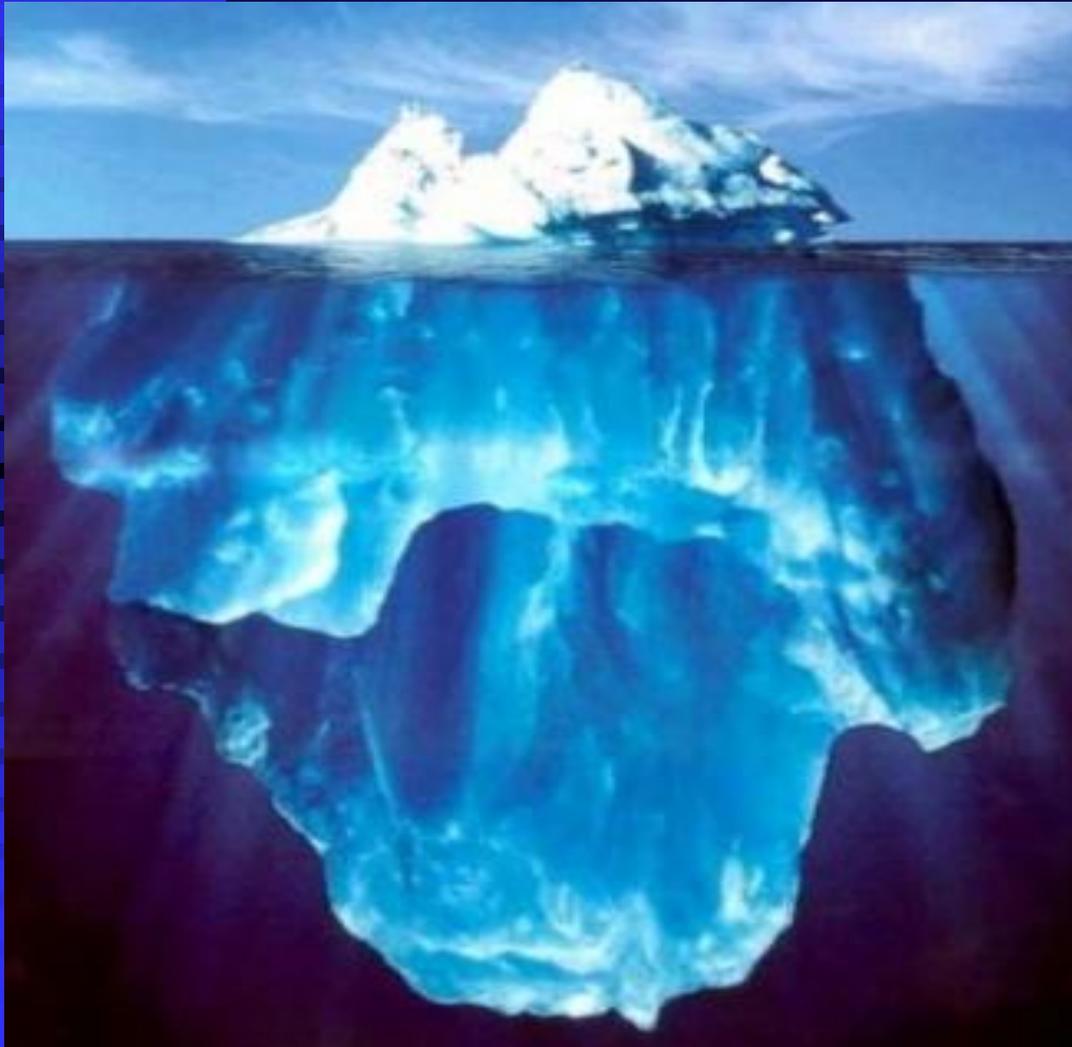
If you were completely free of living up to the expectations of others who would you be? Is there anything you would do differently?





What does spirituality mean to you?

