

When a colleague dies: growing through tragedy

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Disclosure Slide

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Learning Objectives

- List common emotional reactions and behavioral changes that may follow the death of a colleague
- Explain the psychological process of "meaning-making"
- Delineate the ways in which individuals not only survive tragedy but gain strength, empathy and wisdom

Our emotions and behaviors

- Surprise, disbelief and shock
- Wrenching sorrow
- Anger and rage
- Pining and longing
- Blame and guilt
- Denial – massive to intermittent
- Carrying on – intellectualized, controlled, pragmatic
- Emotional volatility and variability, paralysis

What are the variables?

- Manner of death: natural, accident, suicide, homicide, undetermined
- Sudden vs gradual
- His/her age
- Life circumstances – alone, significant other, children, etc
- Our relationship with the person – duration, closeness
- Culture, ethnicity
- Our previous experience with death
- Recognition, attention paid, presence or absence of ritual

One unique issue with physician death

- A belief that medical training and medical work grants us immunity from the maladies or tragedies that afflict our patients
- This is a byproduct of our privileged status in the academy of medicine and our calling to this work
- And this explains – in part – the outrage, unfairness, and profound sorrow when we lose one of our own
- This also helps to explain why some physicians appear so detached and behave as "business as usual" when they lose a colleague – it is a defense against contagion fears, that this could happen to me

What is "meaning-making"

- A psychological process of trying to make sense of our loss
- Talking about and examining notions of unfairness, injustice, pain, surviving when he/she didn't, guilt, making restitution, eventual acceptance and reaching out to others
- A process that takes time, a journey that is unique to each individual
- A process that may occur with the assistance of a therapist – but is also done in communion with family members and close friends – and sometimes alone with one's personal repertoire of healing actions

Dr Gloria Sands (pseudonym)

- *“My husband was one of the most prominent heart surgeons in the country. Three years ago, he jumped from the window of our Park Avenue apartment. A policeman called me at our country home in Connecticut. ‘I’m sorry to tell you’ he said, ‘but your husband has taken his life.’ ‘Taken it where?’ I demanded to know. ‘No you don’t understand, ma’am. He took his life. You know, death.’ I yelled at him, ‘You sick son of a bitch,’ and slammed down the phone. He called back immediately. If it wasn’t so insane, it would have been funny.”*
 - *Fine C No Time to Say Goodbye: Surviving the Suicide of a Loved One.* Doubleday, NY, 1997, p 10

Doctors who teach us about dying

Dr Peter (1957-1992)



Doctors who teach us about dying

Dr Abraham Verghese (The Tennis Partner)



Toward preserving wellness and striving for balance

- Pay attention to your physical, emotional, mental and spiritual health (including previous Hx of anxiety, depression, etc.)
- Pay attention to any/all feedback from your family, colleagues and patients about your well-being and behavior
- Try to leave your defensiveness at the door and strive to listen to and reflect on your reaction to what you are going through

Toward preserving wellness and striving for balance

- Talk to others about how you're feeling – someone you trust – isolating leads to confusion, distorted thinking about yourself and others and can be dangerous
- Most important, put yourself first!
- And if you are also struggling with feelings of burnout, do not blame yourself – it is occupational and systemic – emblematic of how medicine is structured today – there is much being done at institutional and national levels to correct this

What else can you do?

- Pay close attention to your rest and sleep
- Build in and protect time for regular exercise
- Secure a primary care physician and develop a doctor-patient relationship with that individual
- Do not let any job in medicine severely compromise your right to a personal and family life
- Build collegial relationships with your doctor peers, including Balint and narrative medicine groups
- Learn mindfulness meditation, new CBT strategies for facing stress

Web resources for physician wellness

- <http://digitalrepository.unm.edu/cgi/viewcontent.cgi?article=1003&context=omsw>
- Important links to resources for:
 - Individual and institutional strategies to build resilience and prevent burnout;
 - What has been developed at other institutions;
 - TED Talks;
 - Podcasts;
 - Narrative medicine and reflection

Dr Billings (pseudonym)

“I saw him briefly when he dropped something off back at the apartment. This was the last time I saw him. He looked at me and shook my hand... Later in the afternoon I got a text message from a friend of his friend about his death. I was shell-shocked, thank god my friend was with me. I stayed with him and his girlfriend for about a week or so. This hurts so much. I’ve repeated to myself ‘what were you thinking Todd?’. I’m so fortunate to have started therapy and I have very strong supports in my life.”

- Fragments of a telephone interview with Dr. Billings about losing his roommate, another physician, to suicide. From Myers MF “Why Physicians Die by Suicide: Lessons Learned From Their Families and Others Who Cared”

Comforting words by a medical giant....

“The greatest dignity to be found in death is the dignity of the life that preceded it. This is a form of hope that we can all achieve, and it is the most abiding of all. Hope resides in the meaning of what our lives have been.”

Nuland SB. *How We Die: Reflections on Life's Final Chapter*

And another medical giant.....

“I have been increasingly conscious, for the last 10 years or so, of deaths among my contemporaries. My generation is on the way out, and each death I have felt as an abruption, a tearing away of part of myself. There will be no one like us when we are gone, but then there is no one like anyone else, ever. When people die, they cannot be replaced. They leave holes that cannot be filled, for it is the fate — the genetic and neural fate — of every human being to be a unique individual, to find his own path, to live his own life, to die his own death.”

Sacks, O. *Gratitude*

End note on Keeping Well: A salute to Lucy Kalanithi, MD (widow of Paul Kalanithi, MD *“When Breath Becomes Air”*)

- “Living fully means accepting suffering.....When we approach suffering together, when we choose not to hide from it, our lives don’t diminish, they expand.”
 - Excerpt from her Ted Talk “What Makes Life Worth Living in the Face of Death”
https://www.ted.com/talks/lucy_kalanithi_what_makes_life_worth_living_in_the_face_of_death#t-918383

Thank you!!



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