

Towards a Spiritual Model of Self-Care

Based on Mindfulness, Self-Compassion, and Nature Connection

Michael Kearney MD

PERSPECTIVES ON CARE
AT THE CLOSE OF LIFE

CLINICIAN'S CORNER

Self-care of Physicians Caring for Patients at the End of Life "Being Connected . . . A Key to My Survival"

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THE CLINICIAN'S STORY

Dr C is a 43-year-old hematologist-oncologist in private practice for 11 years at a large, urban, community hospital. Dr C directs his hospital's clinical research program in oncology and has an appointment at the nationally ranked medical school in his city. He sees about 300 patients a month, 6000 patients a year, of whom 60 to 120 require end-of-life care. Dr C is married, with 3 school-aged children. He enjoys music, travel, tennis, and good food with friends. Dr C shared stories of Ms J and Mr B, 2 patients who had recently died on the same day. He had very different relationships with each.

Ms J, a 55-year-old woman, presented in 2003 with lymphadenopathy in the groin that proved on biopsy to be poorly differentiated adenocarcinoma. Further workup revealed an ovarian mass, liver metastases, and a CA125 level of more than 1000 units, leading to a diagnosis of ovarian cancer. She did not smoke or drink alcohol. Ms J was single and was cared for lovingly by her mother. Ms J underwent surgery for debulking and then received 6 cycles of chemotherapy with carboplatin and paclitaxel, achieving good response. After approximately 12 months of remission, her tumor progressed, at which point she received cisplatin and gemcitabine, initially with good response. Subsequently, she developed symptomatic bone metastases. Renewed chemotherapy included doxorubicin, then topotecan, neither affording a response, and radiation therapy was given for the bone metastases.

When Ms J first came to see Dr C, in his words, "She was riddled with disease and in a lot of discomfort." Under his care she was able to work, travel, and enjoy her life for 4 years, at which point she had significant worsening of dis-

ease. Ms J enrolled in hospice and, cared for by her mother, died at home.

Mr B was a 50-year-old single man with cutaneous B-cell follicular lymphoma. Mr B had type 2 diabetes mellitus, hypertension, and previous surgical resection of lung cancer. He smoked 1 pack of cigarettes a day but did not drink alcohol. Mr B was treated expectantly, but 6 months after initial diagnosis, he presented with pancytopenia, disseminated intravascular coagulation, fevers, weight loss, and diffuse lymphadenopathy. A lymph node biopsy confirmed a diagnosis of diffuse large-cell lymphoma. Mr B received rituximab, cyclophosphamide, doxorubicin, vincristine, and prednisone and had an initial response.

Physicians providing end-of-life care are subject to a variety of stresses that may lead to burnout and compassion fatigue at both individual and team levels. Through the story of an oncologist, we discuss the prodromal symptoms and signs leading to burnout and compassion fatigue and present the evidence for prevention. We define and discuss factors that contribute to burnout and compassion fatigue and consider factors that may mitigate burnout. We explore the practice of empathy and discuss an approach for physicians to maximize wellness through self-awareness in the setting of caring for patients with end-stage illness. Finally, we discuss some practical applications of self-care in the workplace.