THE PERSONAL ICEBERG METAPHOR OF THE SATIR MODEL



BEHAVIOUR (action, storyline)

COPING (stances)

FEELINGS (joy, excitement, anger hurt, fear, sadness)

FEELINGS ABOUT FEELINGS
(decisions about feelings)

PERCEPTIONS (beliefs, assumptions, mind-set, subjective reality)

EXPECTATIONS (of self, of others, from others)

YEARNINGS (loved, lovable, accepted, validated, purposeful, meaning, freedom)

SELF: I AM (life force, spirit, soul, essence)

Your Time Line



Your Time Line (Cont' d)

Birth-----Death

Your Time Line (Cont' d)

Birth-----X-----Death

Your Name

Your Time Line (Cont' d)

Birth-----X-----Death

Your Name

1

2

3

4

5

Your Time Line (Cont' d)

Birth-----X-----Death

Your Name

1

6

2

7

3

8

4

9

5

10

Your Time Line (Cont' d)

Birth-----X-----Death

Your Name

1

6

2

7

3

8

4

9

5

10

As I complete this time line I feel _____

Life Altering Event

Life Altering Event

Birth-----Death

Life Altering Event

Birth-----X---Death

Your Name

Life Altering Event

Birth-----X---Death

Your Name

1

2

3

4

5

Life Altering Event

Birth-----X---Death

Your Name

1

6

2

7

3

8

4

9

5

10

Life Altering Event

Birth-----X---Death

Your Name

1

6

2

7

3

8

4

9

5

10

As I complete this time line I feel _____

Mental Health & Psychological Well Being in Health Care (Nurses)

- Reported in 2002 that the rate of absenteeism and work loss (due to illness, injury, burnout & disability) among Canadian nurses was almost double that of the general labour force.
- It is estimated that over the course of a year 16 million nursing hours are lost to injury & illness (= 9,000 FTE positions).

Advisory Committee on Health & Human Resources

Final Report of the Canadian Nursing Advisory Committee

2002 <http://www.hc-sc.gc.ca>

Mental Health & Psychological Well Being in Health Care (Physicians)

Significantly higher levels of burnout than the general population - 46% of respondents to the CMA 2003 Physician Resource Questionnaire reported experiencing an advanced stage of burnout.

- ◆ Lost productivity, depression, addictions
- ◆ Higher rates of suicide than the general population
- ◆ Distress in physicians' family lives
- ◆ Sub-optimal medical care & increased patient suffering

CMA Guide to Physician Health and Well-Being:
Facts, Advice and resources for Canadian Doctors
Canadian Medical Association, 2003

Systemic barriers to well being

- Heavy physical & emotional demands coupled with consistent exposure to suffering
- A culture of stoicism, self sufficiency and silence
- Stigma persists around mental health issues and help seeking

Systemic barriers to well being

(Cont' d)

- Perfectionism & compulsiveness are sanctioned and reinforced by work pressures & societal expectations
- Reluctance to disclose personal or a peer's distress
- Lack of sufficient & easily accessible resources

Personal barriers to self care

- Internalized stigma
- Too busy – overburdened and lacking peer support
- Denial or minimization
- Prior experience of being “shamed & blamed”

Personal barriers to self care

(Cont' d)

- Unwillingness to become a patient and/or challenges in being treated as a patient
- Fear of loss of license and livelihood
- Fear of possible diagnosis
- Concerns about family/friends/colleagues not accepting or negatively judging them

Who Suffers?

Who Suffers?

(Toxic*) Shame/Failure

*Toxic shame: a rupture of the self with the self
(Bradshaw)

I/Thou (Martin Buber)

An emotional need is met with a cognitive response.

Death Anxiety

- Grief to relatives and friends
- All plans and projects come to an end
- Process might be painful
- No longer able to care for dependents
- What happens if there is life after death?
- Fear of what might happen to my body after death

J. Diggory and D. Rothman, "Values Destroyed by Death," *Journal of Abnormal and Social Psychology* 63 (1961):205-10

Estrangement

(Absence of sense of connection)

■ Self

- ◆ The greatest burden a child must bear is the un-lived life of the parent.
Carl Jung
- ◆ The greatest burden the patient must bear is the unrecognized/unresolved psychological and/or spiritual issues of the health care provider.

