CARE 101

The Six Stage Protocol of True Care

Written by: Dr. Frank Gabrin

Clear2care's mission is to heal the everyday heroes of healthcare from the disease of compassion fatigue and burnout. We believe that caring for others should feel incredibly good and seek to dismantle the big lie, or the myth, that caregivers have been taught and incorporated into their practice that we believe is the cause of this dis-ease: The myth of keeping our professional distance in order to be better caregivers. In its place, we seek to teach that to do better we do not need to step back, but rather we need to take a step forward and connect more fully with the hurting human in front of us. When we take this step forward, we engage the protocol of True Care, which is what will cause us on both sides of the stethoscope to feel better. Learn more at: clear2care.com

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Within care lies the hidden problem that plagues us all in healthcare today, and also here lies the key to creating a new paradigm in which healthcare workers don't burn out and where we gain the power to create satisfaction on both sides of the stethoscope.

My hope is that the true care protocol will lead you, us into a new world of healthcare. One where we create the quintessential patient experience through our care and as caregivers know, beyond a shadow of a doubt, that our care matters.

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Welcome

In the spring of 1997, when I was undergoing treatment for testicular cancer for not the first, but the second time, my doctor, Eric Klein, saved my life. At the time, I believed that he had done this through the top-notch cure he had delivered: the tests, the imaging, the surgery and the chemotherapy from his favorite, most trusted Oncologist.

It wasn't until years later, when I'd succumbed to yet another dis-ease, professional burnout, and had reached the lowest point of my life and my own medical career as an Emergency Physician, that I realized that what he had given me was an even more precious gift. When I reflected back on the process he used, back then when I was overwhelmed and terrorized by my cancer, I began to see how it was his true care for me then that would be the seed to breathe life back into me once again. As a result of his gift, I was able to find the way back to my own humanity, which was being taken from me slowly over the years from the cumulative effects of the compassion fatigue that developed as a result of the way I was caring for others my entire career.

I will never forget that late Friday afternoon in his office. I had spent the whole day at the hospital preparing for my upcoming surgery on Monday. I'd had lab work and I'd meet with the anesthesiologist. Now, I was sitting naked, wrapped up in a paper gown on an exam table also wrapped up in paper, waiting for this world-renowned urologist to walk in.

He had an entourage behind him: a surgical fellow, a surgical resident, several interns and a couple of medical students- all

men. Each of them had their opportunity to open my paper gown, examine my one remaining diseased testicle and probe my inguinal area and abdomen. Then they all stood silently as my surgeon explained the mutilating procedure he would use to castrate me.

When Dr. Kline was finished with his explanations, he asked whether I had any questions. I had only one. Once he removed the testicle, could he place an implant? After all, I had received one on the other side some ten years earlier. I was surprised when he told me "NO!" I asked why? He let me know that after the silicone scare with breast surgeries, silicone implants were not available any longer.

Those unexpected words were too much for me to handle, and they threw me over the edge. They'd already told me I had cancer again, that it had spread, and that treatment would be difficult, but somehow, finding out I could not have a silicone implant was the one thing just too much for me to handle. I lost control. I began to sob hysterically. Here I was, vulnerable and exposed wrapped only in my paper gown, and now sobbing like a baby.

My extremely professional and detached surgeon, whom I had thought rather cold, rolled his stool closer to me, pulled my head to the starched lapel of his lab coat and wrapped his arms around me. He did not say a word, he just held me while I cried and tears streamed down my face. He continued to hold me until my sobs subsided, my tears stopped flowing and his lab coat was completely saturated with my snot and tears.

He pulled back and offered me some tissues as he used tissues from the same box to clean up his lab coat a little. Next, he got my full and undivided attention, looked me square in the eye and said, "I get that this is awful and it seems unbearable. But I promise you; you are going to be healthy, happy and whole

again. I want you to know that I am willing to do whatever it takes to help you through this, no matter what!" Someday, this is just going to be a great story for you to tell.