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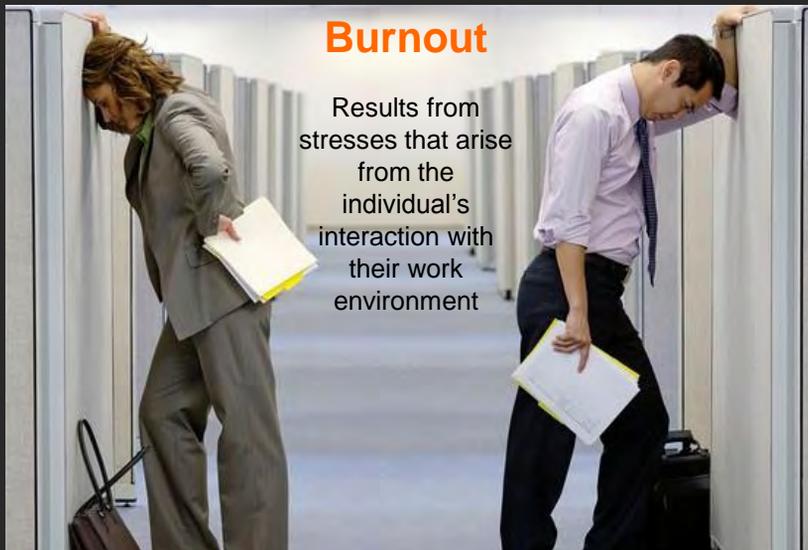
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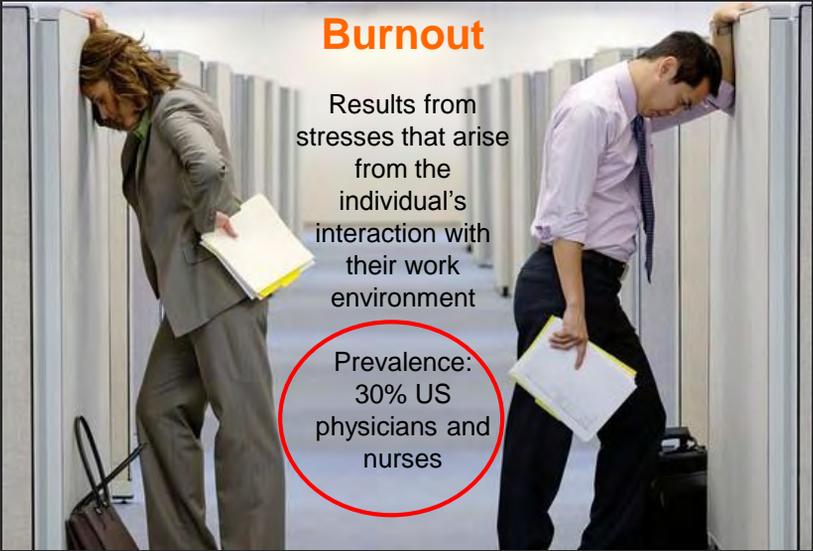
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Caregiver Stress – 3 Syndromes

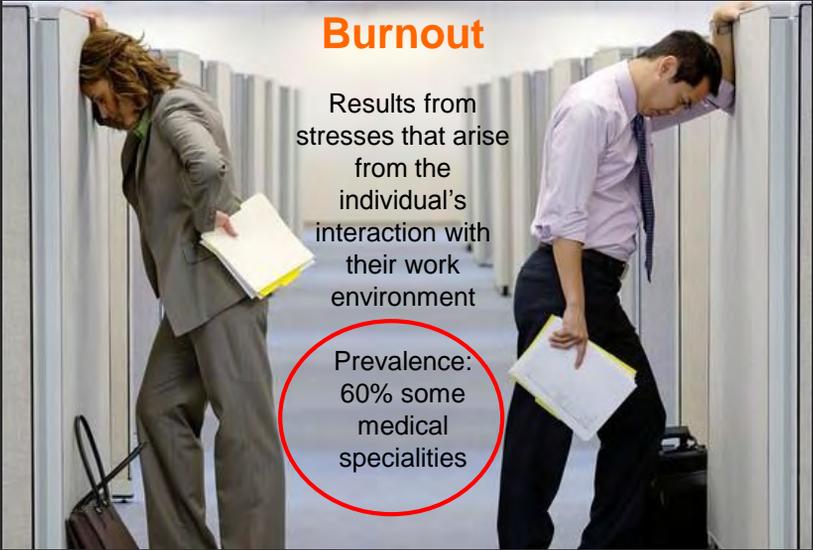




Burnout

Results from stresses that arise from the individual's interaction with their work environment

Prevalence: 30% US physicians and nurses



Burnout

Results from stresses that arise from the individual's interaction with their work environment

Prevalence: 60% some medical specialities

*“The stuff that burns me out has nothing to do with loss...
it’s fighting insurance companies”*

Dr C, medical oncologist

Vicarious Traumatization (“Compassion Fatigue”)



- *Evolves specifically from the relationship between the caregiver and the patient*
- *Also known as “secondary traumatic stress disorder”*
- *Symptoms are of PTSD (increased arousal; re-experiencing; avoidance)*

Moral Distress Syndrome



Moral distress occurs when an individual identifies the ethically appropriate action but is prevented from acting in accordance with their convictions by external constraints and is often expected to act against their convictions

Symptoms are an erosion of self-esteem, "moral residue"

Burnout = common endpoint

3 Key dimensions of burnout

- Overwhelming physical and emotional exhaustion
- Feelings of cynicism and detachment from the job
- A sense of ineffectiveness/ lack of accomplishment

Maslach et al

OMG!