■ Other

- ◆ Patients
- ◆ Colleagues (Same discipline, other disciplines)
- ◆ Administration (Decision making, Systemic issues)

■ OTHER

Grief

- Grief is wanting more of what one will never get again.
- Grief begets grief (Grief of the past creeps into the present)
- Variable in duration

Grief

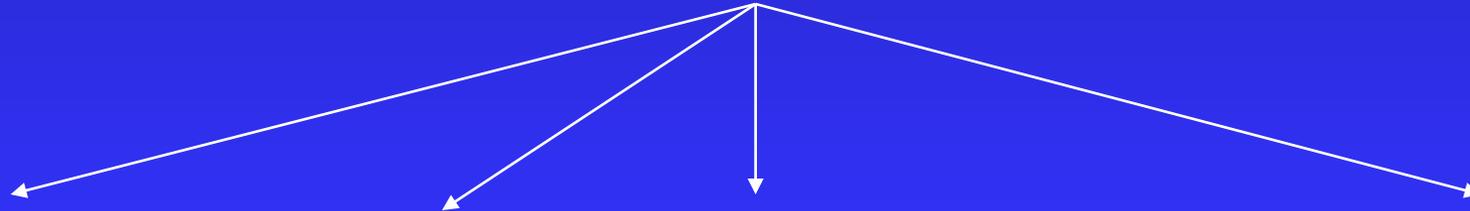
Change



Loss



Grief



Anger/Rage

Sadness

Fatigue/Lethargy

Isolation

Burnout

- Emotional exhaustion
- Depersonalization
 - ◆ A negative attitude towards clients
 - ◆ Personal detachment
 - ◆ Loss of ideals
- Reduced personal accomplishment and commitment to the profession.

Maslach, 1993

Moral Distress

- The negative feelings resulting from a situation in which moral choices cannot be translated into moral action
- Associated with experiences of anger, frustration, guilt, and powerlessness

Jameton, 1984; Rodney and Starzomski, 1993

Unfixable Suffering

Trauma: sense of helplessness in the face of unfixable suffering

Judith Hermann

Vicarious Traumatization

- A stress reaction experienced by therapists and researchers who are exposed to disclosures of traumatic images and materials by clients and research participants, in which therapists or researchers experience enduring changes in the manner in which they view self, others and the world. (McCann & Pearlman, 1990)
- Occurs over time
- Process of accumulation (sedimentary layers of horrible stories building until one cannot distinguish one from another)

Vicarious Traumatization

Long-term, inevitable, expectable consequence of working with suffering people.

Causes:

- ◆ A transformation of the system of meaning in the sufferer
- ◆ A darkening of one's worldview, spirituality and relationships (Pearlman and Saakvitne, 1995)

Vicarious Traumatization

- Vicarious Traumatization (McCann & Pearlman, 1990)
- Secondary Traumatic Stress (Stamm, 1995)
- Compassion Fatigue (Figley, 1995)

Metaphors of Secondary Traumatic Stress

- *There were days when I just didn't have my being with me when I went to work.*
- *Coming home from work I would feel that dark, heavy cloak come over me and I would just be draped in despair.*

Metaphors of Secondary Traumatic Stress (Continued)

- *I would stay at work as long as I possibly could to keep the dogs at bay—my workaholism was my coping mechanism and it was killing me.*
- *I isolated myself socially. No one, not my family or friends could understand what I had witnessed, nor could I tell them. I didn't want to make my home toxic.*

Post Traumatic Stress Disorder

- Three symptoms
 - ◆ Hyperarousal
 - ◆ Avoidance and/or numbing
 - ◆ Reexperiencing
- Causing
 - ◆ Distress
 - ◆ Disengagement from the world
 - ◆ Decrease in functioning (marked)

Hyperarousal

- Insomnia
- Decreased concentration
- Increased startle response
- Irritability
- Anger
- Hypervigilance (always scanning the environment for danger)

Avoidance

- Withdrawal from life or things one previously enjoyed
- Depression
- Shunning anyone, anything, or anywhere that reminds you of the traumatic event

Reexperiencing

- Intrusive recollections of the event
- Nightmares
- Dreams of the event
- Reactivity to triggers
- Flashbacks
- Traumatic memory replaying itself in your mind as if it were happening in the present

Most common signs

- Increased rates of illness
- Cynicism
- Sadness
- Intolerance of emotion
- Addictive responses
- Exhaustion
- Depression
- Loss of efficiency
- Judgment errors

Impaired Domains (VT & PTSD)