What Dr. Kline did next was even more unexpected. After he washed his hands and cleaned up his lab coat a little more, he turned to me, shook my hand and said, "Even though they don't make them anymore, if you can find an implant, here is my address, have it delivered to my house over the weekend and I will bring it with me and place it during your surgery."

It took me years to realize that the compassion I received from my surgeon in his office that Friday afternoon was the intangible ingredient that ensured all the rest of it— the surgery, the drugs, the treatments—would be successful. Looking back at it now, I see clearly that he hadn't just provided a physical cure; he'd given me something intangible as well, he'd given me his care, his personal, heartfelt true care. In doing so, he had modeled for me a method of caring that I now emulate and have come to rely on in my own life and practice of medicine.

His gift to me, his true care, is timeless and indestructible, and it is now mine forever. I wrote about Dr. Klein and the care I'd received from him in an essay called "Discovering the Heart of Care" in the May 25, 2012 issue of the journal, *Medical Economics*. I wrote it because I wanted to share this priceless gift of his with all of you; Medicine, nursing, allied health professionals and those in other caring fields. I want you to have this precious gift too, so that you will also have this indestructible, timeless, intangible tool for personal success and satisfaction with you at all times.

In the essay, I'd written about the stages that we move through when we generate and deliver the intangible substance of care to another. Many readers contacted me and asked me to explain and elaborate the process of giving care. With this writing of this

book, I hope to answer some of your questions: What exactly is care? How doe we generate care? How do we deliver care? And most importantly, why should we care?

What do I know about care? What are my qualifications to educate you about True Care? My specialty training as a physician is in the field of Emergency Medicine. I am not the director of anything and I do not have any fancy titles. My experience as a physician for the whole of my career is all at the bedside dealing directly with patients, their families and directly interacting with all sorts of healthcare professionals and workers, including firemen, medics and police.

I am the doctor who works the night shift, the weekends and all the holidays at your local hospital emergency department. I was taught to think in worst-case scenarios, while at the same time making a diagnosis and a plan of treatment for the less emergent cases. The reality is that most of my patients **do not** have true medical emergencies, so I see all sorts of clinical problems, as well as people who are just overwhelmed by life's problems.

I know quite a bit about care simply because I have spent more than a quarter of a century at the bedside of America's sick, injured, intoxicated, impaired and disenfranchised. The whole focus of my career has been on the people I care for and the people I work with. While at one time I had reached a point where I was suffering from the effects of compassion fatigue I have beat the odds and today, I am more passionate about care than ever before. I am passionate about what I do and who I am as an emergency physician, and more importantly as a person.

In the beginning of my career, when I flew as a flight physician and landed directly on the highway at the scene of major trauma to play the role of medical superhero, I was all charged up with adrenalin and passionate about emergency care. Today however, my passion is more mature and no longer dependent of

adrenalin or the emergency. Now I experience passion for who I am and what I can do as a physician in a much different way. Today, I am able to experience that passion even in the most frustrating situations, even with patients who do not have "real" emergencies, and even—and especially—in those cases where it seems as if there is nothing I can do, nothing I have to offer, except my caring.

Right now, what I am most excited about of all is caring for you, the healthcare worker at the patient's beside: The doctor, the nurse, the medic, the nurse practitioner, the physician's assistant, the aide, the tech, the registration worker, the secretary or health unit coordinator, even the housekeeper. Recent studies show us over and over again, that across the board, all of us are suffering from at least some degree of compassion fatigue, or worse yet, professional burnout. I know first hand how you feel, how hard it can be for you at work and in your personal life. I know how much you are hurting. I also know that your hurting is actually to be expected. There is nothing intrinsically wrong with you. As far as healthcare workers go, you are the "norm." What you might not know is that what you are feeling, (*or more accurately, what you are not feeling*), what you are experiencing is professional burnout.