3 Key dimensions of burnout

- Overwhelming physical and emotional exhaustion
- Feelings of cynicism and detachment from the job
- A sense of ineffectiveness/ lack of accomplishment

Maslach et al

Frequent fantasizing about leaving my work

Spectrum of burnout





How could this be?

I was practicing self-care...

Practical: Good boundaries + Rest & Relaxation



Psychological: Self-awareness based

- Mindfulness
- Self-knowledge





It hurt to hear these stories

What was happening to all this pain?

I knew how to treat another's pain

I knew how to treat another's pain

I knew how to be with another in their suffering

I knew how to treat another's pain

I knew how to be with another in their suffering

I didn't know how to be with my own pain

Could this be what was burning me out?

Was there a better way of being with pain?







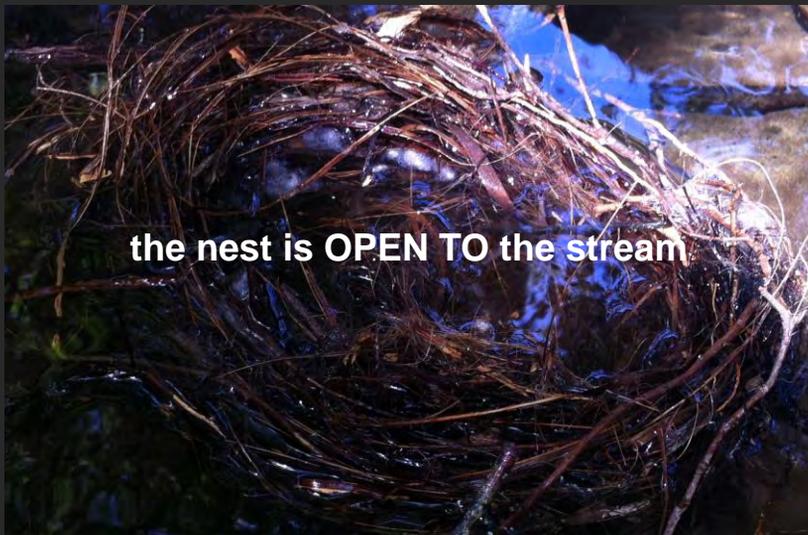


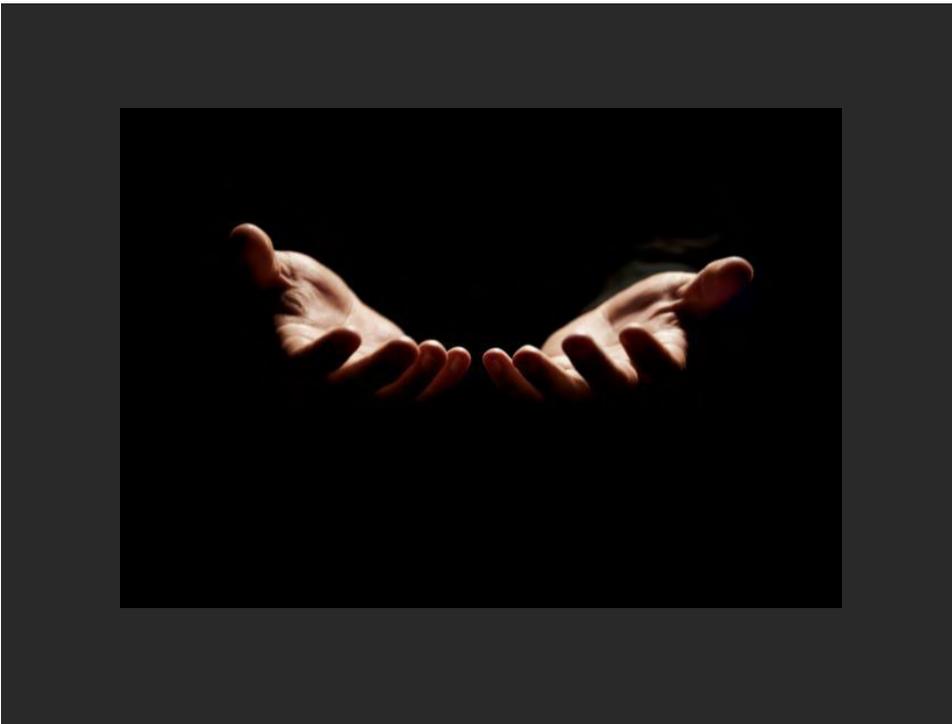
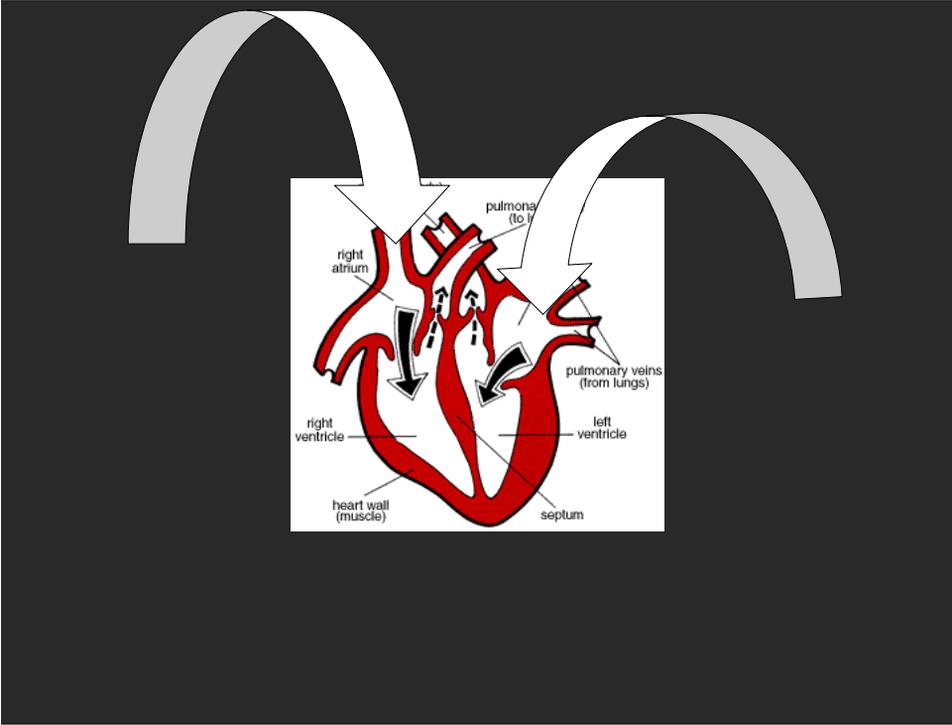


