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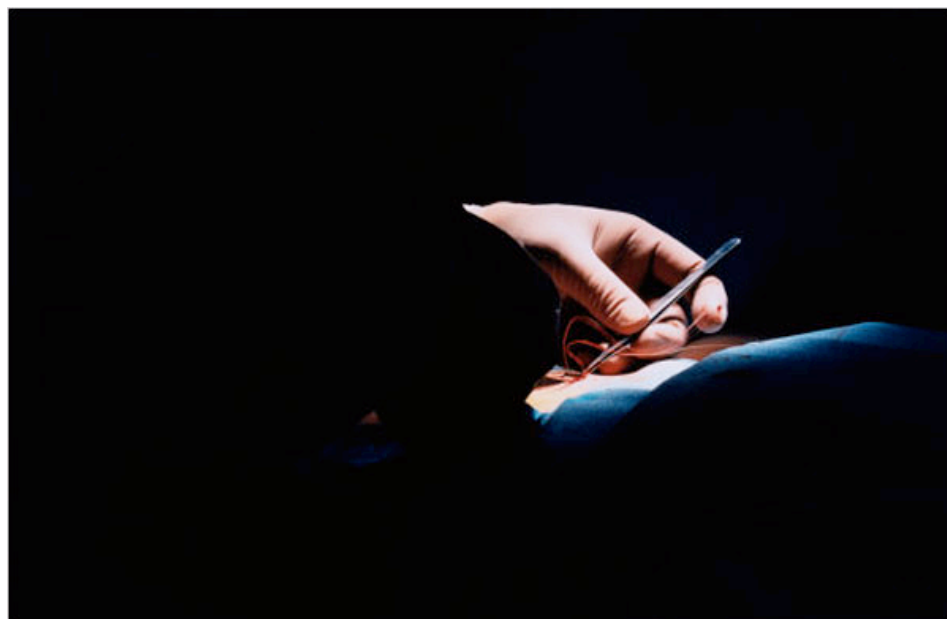
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DOCTOR AND PATIENT

## How Mindfulness Can Make for Better Doctors



Art Becker/Getty Images

By PAULINE W. CHEN, M.D.  
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One night during my training, long after all the other doctors had fled the hospital, I found a senior surgeon still on the wards working on a patient note. He was a surgeon with extraordinary skill, a doctor of few words whose folksy quips had become the stuff of department legend. "I'm sorry you're still stuck here," I said, walking up to him.

He looked up from the chart. "I'm not working tomorrow, so I'm just fine."

I had just reviewed the next day's operating room schedule and knew he had a full day of cases. I began to contradict him, but he held his hand up

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to stop me.

“Time in the O.R.,” he said with a broad grin, “is not work; it’s play.”

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For several years my peers and I relished anecdotes like this one because we believed we knew exactly what our mentor had meant. All of us had had the experience of “disappearing” into the meditative world of a procedure and re-emerging not exhausted, but refreshed. The ritual ablutions by the scrub sink washed away the bacteria clinging to our skin and the endless paperwork threatening to choke our enthusiasm. A single rhythmic cardiac monitor replaced the relentless calls of our beepers; and nothing would matter during the long operations except the patient under our knife.

We had entered “the zone.” We were focused on nothing else but our patients and that moment.

But my more recent conversations with surgical colleagues and physicians from other specialties have had a distinctly different timbre. While we continue to deal with many of the same pressures that my mentor dealt with — decreasing autonomy, increasing administrative requirements, less control over our practice environment — the demands on our attention have gone, well, viral.

Extreme multitasking has invaded the patient-doctor relationship.

Now, along with the piles of forms to fill and blinking lights of phone calls on hold, are threads of [text messages](#), columns of e-mails and lists of electronic medical record alerts to attend to. In this ever-widening sea of distractions, all that once gave meaning to our work and allowed us to enter the zone — the operations, the diagnostic saves, the lifetime relationships — have turned quaintly insufficient.

As one surgical colleague confided, “I still like operating, but it’s not enough. There are so many hassles it’s hardly worth practicing.”

Or as another doctor said to me recently while simultaneously typing an electronic medical record note, checking e-mail and holding a phone to his ear, “It used to never bother me to put in extra time at work. But I cannot do that anymore.”

The time pressures and demands that drive this endless multitasking and loss of focus on patients have contributed to high rates of burnout among physicians. [Depending on the study](#), anywhere from one out of every three to more than half of all doctors is suffering from burnout, with potentially devastating clinical implications. Doctors who are burned out are more likely to depersonalize their patients and treat them as objects rather than as individuals suffering from disease. They are less professional, exhibit less empathy and are more prone to making errors. And these physicians are also more likely to become depressed, commit [suicide](#) and leave a profession that is already facing severe shortages in specialties like primary care.

As with most other occupations and aspects of our lives, it is probably impossible to hold back the rising tide of demands on our attention. But within the clinics, the wards and the operating rooms, is there a way for physicians to do all their work and maintain their focus on the patient in front of them, without accelerating the rate of burnout?

It turns out that working and living in the zone, not just getting into it on occasion, may be one solution.



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Last month, The Journal of the American Medical Association published [the results of a study](#) examining the effects of a year-long course for primary care physicians on mindfulness, that ability to be in the zone and present in the moment purposefully and without judgment. Seventy physicians enrolled and participated in the four components of the course — mindfulness meditation; writing sessions; discussions; and lectures on topics like managing conflict, setting boundaries and self-care.

The effects of the sessions were dramatic. The participating doctors became more mindful, less burned out and less emotionally exhausted. But two additional findings surprised the investigators. Several of the improvements persisted even after the yearlong course ended. And, those changes correlated with a significant increase in attributes that contribute to patient-centered care, such as empathy and valuing the psychosocial factors that might affect a patient’s illness experience.

I asked Dr. Michael S. Krasner, lead author of the study and an associate professor of clinical medicine at the [University of Rochester](#), about mindfulness and its effects on physician burnout and the patient-doctor relationship.

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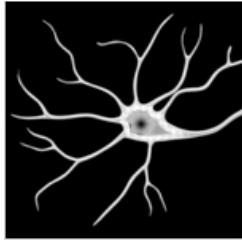
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