Although I would have been the last to admit it at the time, I was suffering from the effects of a secondary form of posttraumatic stress disorder we call burnout, and I was suffering for a very long, long time. It was difficult, but I was fortunate enough to come back, to find my way back from burnout and I am living proof that our lives and our jobs do not have to be that way. **I believe that compassion fatigue and burnout need never develop in any of us, and that if it does, there is a clear path back to a wholesome, fully human, whole hearted, experience of life**.

I have uncovered modern healthcare's biggest lie. That lie, is actually a myth that we all bought hook line and sinker, and we continue to buy into each and every day. **That "Untruth" dictates the way that we interact with our patients and each other. That dictum is the direct cause of our collective pain and emotional suffering from the effects of compassion fatigue and burnout**.

That same dictum is the direct cause of our patient's dis-satisfaction with our current healthcare system. I now know how, by dismantling that myth, we can create satisfaction for our patients and ourselves. I can show you how we can generate satisfaction on both sides of our stethoscopes! What I have discovered is a better, more fulfilling way to do what we already do every day.

What I am talking about is a new way to do what we already do that immunizes us against the effects of compassion fatigue and burnout while simultaneously generating rich and emotionally rewarding experiences that nurture both us, and our patients. I have a newfound perspective to share with you that once understood, will enable us all to create real and lasting, satisfying and emotionally rich and rewarding experiences within our current healthcare system.

This new approach, these novel "healing" experiences are so powerful they give us the green light to heal ourselves and each other form the PTSD effects of compassion fatigue and burnout. With this approach, I have discovered a way to give care that empowers, energizes and enlarges us as a result of our work to deliver care that is satisfying to, and centered on our patients.

Nothing around you or me has to change for us to feel incredibly good about the care that we generate and deliver to others. The hospital will remain the same. The patients, our co-workers, and our uniforms will stay the same, yet we will be different. **This**

difference within us will change everything for our patients, and just as importantly, for us as well.

I told you that the care I received from Dr. Eric Klein saved my life—not once but at the very least, twice. In the pages ahead, I'll show you what I learned, and I'll translate my revelation into a protocol that you can follow that so that you will once again be able to feel good as a result of your efforts to generate and deliver true care. My prayer is that you will be recharged, renewed and reconnected to your innate desire to care for others. I know that by using the information you will discover for yourself in the pages ahead, you will be well on your way to feeling better and generating all the amazing emotions and feelings you were looking for when you first enrolled in school—all the best that a career in nursing, medicine or healthcare has to offer.

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Chapter 1

Caregivers In Crisis

I work with, and am surrounded by, other physicians, nurse practitioners, physician assistants, nurses, medics, techs and other hospital and pre-hospital personnel each and everyday. I deal with social workers, group-home personnel and policemen. I am directly involved with people who want to extend care to others all the time. Those I work with are highly intelligent, gifted and skilled, and they have all invested many years of their lives in their training and in their careers. They all come to their positions on the healthcare team wanting to care for others and make things better.

More often than not however, these incredible people are less than satisfied with what they are doing. Each day, many of them are finding it harder and harder to bring enthusiasm to their position on the team. It is as if a career of caring for others has slowly eroded their humanity and taken away from them the ability to enjoy their jobs and their lives. Many of us are leaving the field, and others are counting the days until retirement, wondering how much worse it will get until that final day comes for them.

In August of 2012, the Mayo Clinic published in its *Archives of Internal Medicine*, the results of a study that was the first of it's kind. The study, led by Dr. Tait D. Shanafelt, looked at the condition of burnout in fully trained practicing physicians across a wide range of specialties. There are four pieces of information

that come to light as a result of this research that I find personally very interesting:

1) Rates of burnout in physicians are at least ten percentage points higher than the general population.
2) The more education an individual possesses, the less likely he or she is to experience burnout—unless he or she is a doctor.
3) The appearance of burnout in physicians has little to do with the number of hours they work or their ability to balance their work and their personal life; the only factor predicative of burnout was the specialty of the physician.
4) The doctor who works in the emergency department is the most likely of all specialties to suffer from burnout. In this study, 65% of practicing emergency physicians reported at least one symptom of burnout. Family practice physicians and general internists took second and third place. Neurologists (even at a time when so much exciting progress is happening with the reversal of the effects of strokes) surprisingly come in at forth place.

