

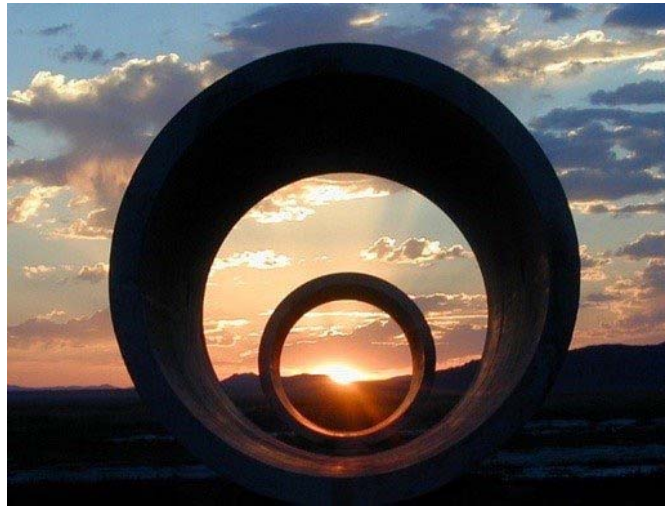


From the Director of the Office of Staff Wellbeing



UNIVERSITY OF ALBERTA
FACULTY OF MEDICINE & DENTISTRY
Department of Anesthesiology & Pain Medicine

Sue's News: July Newsletter



Sun Tunnels Nancy Holt

— Hello everyone and Happy 150th Birthday Canada!

I want to extend a warm welcome to our new anesthesia residents: Mark, Alistair, Michael, Kyle, Elliot and Lynn and to our FPAs Nicholas, Angelo and Osama. I look forward to meeting you all and to navigating CBD together!

The Grey Nuns anesthesia staff give each resident a copy of “Staying Human during Residency” by Allan D. Peterkin. Lots of real world strategies.

By the way, I dislike this “resident” labelling. I think labels divide and delude us. Labelling people makes it easier to forget that we are all human beings, with actual names, lives and similar hopes, fears, stresses and joys.

We really are all in this together. Some of us just happen to be older or younger, less or more experienced in our specialty. Some of us may be exhausted by too much on call and others by sleepless nights with a new baby. And the rest of us may be awake all night struggling with anxiety about our health or family/sexuality/money/relationships/competence/exams/ anxiety disorder etc.

Much has been written about the importance of physicians having empathy for their patients, but perhaps not so much about empathy for our colleagues.

[Here](#) is a 3 minute animation from Brene Brown which highlights differences between sympathy and empathy. Sympathy separates people but genuine empathy connects us.

Maybe we need a book called “Staying Human in Medicine”.

I think a sense of play may help!

[Click here](#) to read about an anesthesiologist who put on a puppet show for surgical staff

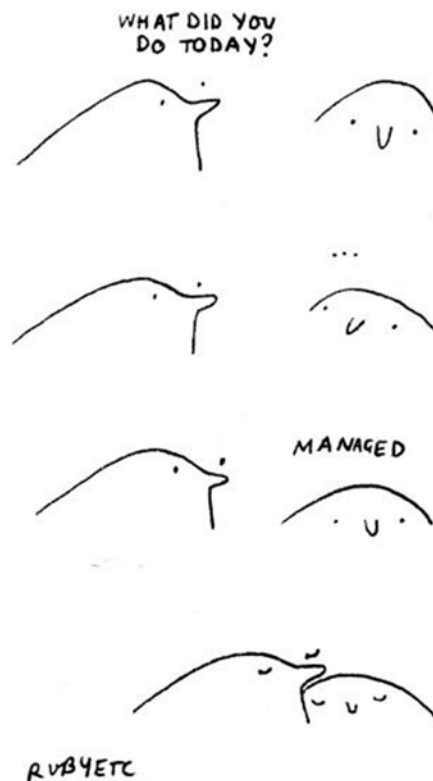


Recently there have been many sad articles about mental illness and physician suicide.

