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## **A Curious Reflection**

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### Abstract

A regional campus dean provides a reflection for colleagues on the importance of maintaining curiosity to find meaning in work.

I recently received an invitation to provide a reflection at the beginning of our hospital medical staff meeting. Having attended these quarterly meetings in person with my colleagues while sharing an outstanding meal for almost 25 years, I had appreciated the short prayers and poems. We even had an a cappella rendition of an inspirational hymn one time. To engage attendees via zoom, I considered what a group of physicians and other providers who are giving up some of their evening for a meeting might appreciate. I decided that since we talk a lot about the Triple Aim in medicine, but less about the importance of physician satisfaction as the fourth element, that would be the topic of my five-minute reflection.

My perspective on this issue is framed by the last eight years of our longitudinal study of changes in empathy and burnout among our medical students and residents.<sup>1,2,3,4</sup> As we reviewed the literature, the definition for empathy that fits best for us is a true understanding of what it's like to be that patient. When a new diagnosis or a new medication or intervention is considered, how will it fit into the life of the individual in our exam room with us? In this sense, empathy is a cognitive function and significantly different from the emotional aspects of feeling sympathy, which is something else. The literature is also clear that physicians with higher measured empathy not only have better patient outcomes and more satisfied patients, but they are happier themselves and report lower levels of burnout.

Studies of group physician practices show there are three elements that predict higher physician satisfaction and lower burnout. These are a personal

sense of autonomy, agency, and meaning. Autonomy simply means that one has some influence over what goes on in their day-to-day practice. Agency means that one has influence over what the entire group does. Finding meaning in work is perhaps the most powerful factor in determining empathy and burnout.

The pursuit of meaning flourishes in the setting of empathy. The true practice of empathy requires continuing curiosity, as well as enough time with each patient to unleash that curiosity. As an attempt to widen the audience for this most important basic concept for patients and doctors, I had recently undertaken writing a trilogy of books using medical history as a vehicle.<sup>5</sup> The physician energy invested in curiosity simply isn't captured by CPT codes or relative value units. Perhaps for this reason, the literature also shows that physician investment in curiosity wanes over time.

A landmark article was written by a general internist almost 25 years ago that highlights this. She says<sup>6</sup>:

*When I was a young attending at San Francisco General Hospital, morning rounds usually consisted of briefly going over the 15 to 20 patients admitted to the team the night before and then concentrating on the "interesting" ones. I was righteous and was determined to teach the house staff that there were no uninteresting patients, so I asked the resident to pick the dullest. He chose an old woman admitted out of compassion because she had been evicted from her apartment and had nowhere else to go. She had no real medical history but was simply suffering from the depredations of antiquity and abandonment. I led the protesting group of house staff to her bedside. She was monosyllabic in her responses and gave a history of no substantive content.*

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*Nothing, it seemed, had ever really happened to her. She had lived a singularly unexciting life as a hotel maid. She could not even (or would not) tell stories of famous people caught in her hotel in awkward situations. I was getting desperate; it did seem that this woman was truly uninteresting. Finally, I asked her how long she had lived in San Francisco.*

*"Years and years," she said*

*Was she here for the earthquake?*

*No, she came after.*

*Where did she come from?*

*Ireland.*

*When did she come?*

*1912.*

*Had she ever been to a hospital before?*

*Once.*

*How did that happen?*

*Well, she had broken her arm.*

*How had she broken her arm?*

*A trunk fell on it.*

*A trunk?*

*Yes.*

*What kind of trunk?*

*A steamer trunk.*

*How did that happen?*

*The boat lurched.*

*The boat?*

*The boat that was carrying her to America.*

*Why did the boat lurch?*

*It hit the iceberg.*

*Oh! What was the name of the boat?*

*The Titanic.*

*She had been a steerage passenger on the Titanic when it hit the iceberg. She was injured, made it to the lifeboats, and was taken to a clinic on landing, where her broken arm was set. She now was no longer boring and immediately became an object of immense interest to the local newspapers and television stations – and the house staff.*

I closed this brief reflection by saying that as we get back to in-person human contact, hopefully soon without masks, my hope for us all is that we can rekindle our curiosity and find meaning in our work.

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