Clearly, something unique and paradoxical is happening inside the practice of medicine—emergency and primary care medicine in particular—that does not happen in the general population. I would guess that this phenomenon probably extends to nursing and beyond, to all those involved in direct patient care—or in any public-service work, but I can't as of yet cite any studies to prove this to you. What I know for certain is that **something is different about the work we do, and the rules from other industries just don't apply**.

Those of us on the front lines, on the battlegrounds, where society and medicine intersect, were our society accesses our countries healthcare system, are doing more, doing it better and doing it faster than ever before. We are working really hard to accomplish this, and at the end of the day, we are not getting the

good feelings we hoped to derive from helping others. Instead, as a result of our current practices, we feel over scrutinized, under appreciated, overwhelmed, victimized, hopeless and helpless. Most of us feel that our work does not seem to contain any meaning or purpose. Nothing seems to matter. Many of us are asking what is the point? We are, and studies prove that we are, suffering individually and collectively from burnout.

I'll bet that like these doctors the study looked at, that you too feel that you are working harder than ever, and at the end of your shift, you are more drained, exhausted and frustrated than ever, with nothing left to give to yourself or your family. If you are like me, the way I used to be, you know firsthand that the effects of burnout cannot be contained within the spectrum of our professional work. **The effects of burnout spill over into our entire experience of life**.

Untreated compassion fatigue ultimately leads to the development of professional burnout and in effect, in exchange for our caring for others, our own humanity is slowly taken from us and our ability to enjoy our work, and more importantly, our ability to enjoy life itself is eroded, one patient at a time. My bet is that most of the time you just don't feel good, and that you can't even articulate exactly what is wrong. All of this affects you. It changes the way you see yourself and our society. It changes the way you think and feel about people and life in general.

What you are feeling is quite real and you are not in any way suffering alone. If you look up the symptoms or effects of this dis-ease we caregivers succumb to, in the literature you will find they are as follows:

- From the constant exposure to the pain and suffering of others, we caregivers will become both physically and emotionally exhausted while

simultaneously experiencing a profound decrease in our ability to feel empathy for our patients, our coworkers, and more importantly our loved ones.

- We will become increasingly more irritable and we will be quick to anger. We will become either hypersensitive or insensitive to emotional material both at work and in our personal lives. We will lose our ability to maintain close personal friendships. We will develop problems with emotional and physical intimacy in all of our personal relationships, including with our romantic partners. We will be likely to divorce. We will lose our ability to enjoy our jobs. We will lose our ability to make sound decisions both at home and even worse, at work. We will lose our ability to care for our patients. We will become impaired as clinicians.
- Our worldview will be disrupted. We will become cynical, especially at work. We will lose our concern and respect for people in general. Our perceptions of people will become dehumanized. We will begin to label people or groups of people in a derogatory manner. We will come to dread working with certain types of patients or certain patients in particular.
- We will lose interest in life itself. We will have trouble sleeping.
  We will have trouble regulating our weight. We will develop low self-esteem and become clinically depressed. We will become more susceptible to physical illness. We will feel hopeless. We will become more likely to turn to addictions like drugs, alcohol, sex or gambling for temporary relief and we will be more like than the general population to commit suicide.

Have you felt, or do you feel any of this? Did you know that what you were or are feeling was or is burnout? **Know this, you are not a bad person, there is nothing intrinsically wrong with you and you are most definitely not alone**. What you just might be is burning, or already be burned out. You may even have already resigned yourself to the likelihood that things are not going to get any better, and that things will only get worse.