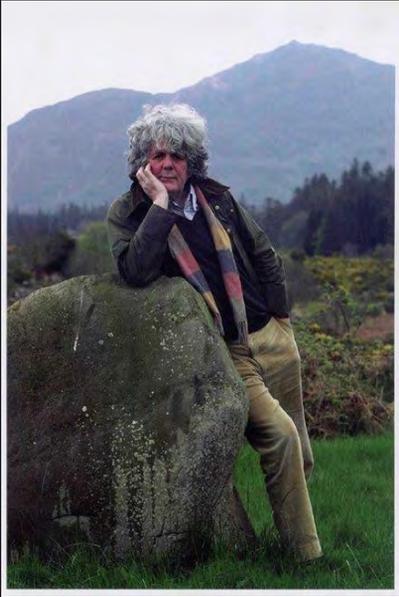
but what did this mean?



the nest is IN the stream



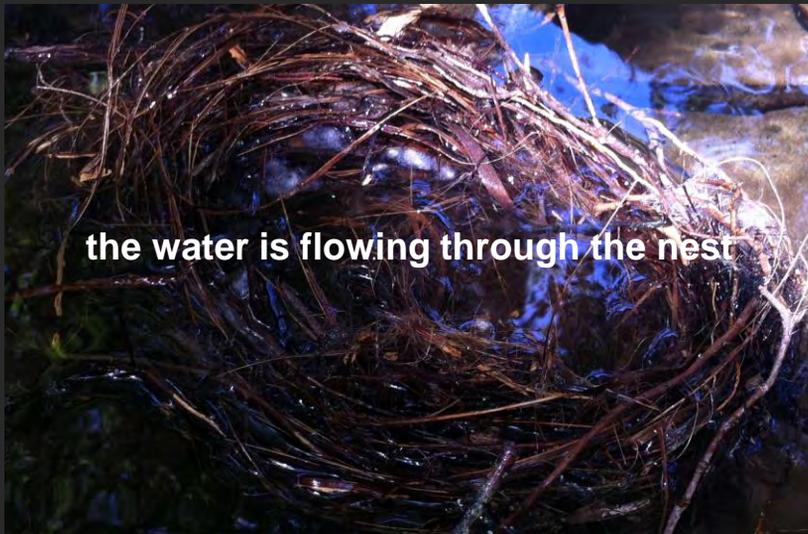




*"A hero like Cuchulainn isn't
what we need.
We need another kind of
hero altogether.
A hero now isn't someone
who goes out and fights the
sea.
The hero now isn't someone
who wields a sword..."*