- Safety
- Trust
- Esteem
- Intimacy
- Control
- Sensory intrusion

Impact of VT on Patient Care

- Iatrogenic Suffering
- Team dynamics
- Boundary Issues

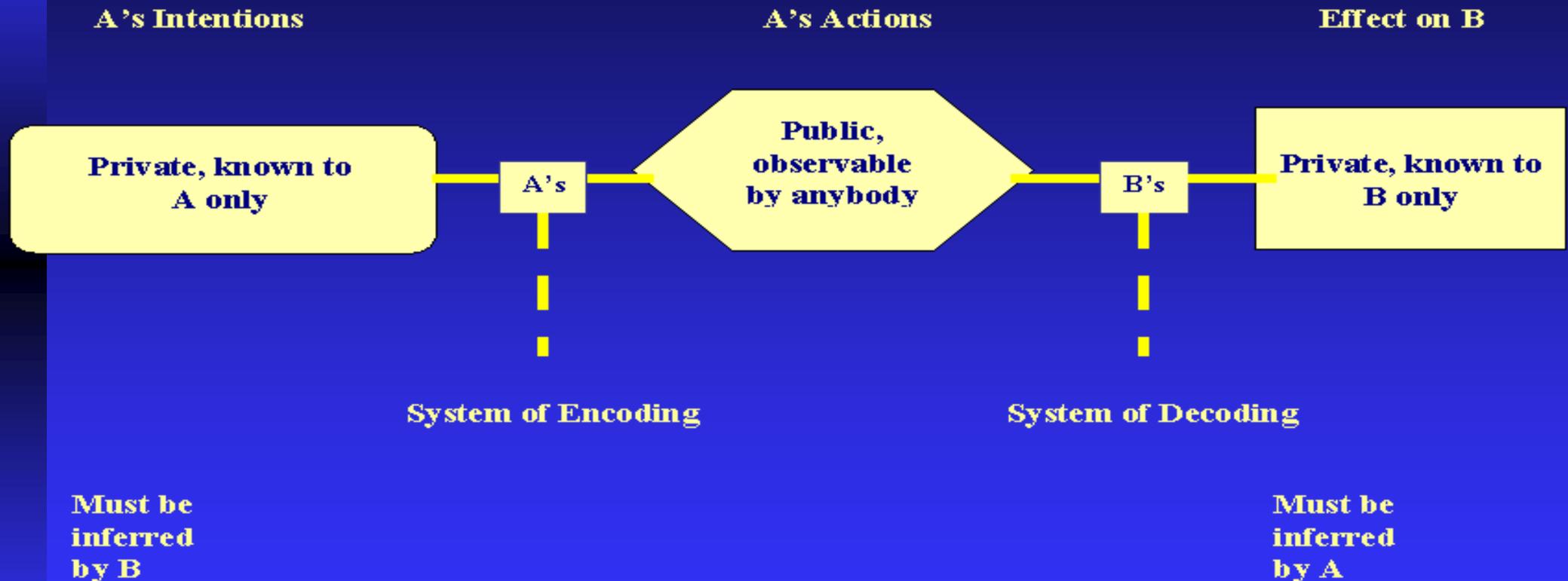
Effective Group/Team

Safety

Inclusion

Trust

The Interpersonal Gap



J. Wallen (1972)

What is your relationship with:

- Expression of emotion, especially anger
- Conflict (aversion, avoidance, attraction)
- Being wrong; difference of opinion
- Need to be 'right'
- Authority
- Friendship vs. Collegiality (Dual relationships)
- Bullying/Uncivil behaviour?

First Experience of Physical Illness, Mental Illness, Death, and/or Suffering

- What was your relationship to the person?
- What do you remember?
- Who was present?
- How did the illness, death or suffering affect the people around you?
- If in your family, how did they organize around the person with the illness?
- What affect did this experience have on you at the time?
- How might that experience affect your work today?

Connecting to Our Choice of Work

- Why did you choose your field of work?
- What has been most rewarding doing this work?
- What is an example of when you found satisfaction in your work?
- What is one of the challenges you experience in doing this work?
- What about the specific job you have today?

First Experience of Team

(Your family of origin)

- Who was in your family?
- What was your birth order?
- Who was in your extended family?
- What were 2 of your family values?
 - ◆ Do you hold them today?
- Who were/are you close to?

First Experience of Team

(Your family of origin)

- How were decisions made?
- Who was present?
- How were differences of opinion expressed?
- Who held the power? Who had control?
- How was anger expressed?
- What affect did it have on you at the time?
- How might that first team affect your work today?

A Positive Team Experience

- Remember a positive team experience you have had.
- What made the team a strong team?
- Which words describe that team?
- How did you contribute to this team?