You see, this has been our experience as caregivers up until now, *things do get worse, each and every day*. You may now feel that no matter how much you know, how much you do, how professional you are, how fast and efficient you are, none of that matters. Nothing really matters. You may be asking yourself, why bother? You may be planning for early retirement, a career change or fantasizing about winning the lottery.

Why is this happening to us? **Why is our enthusiasm for our jobs and our lives disappearing**? On the surface, there are many reasons. Today's practice environment is vastly different than it was in times past, and it is changing all the time. We are taking care of more patients than ever before. Our patients and their problems are more complicated. The medicine we practice is more complex. Our nursing practice is much more technologically oriented and elaborate. Our charting requirements are much more stringent. We are more focused and dependent on technology. Our workspaces are overcrowded and outdated. We practice in fear of the patient complaint or, worse yet, the malpractice claim. We are forced to practice with an eye on our own speed, productivity, efficiency and satisfaction ratings.

Unrealistic expectations of what we can do, and how long it should take, have sprung up as the result of dramatic television series and documentaries where all problems are solved in sixty minutes or less. These, along with the direct-to-consumer

advertising of the pharmaceutical companies and the Google search for signs and symptoms of disease as well as treatment options, can have our patients holding us to an ideal, (or in reality- imaginary) standard that is, quite frankly, impossible to meet.

Patients and their families can be demanding, entitled, unappreciative, rude and even angry or threatening. More and more often we find drugs or alcohol impairs our patients. Violence against emergency department workers is on the rise in fact, workplace violence statistics from five years ago show that, in the general sector, there are 2.1 violent acts per 10,000 workers each year. For physicians and nurses this number triples to 6.1, and for healthcare support workers that number is 10 times higher at 20.4. Patients commit most assaults. Why do you suppose our patients have become so angry and violent?

Under these conditions, with all this stress, and the fact that we are all suffering to some degree from the PTSD effects of burnout, we can find that our coworkers and peers can be inflexible, uncooperative and sometimes ruder than our patients. It's not hard to see how it is difficult to give care under these conditions. But I believe that the real source of our unhappiness on the job goes much deeper. I believe we have become confused about what care really is.

One of the hospitals I work in has a huge red-and-white sign about the entrance to the emergency department that boldly proclaims "EMERGENCY CARE CENTER." **This would advertise, or at least imply, that you would find CARE inside. But care is not a substance that can be pulled from the drawer in the Pyxis station. Care is not something that you can take down from a shelf.**

Care is not the physical goods and services we provide, not the history or the physical exam, not the computerized chart. Care is

not the diagnosis, the treatment plan, the admission, the prescription, the splint or the note for work. Care is not something that inherently exists inside the wall of the hospital building. **Intuitively, we all know that the care we all expect to find there will come from, or be generated by the people who work there, those of us who are at the patient's bedside**.

Care is the undeniable expectation that we all hold. As patients, as practitioners and as a society, we all expect to find care in the hospital, the doctor's office, the clinic, or inside the back of the ambulance. We don't necessarily hold the expectation that we will definitely find a solution or a cure for our present problem there, but make no mistake; we all definitely expect to find care there.

Let's face it; even today we do not have big cures in modern western medicine. We have not cure for heart disease, no cure for HIV/AIDS, no cure for cancer, no cure for the flu. We do not even have a cure for the common cold. The only real significant cure I can think of is penicillin for syphilis. Even gonorrhea has become multidrug resistant in our time. But we do have lots of smaller "cures" or "fixes"—medicines, treatments, devices or appliances for illness and injury that are downright spectacular and we love to use them.

There is a problem for us, however, which is a direct result of our own fascination with our spectacular technology. **You see, when we focus only on the cures, the physical stuff, the goods and services we deliver, we will never be satisfied with what we are doing and neither will our patients**. We did not come to these positions on the healthcare team only to cure-- we came to care. The cures that we do have to offer are just the means to an end; the be all and end all is care. Our patients are expecting our care!