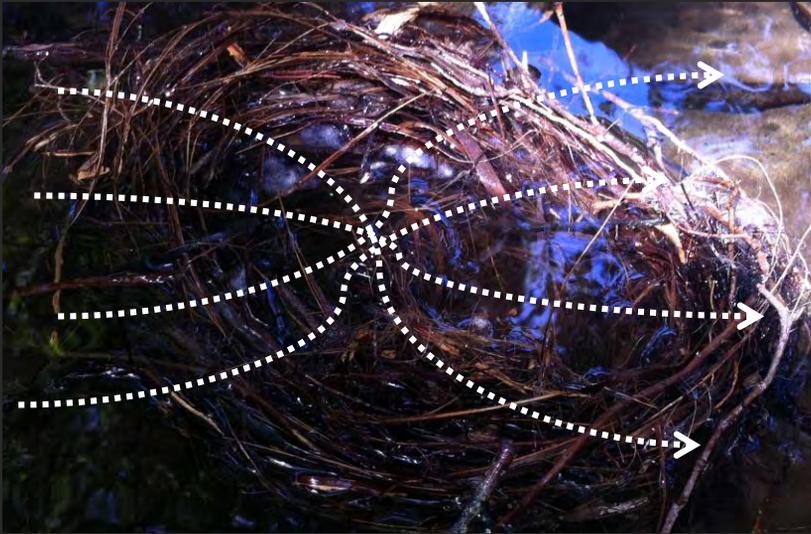
*it's someone who puts down
his sword and lets
nature happen to him."*

John Moriarty













The healing power of surrender

*"I know what the cure is:
It is to give up,
to relinquish,
to surrender,
so that our little hearts may beat in unison with the Great Heart of
the World."*

Henry Miller









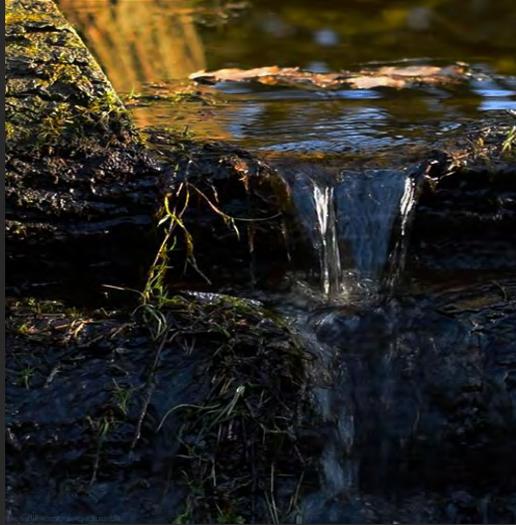
Bodhichitta

The overarching yearning for the welfare of all beings

Joanna Macy



A spiritual model of self-care



Mindfulness





Mindfulness

Self-compassion



Mindfulness

Self-compassion

Nature Connection

Discussion

"Dr. Michael Kearney has shared with us a profound contemplation, heartfelt and moving, of the healing process in life and at death. Weaving Buddhist and other traditions, we accompany him on the journey from letting go to moving on with meaning and grace."

DAVID RICHO, PhD, MFT, *The Power of Grace*

IN THIS ENCOURAGING AND INSPIRING BOOK, Michael Kearney, a physician whose day job is alleviating the pain and suffering of others, draws on engaged Buddhism, the indigenous wisdom of Native American and Celtic spirituality, and the powerful teachings he gained by observing nature to offer a way of being with pain that is infused with mindfulness, openness, and compassion. This poetic manifesto will be of interest to everyone who longs to live in our wounded world with an open heart.



MICHAEL KEARNEY is a physician specializing in hospice and palliative medicine.

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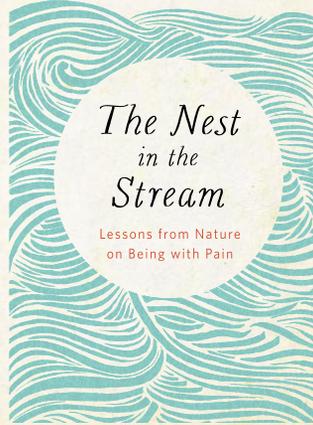


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The Nest in the Stream MICHAEL KEARNEY

MICHAEL KEARNEY, MD

FOREWORD BY Joanna Macy



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