[Here](#) is an uplifting story from our own University of Alberta about courage, vulnerability and healing.

It is a testament to a brave young physician and to our Learner Advocacy and Wellness office ([website](#)).

Depression is the #1 psychiatric illness suffered by physicians. As the article shows, it is difficult but vital to recognize signs of depression in ourselves, our colleagues and our students. Dr. Michael Myers recently published a book called “Why doctors die by suicide.” It is well written but tough to read. At least 85% of people who die by suicide are in the midst of psychiatric illness. Recognition, treatment and support could prevent so many deaths in our profession.

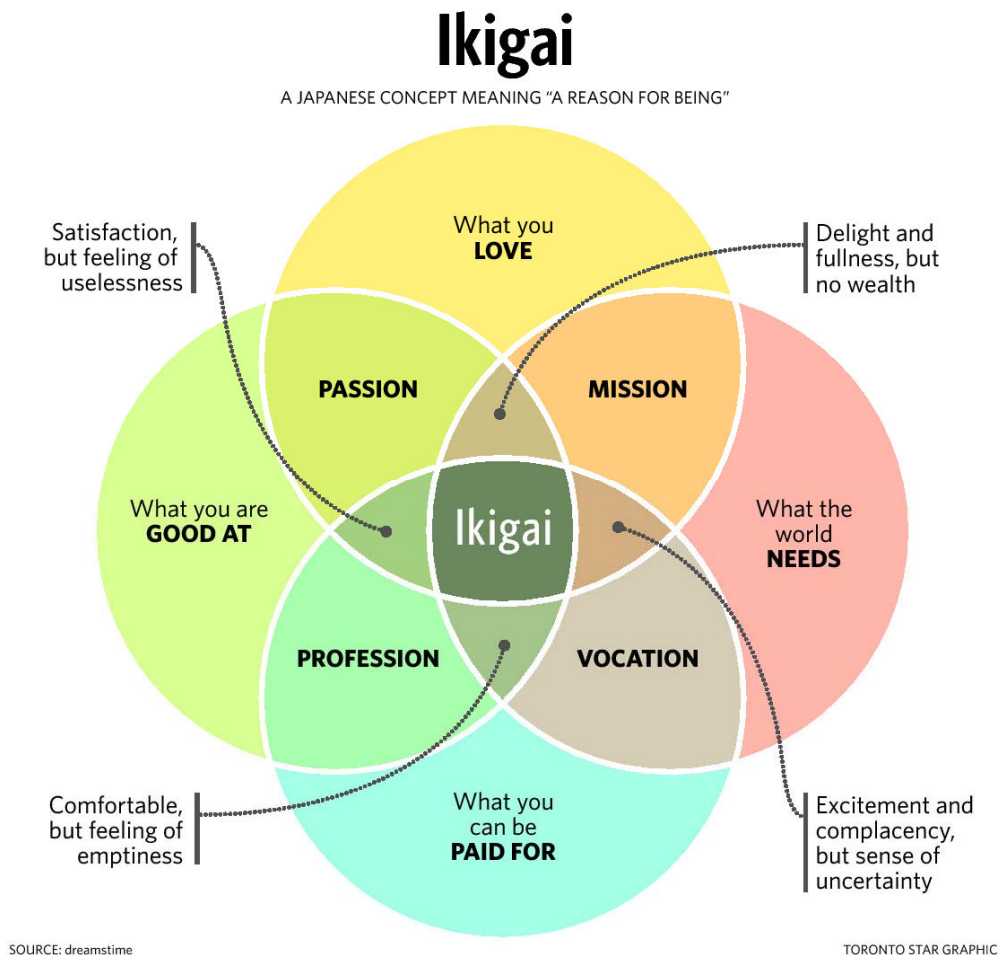


Flitting about on Twitter the other day, I came across the Japanese concept of Ikigai.