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Chapter 2

The Unspoken Contract

Let's face it, anybody can get sick or be injured, and illness or injury can effectively take everything away from you. I know that having metastatic cancer for a second time certainly got my attention, and truth be told, just the diagnosis – not to mention the details of the treatment and recovery, completely overwhelmed me. Rich, poor, educated, uneducated, no matter who you are, your life, as you know it, your family, your finances, your resources, your sense of security and safety, can all be consumed. When you are the patient with a problem, you have no control.

It does not matter who you are, how much education, money or power you have or don't have, when you are severely injured or fall victim to the harsh consequences of disease, when you are facing your own mortality or disability, you can and will feel so very isolated and alone. When disease or illness threatens your life, you may find yourself suddenly terrified, scared to death, overrun with questions you have no answers to. Your whole understanding of the cosmos and your place in it, your spirituality, your religion, your friendships and family relationships all come into question. In the place of overwhelm, you may not be capable of exercising any meaningful or sound judgment—and worse yet, you know it.

Suddenly you are helpless and often hopeless. It is from this place that you go to the hospital for care. When any of us find ourselves placed in that isolated terrified position by trauma or

disease, what we need, is a connection with someone who understands our situation and position, who will connect with us emotionally and freely step into our grief, pain and suffering, and just sit in that pain with us and lament with us.

We need a lifeline. We need someone to stay in that painful uncomfortable connection with us until we know that they fully comprehend what it is we are going through, to stay with us until we know that they share our pain. We need to know that someone else truly understands the depth of what it is that we are feeling and what it is that we are up against.

It is only from this empathetic connection where we, as givers of care, feel the pain of the other as if it were our own pain, that our turning on our compassion for the other will change things for them (and ultimately for us as well). It is only from this compassionate vulnerable place that we will be able to give them our honest medical opinion about what would be best for them.

The immutable truth is that when the unthinkable happens, we all depend and count on the expert and compassionate understanding and advice of our doctors, nurses and hospitals. We all want our doctor to care about "us." We want our doctor to have our best interests at heart, even if he has another patient, even if it is 2AM, even if it is the weekend or a holiday. We want our healthcare providers to be honest with us, to tell us the truth, not someone who will hold back some of the awful truth, or blow smoke up our skirt just so we don't feel so bad. **We need our doctors and nurses to be able to tolerate the uncomfortable, awkward pain of delivering the worst of news to us in a way that is sensitive, authentic compassionate and caring**.

Our expectation is that our doctor our nurse will be a professional and that our doctor or nurse will put our interests first, over their own interests, over the interests of the hospital or the insurance

company. This is because **Healthcare is not really a "pure" business**. In other words, medicine is not delivering only tangible goods and services– there is an intangible component that is actually sacred or sacrosanct. This intangible component, this unspoken contract, is true care, and it most definitely is an absolute expectation that is held on both sides of the transaction of care, on both sides of the stethoscope.

Absolutely NO ONE expects the doctor or nurse to act as a vendor of goods and services. If the healthcare provider is the salesman for medicine, or the hospital or clinic, then he or she is not supposed to maximize the hospitals bottom line when selling those goods or services to us. It is inherent in being a doctor or provider of care, not only that no harm will be done, but also that the bottom line that must be maximized is the patient's—the buyer or consumer of those goods and services. **There is no other business that operates this way**. There is no other business that is expected to maximize the customers' bottom line. **That is why we serve patients, not customers or "healthcare consumers**."

This is why customer service approaches to enhance patient satisfaction, or to upgrade the patient experience adapted from other service industries like hospitality and entertainment fall flat over time. Care and service is not the same thing. Care is like making love while service is more like prostitution; they look the same but the emotional quality of the experience is entirely different. Again, this is why we take care of patients, rather than serve customers. **Customers are looking for goods and services, but make no mistake about it; patients expect care in addition to any goods and services we may provide**.

