Professionals Don't Cry

One of the most common experiences in the practice of medicine is the experience of loss and disappointment. Physicians typically experience many disappointments every week, from the small nudge of the lab test revealing that a medication is not effective, to the blow of a patient dying. It is a great deal for any caring person to handle. Yet most of this loss remains unacknowledged and ungrieved.

I teach a course now at our local medical school to the first and second-year students. In one of the evening seminars, we explore our attitudes toward loss, uncover some of the beliefs about loss we inherited from our families, identify our habitual strategies for dealing with loss, and examine what we do instead of grieving. This is often a rich and deeply moving experience which allows the students to know themselves and each other in different ways.

At the close of one of these evenings, a woman student stood and told me that her class had already been given two lectures on grieving by the department of psychiatry. I had not known this and I apologized, saying that it might have been better to choose another topic for the evening's discussion. "Oh no," she said, "it was different. They taught us grief theory and how to recognize when our patients are grieving a loss. And be respectful of that. They just didn't say that *we* would have anything to grieve."

The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet. This sort of denial is no small matter. The way we deal with loss shapes our capacity to be present to life more than anything else. The way we protect ourselves from loss may be the way in which we distance ourselves from life.

Protecting ourselves from loss rather than grieving and healing our losses is one of the major causes of burnout. Very few of the professionals I have treated for burnout actually came in saying that they were burned out. I don't think most of them knew. The most common thing I've been told is, "There's something wrong with me. I don't care anymore. Terrible things happen in front of me and I feel nothing."

Yet people who really don't care are rarely vulnerable to burnout. Psychopaths don't burn out. There are no burned-out tyrants or dictators. Only

people who do care can get to this place of numbness. We burn out not because we don't care but because we don't grieve. We burn out because we have allowed our hearts to become so filled with loss that we have no room left to care.

The burnout literature talks about the factors which heal burnout: rest, exercise, play, the releasing of unrealistic expectations. In my experience burnout only really begins to heal when people learn how to grieve. Grieving is a way of self-care, the antidote to professionalism. Health professionals don't cry. Unfortunately.

The second day of my internship in pediatrics I went with my senior resident to tell some young parents that the automobile accident from which they had escaped without a scratch had killed their only child. Very new to this doctor thing, when they cried, I had cried with them. After it was over, the senior resident took me aside and told me that I had behaved very unprofessionally. “These people were counting on our strength,” he said. I had let them down. I took his criticism very much to heart. By the time I myself was senior resident, I hadn't cried in years.

During that year a two-year-old baby, left unattended for only a moment, drowned in a bathtub. We fought to bring him back but after an hour we had to concede defeat. Taking the intern with me, I went to tell these parents that we had not been able to save their child. Overwhelmed, they began to sob. After a time, the father looked at me standing there, strong and silent in my white coat, the shaken intern by my side. “I'm sorry, Doctor,” he said. “I'll get ahold of myself in a minute.” I remember this man, his face wet with a father's tears, and I think of his apology with shame. Convinced by then that my grief was a useless, self-indulgent waste of time, I had made myself into the sort of a person to whom one could apologize for being in pain.

I remember a rotation on the pediatric service of Memorial Sloan-Kettering Cancer Center in New York. During this rotation we were actually losing a child a day. Every morning we would begin rounds in the autopsy room, talking to the pathologist about the child who died the day before or who was lost during the night, and every morning I would leave the autopsy room and go back to the children's ward telling myself, “Well, on to the next.”

This attitude which was so prevalent in my training also happened to be the approach to loss I had learned in my family. The afternoon my ten-week-old

kitten was run over, my mother took me to a pet store and bought me another. I was taught at a very early age that if something painful happened, the best thing to do was not to think about it and to get involved with something else. Unfortunately in medicine, the “something else” I got involved with was often another tragedy.

The bottom line is that grieving is not meant to be of help to any particular patient. You grieve because it's of help to you. It enables you to go forward after loss. It heals you so that you are able to love again. “On to the next” is a denial of a common humanity, an assertion that someone can die in front of us without touching us. It is a rejection of wholeness, of a human connection that is fundamental. It makes no sense at all when you say it out loud.