

## My Sedona persona: The sensitive male

**W**hile on recent vacation in Sedona, Arizona, I decided to perform a science experiment involving momentum, a middle-aged man, a mountain bike, and a tree. As a disclaimer—no bikes or trees were harmed during this experiment. Momentum was suddenly lost and transferred to sound energy (insert sound of middle-aged man howling while assuming the downward dog position). I now have newfound empathy for my patients with back pain. I must admit it is an interesting mental process to look at your toilet for 2 days debating the merits of trying to sit versus the chance of back spasms versus the possibility of colon damage.

For those of you who haven't been to Sedona it is a beautiful part of the world mostly due to the amazing red rock formations that dot the landscape. It is also the place of crystals, psychics, and vortexes. I even saw a sign advertising "Great Psychics," which made me stop and contemplate. Isn't having a capable psychic implied—I mean, who would go to an average or substandard psychic?

A lifelong friend had invited me along on the trip with a few of his adventurous buddies. They make annual pilgrimages to various locations to mountain bike, windsurf, and ski. Unfortunately for them, a number of the regulars were unavailable. The

process very refreshing and uplifting—it was a true gift to be able to share opinions and feelings about what it means to be a man in our current world, with the competing roles of father, husband/partner, physician, and son.

I have written previously about mentors and how important they are to personal growth. I also think having trusted male friends to share with is equally valuable. Men often isolate themselves and avoid revealing feelings, fearing this might be perceived as a sign of weakness. Face it guys, we're not very good at making ourselves vulnerable, which is a shame as we have many shared experiences that we can learn from.

I hope I get the opportunity to join these good guys on another trip sometime in future. I do realize this will be less likely if I keep writing these editorials about my feelings or continue to run into trees, but I am happy to report that sitting is once again possible.

—DRR

### **We were forced to do something men often avoid—talk.**

four of us are all roughly the same age, work as physicians, have children, and face many of the same personal, business, and life challenges. We rented a house that didn't have Wi-Fi, satellite, or cable, so we were forced to do something men often avoid—talk. Sure, there was the usual beer-drinking, macho guy talk, but we had many intimate conversations about life, relationships, families, and more. I think women are much better at sharing their lives through conversation and supporting each other. I found the

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## Caring for colleagues

It's a well-known fact about the practice of medicine that things are more likely to go awry when you are caring for someone you know, particularly a colleague. The practice of medicine is challenging enough, but throw in a little familiarity and things can get really tricky. Most of us have an experience or two that cements this opinion, although, thank goodness, I have never had to look after a cardiologist with chest pain, a surgeon with appendicitis, or a psychiatrist with depression. For those physicians who have, I take my hat off to you.

Many years ago, a classmate faced the difficult situation of caring for a member of my family. We knew each other well, but we were not friends. He was on call the night my relative's condition deteriorated, and despite all his efforts little could be done to help. He was in and out of the ICU constantly, eventually even going back to the OR with the patient. He continued to try different things to achieve some stability in my relative's condition, but to no avail. I was oblivious at the time to how difficult it must have been for him to deliver bad news to a peer and express the failure of all his efforts and expertise. We both had so much faith in the ability of advanced medicine to cure.

Most of us will be in a similar position at one time or another—caring for colleagues, their spouses, or their family members. Colleagues are the most difficult. It starts with gathering the history. The process of using everyday terms and explaining things in non-medical language just feels wrong and, at times, awkward. You find yourself getting tied up verbally, changing expressions and correcting yourself after using lay vocabulary, knowing it is completely unnecessary. Of course, you then ask yourself if you are assuming too much understanding and comprehension. You don't want to speak as if they have limited knowl-

edge, but ingrained habits are hard to put aside. Naturally there is varying familiarity with different aspects of medicine depending on a physician's training and specialty. Trying to avoid any impression of condescension, I am sure there are times when I have left out information and questions

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have remained unasked. Giving outstanding service, in addition to an accurate and complete diagnosis, is our critical goal.

I've learned that when caring for a colleague, that person is a patient first and foremost. As we know, the actual process of care can be convoluted and as caregivers we can encounter many roadblocks. Sometimes our systems of care don't quite work as we expect them to. Because such concerns are routinely discussed with fellow physicians, they can also slip into conversations with physicians who are our patients. I once received a passionate

dissertation from my mother's physician, while she was awaiting transfer to a tertiary centre, about the paucity of services available to provide for her care. Her physician was speaking to me as a colleague, not as a worried daughter. I thought I had put my professional self aside but perhaps I gave him the wrong impression. Hearing his concerns about the quality of care my mother would receive from the health care system I felt an added burden, worrying whether she would get the care she needed.

While physicians want to talk directly with those caring for their relatives, we need to remember that it is hard for patients and families to absorb all the medical information they receive, particularly when an illness is critical or unexpected. The questions patients and their family members ask us are pointed and usually strike at the heart of the matter. It's great when you have all the answers, but hard to say "I don't know"—and even harder to say it to a colleague.

I have great respect for the physicians who find themselves in the position of needing to provide care for their colleagues and family members. It isn't easy. Expectations are high and we all want to give our very best.

I sometimes do prefer strangers, actually. —AIC



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