Both patients and customers like to receive goods and services in the best possible physical environment, but the marble floors, opulent lobbies, grand pianos, or those amenities contained within the "Spa Model;" all these things are nice and well

intentioned, but none of them hold the care that we are all looking for, and so it is just silly to think that adding them to the goods and services we already provide will make our patients feel "care." **Care can only come from one source: an emotionally available, emotionally competent, fully present well-meaning compassionate human being!** But when we are suffering from compassion fatigue or burnout, we are emotionally wounded, and we may find it very difficult, if not almost impossible, to generate and deliver the care our patients are looking for.

Our industry demands that we care. It is the universal expectation that included with our goods and services is that the completely intangible stuff called care. Care in and of it self, implies that the receiver's needs are of paramount importance in the transaction. And more importantly, it is the desire to care for others specifically that draws us into our healthcare careers in the first place. Many of us feel called to be doctors and nurses.

The desire to help, to heal, to console, to improve, to comfort is what sets healthcare workers apart from all other types of work forces. **Something is different about the work we do, and the rules from other industries just don't apply**. This is why the enigma of compassion fatigue and professional burnout only happens in our industry-- we are, and the work we do is, unique. **Our primary mission is to care**! I believe that those of us who work in healthcare are born with a primary pure and uncorrupted desire to care.

What this means is that as patients, we want someone to actively care about and for us. As healthcare workers, we want to care about and care for people who have problems. **This shared need to receive care and to give care is rooted in our shared humanity and this shared need is not being met in today's modern western healthcare arena. This is the root source of the problems in healthcare today**. This is why patient and their

families are not satisfied with their experience. This is why bright, gifted, talented and well meaning doctors, nurses, midlevel providers, medics, techs, social workers and all healthcare workers are suffering from compassion fatigue and burnout.

But why is this shared need to receive and give care not being met by today's healthcare systems? The physical goods and service of cure are tangible but the intangible commodity of care is not. Cure and care are worlds apart. Care as a commodity, can only be generated from one source, within the human being, who must use his or her heart and mind to generate that care. **Our industry is not focused on the intangible of care, and neither are we**.

Unlike cure, care is an intangible process, which until now, has not been clearly defined in modern medicine. The intangible known as "care" is not really being well taught in medicine, nursing or allied health. In truth, we have no vocabulary or language with which to explore this intangible. **True Care is the missing ingredient within most if not almost all, of the patient encounters happening right now**.

Unless the generation and delivery of the intangibles of care is clearly understood and injected into the process we currently use to deliver our merchandise and services, all of us—patients, you, me and all of society—will continue to suffer the frustration of not getting (or giving) what we came for from our modern and spectacular healthcare systems. We will all continue to live without satisfaction, on both sides of the stethoscope.

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Chapter 3

The Myth of Compassion Fatigue

The toughest part about being a caregiver, a care provider, is the emotional part. The fact that as a group of care givers, we are suffering, that we are depressed and burned out emotionally, shows us that we are not managing the emotional part of giving care very well. There should be bells and whistles going off in your head as you read this—and you should already have come to the conclusion that we must be doing something "wrong." There must be a flaw (around the concept of care) in our medical or nursing practice protocols. What is it though?

A few years ago, I found myself struggling professionally and personally, working so very hard and I was utterly exhausted. It seemed as if my life was devoid of any pleasure or happiness. I certainly was not satisfied. If you asked my patients, and the hospital routinely did just that through the Press-Ganey surveys—my patient were not satisfied either. My patient satisfaction scores were abysmal.

My medical director and the hospital administrators seemed to always be telling me what I did wrong, and that I should be doing better, even though my practice of medicine was sound. No cases falling out for peer review. No lawsuits. Good outcomes. It seemed as if I was always in the hot seat anyway.

Most days I did not feel like going to work, and all I really wanted at that time was to make it through one shift without getting myself in more trouble. I began to complain about how awful

things were for me, to the point that no one really took me seriously any longer. I did everything I could to make things better for myself. I went to therapy. I took some time off. I even went to church, but nothing seemed to help.