Here is Dan Buettner, author of The Blue Zones.

“Typically in America, we’ve divided our adult life up into two sections. There is our work life where we’re productive, and then one day, boom, we retire. And typically, that has meant retiring to the easy chair or going down to Arizona to play golf. In the Okinawan language, there’s not even a word for retirement. Instead, there’s one word that infuses your entire life, and that word is ikigai. And roughly translated, it means **the reason for which you wake up in the morning.**”

[This piece](#) elegantly describes the process of discovering one’s ikigai.

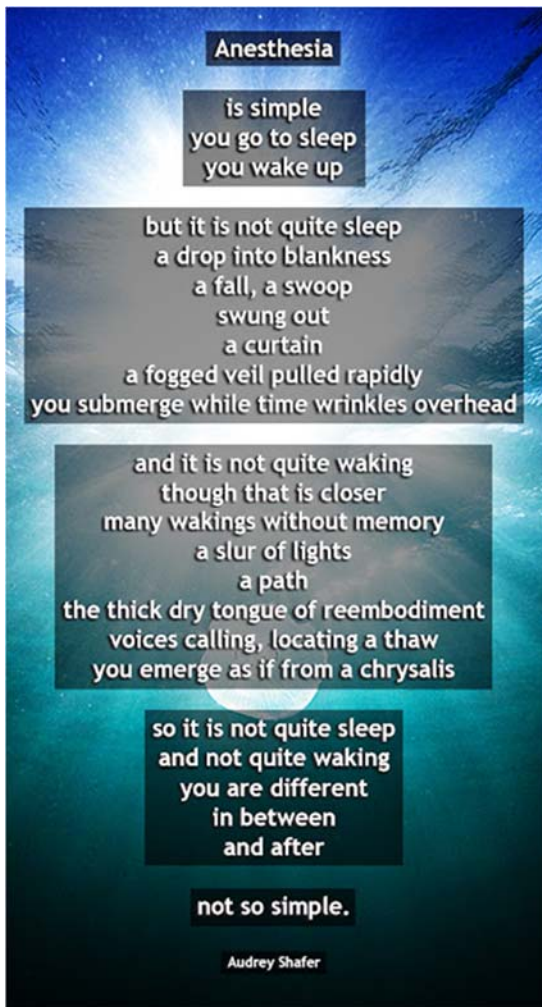


I like this concept because it is applicable to real life. For years I have droned on about my “gifts” not being suited to anesthesia. With a staggering disregard for realities such as earning a living. My practical (and long suffering) husband would point out (yet again!) that I was welcome to quit and live in Nepal/ be a hypnotherapist/psychologist/write but we would need to sell the house.

Contemplating ikigai seems like a useful approach that might avoid realtor fees!

Many of us believe that the practice of anesthesia is both an art and a science.

Dr. Audrey Schafer is a professor of anesthesiology and a poet.



“These metaphors are used to reassure surgical patients (and, probably, us) that they will have a peaceful interlude and then wake up again. Yet, the anesthetized state is definitely not sleep—otherwise you could simply check into the hospital at night and presto, that nasty gall bladder would be out by morning. And normal awakening, though it resembles emergence from general anesthesia, is also different. Come daylight and the awful bray of the alarm, you are usually not trying to restart your own breathing or pull out an endotracheal tube. Finally, this poem was born from respect. Respect, certainly, for the surgeon's skill at excising cancer, repairing vessels, covering gaping holes. Respect also for my colleagues who accept the tensions of this career and provide anesthesia care, vigilance, and the means to allow surgery to occur. But mostly, respect for the patient—in particular, for the patient's trust in the anesthesiologist. For the bravery of saying "Yes, I'm ready". For each patient who temporarily relinquishes control and the future, whatever it may hold, to a stranger. Most definitely, that is not simple.”

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I am off to the English seaside, so finishing with this beach pic by Ronald West!

Thank you for reading, Sue

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