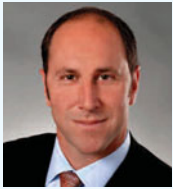




The Power of Innocence in Medicine



Medicine, from time to time, calls for reflection. The hangover from arduous shifts, the mind-numbing regulatory “whack-a-mole,” the technology treadmill and the career second-guessing, all contribute to an epidemic of lost perspective in our profession. In an effort to manage an avalanche of competing interests, physicians often sacrifice themselves to the point of burnout and self-destructive behavior.

Without perspective, these burdens soon overwhelm even the hardest among us. We become bitter and angry and defensive coping sets in. In an effort to protect ourselves from the knock-out punch, we shield ourselves and adopt avoidant behaviors. And nothing is more destructive to the doctor-patient relationship than that. A drought of rewarding encounters follows, further distancing us from the joys of medicine. Our defensive practice even paradoxically, and unwittingly, exposes us to an increased risk of bad outcome and liability. Are we all doomed to endure a permanent discontent, a promising career overcome by negativity and regret?

Well, it turns out that our salvation may require a paradigm shift away from the calculated and judgmental toward that of openness and even innocence. We spend our careers learning through experience, building lasting and sometimes painful memories from our encounters in life and practice, all in an effort to protect ourselves, and theoretically our patients, from future harm. But, in so doing, we seem content to dispose of our innocence, deeming it not very useful in a knowledge- and experience-driven profession like medicine.

Phillip Berry, the CEO of Northwind Pharmaceuticals, in a post on LinkedIn, made an eloquent and persuasive argument that the key to professional satisfaction and joy lies in a “return to innocence.” One of Mr. Berry’s main tenets deserves close exploration: “Innocence is (about) embracing the idealist in you,” unleashing the “hopeful side of your mature mind” to the “youthful possibilities in the more static elements of your existence.”

Without it, he proposes, our relationships are limited by negativity and overwhelmed by worst-case-scenario thinking. It is here where the analogies to clinical practice are most com-

PELLING. Consider this: In an effort to shield and protect ourselves from being blindsided, physicians notoriously assign patients to preconceived categories based on historical behavior. At the expense of open-mindedness and trust, we apply labels like “drug seeker,” “histrionic,” and hypochondriac.” The outcome is almost predetermined and the care is premeditated. In so doing, we tragically ostracize hope and discovery, the concepts at the very core of the doctor-patient relationship and of medicine itself. And I would suggest, sadly, that we abandon all chance of feeling the joy of practice again.

By reversing course, we can recover the joy, but only if we are willing to take a few youthful chances again. Embrace your patients, regardless of your preconceptions about their intentions and agendas. Forgive them for demonstrating immature coping mechanisms and focus instead on the root cause of their problems. Do not allow the potential for failure to barricade you. Remind yourself that failure is a fact of life, because when you grant yourself permission to fail, you open up endless opportunities for learning. And, as Mr. Berry concludes, it is innocence that allows for “believing in the good intentions of people” and opens the gate to BOTH “disappointment” and “delight.”

The practice of medicine is a collision of fact and failure. In between are the daily realities of a busy practice. Each day is filled with a multitude of opportunities for “disappointment” and “delight.” Perhaps we can apply a little bit of innocence to our own practices, by discarding our shields and banishing stereotyped “profiles” and “labels.” Maybe then we can rediscover the joy of practice and re-energize our careers for years to come. ■

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