Great things are not made by impulse

But by a series of small things being brought together.

Vincent Van Gogh

A Challenging Team Experience

- Remember a challenging team experience you have had.
- What made the team a challenging team?
- Which words describe that team?
- How did you contribute to this team?

The one who removes a mountain begins by carrying away small stones.

A Chinese Proverb

Transference and Mindfulness

Transference is an unconscious displacement of feelings, attitudes, expectations, perceptions, reactions, beliefs and judgments that were appropriate to former figures in our lives, mostly parents, onto people in the present.

David Richo

Transference and Mindfulness (cont' d)

- Transference can be baggage (impedimenta). Unconscious transferences give power to the past. They fuel the potential of engaging in repetition in the false hope of completion.
- Awareness of our transferences gives power to the present. It can act as a guidepost to growth, a signal of what needs healing or integration.

Transference and Mindfulness (cont' d)

Mindfulness is attention to the present moment and an awareness/acceptance of flow and change.

Transference smuggles the past onboard the present, and mindfulness escorts us safely to the port of the present, our illicit and burdensome cargo now cast overboard.

David Richo

Your Present Team

- Choose 5 words to describe the team you are on now.
- How are you contributing to those words being true for your team?
- What would you like from other team members in order to be more effective?
- What are you prepared to give to others to enhance their effectiveness?
- What do you need to request? From whom?

How do you make a difference? What do you want to be known for?

- Think of the patients/residents for whom you provide care, what are their fears and concerns?
- What are the most typical complaints we hear from them? How do we disappoint them?
- What do they most appreciate on our unit? What do they say makes a difference to them?

How do you make a difference? What do you want to be known for?

List specific actions which, when done on a consistent basis, help patients/residents and their families experience compassion?

How do you make a difference? What do you want to be known for?

Choose six activities of compassion to which your team could make a commitment.

Team Charter

1. Leadership
2. Program
3. Job Descriptions
4. Role Definitions
5. Team Agreements
6. Annual Reviews
7. Relationships

Ingredients of Successful Teams

1. Boundaries
2. Civility/Incivility
3. Awkward/Difficult Conversations
4. Forgiveness and Reconciliation
5. Personal Team Charter
6. Know oneself
7. Know another

Commitments

- What do I bring to my team every day?
- What do I bring to patients/residents/families every day?
- What will I commit to doing more of or differently after today?
- What do I need/want to do to care for myself?

Spirituality

-----Birth-----X-----Death-----

Your Name

Spirituality

-----Birth-----X-----Death-----

Your Name

Name 5 things that you have done that are good.

Spirituality

-----Birth-----X-----Death-----

Your Name

Name 5 things that you have done that are good.

Name 5 things that you have done that give you meaning

Spirituality

-----Birth-----X-----Death-----

Your Name

Name 5 things that you have done that are good.

Name 5 things that you have done that give you meaning

Name 5 things you do for fun.

Spirituality

-----Birth-----X-----Death-----

Your Name

Name 5 things that you have done that are good.

Name 5 things that you have done that give you meaning

Name 5 things you do for fun.

What are the values on which you base your life?

Spirituality

-----Birth-----X-----Death-----

Your Name

Name 5 things that you have done that are good.

Name 5 things that you have done that give you meaning

Name 5 things you do for fun.

What are the values on which you base your life?

Name 5 things that give you hope.

Spirituality

-----Birth-----X-----Death-----

Your Name

Name 5 things that you have done that are good.

Name 5 things that you have done that give you meaning

Name 5 things you do for fun.

What are the values on which you base your life?

Name 5 things that give you hope.

Name 5 things for which you are thankful.

Spirituality

-----Birth-----X-----Death-----

Your Name

Name 5 things that you have done that are good.

Name 5 things that you have done that give you meaning

Name 5 things you do for fun.

What are the values on which you base your life?

Name 5 things that give you hope.

Name 5 things for which you are thankful.

Name 5 ways in which you want to give back to the world.

Spiritual Connection

- Be Still
- Suspend judgment
- Listen
- Be silent
- Pay attention
- Be awake
- Know yourself...Know another

One Stick, Two Stick
The Way of the Old African Kings

Clarissa Pinkola Estés

Women Who Run With the Wolves

We are strong when we stand with another soul. When we are with others, we cannot be broken.

Clarissa Pinkola Estés

Women Who Run With the Wolves