I was suffering and struggling. I just could not believe that I'd wanted to live so badly when I was told I might die of cancer and yet this was the best life I could craft for myself after my doctors had given me a second and a third chance at life! I just could not figure out what was so very wrong. I definitely at that time, considered my job to be, not only stressful, but jam packed full of stress. Almost anyone would come to the conclusion that I was suffering from "compassion fatigue" or worse yet, that I was "burned out."

Ironically, I was doing exactly what "**they**" always taught us to do in order to avoid that trap of compassion fatigue—the way station en route to burnout, where we're drained by suffering in the face of our patient's pain. I had come to the conclusion that the only way I could practice medicine—the only way I could keep my patients from literally dying in the lobby of my understaffed, overwhelmed ED—was to put on my plastic, emotionless, politically correct clinical face and wear it with an incredibly snug fit, especially when I was in a patient room or dealing with family members.

I systematically objectified my patients, which made it much easier to work with them, like chess pieces on a board. That, I felt, was the way to keep them moving efficiently through the department as fast as I could get them moving out a door—either the door that led to the elevators and the inpatient beds or the door that led to the parking lot and home.

I wanted to be fast, efficient and accurate. There was nothing worse for my plan than to get caught up in a patient's room, at the bedside, getting involved and all of that stuff. And though I

thought I was doing all of this out of caring, I developed an air that must have appeared just the opposite—an air of confidence that bordered on arrogance, a persona that at the very least— did not seem to care.

They do not pay me to smile ma'am. Sir, I am not paid to hold your hand. My job is to take your history and do your physical exam, complete a diagnostic evaluation and provide you with a treatment plan and disposition. Excuse me miss, just the facts please, nothing else. I am extremely busy and there are many other patients who need my help. I am sorry you had to wait so long to get back into a treatment room, but complaining to me about the wait is useless, and will only cause the other patients in the waiting room to wait even longer. Here is the number of the hospital administrator. Call them tomorrow and complain to them. They get paid to listen to your complaints about the care you receive here. I don't. So if you don't mind, can we please get started? Why are you here today?

Why was I practicing this way? I was doing exactly what I had been told in medical school; don't get too close to your patients, don't get involved, you will lose your objectivity and you won't be able to make sound medical decisions. You won't be able to handle their pain. It will consume you and destroy you.

Just so you know, they really did teach us all this. **The literature would have us believe that compassion fatigue is an occupational hazard we can't avoid. That this disease develops to some extent in all of us as a result of our caring for others in emotional or physical pain. Some have said that compassion fatigue is the price we must pay for caring for others**. I personally no longer believe this, and I will tell you why—but this is the conventional wisdom in our current paradigm around giving care.

Our own medical and nursing literature tells us that compassion fatigue is a direct result of our caring for patients who are in significant emotional pain and physical distress. This is why, we are told over and over again not to connect with our patients, not to get friendly with our patients, not to get too close to our patients, because this will destroy our objectivity and make it impossible for us to make good clinical decisions. The general philosophy on this matter is to keep a safe professional or clinical distance.

You will most commonly find this dictum of "don't get close", imbedded in our textbooks for nursing, medicine and allied health in the sections with the discussions about professionalism. Perhaps DR. Peg Spencer said it best when she said, **"Professional Distance: You know what that means, Right? A doctor isn't supposed to get too close to her patients. Although that phrase is not well defined anywhere, there is a tacit understanding that getting too close or too involved is bad for both parties."**

In a study published just two years ago, researchers even tell us **that too much empathy actually impedes the delivery of quality medical care** (Decety, J., Yang, C., & Cheng, Y. 2010 Physicians down-regulate their pain empathy response: An event-related brain potential study NeuroImage, DOI: 10.1016/j.neuroimage.2010.01.025). The authors perpetuate the belief that repeat exposure to the suffering of others is associated with negative outcomes, from personal distress to the compassion fatigue and burnout we're talking about, all of which lead to poor-quality healthcare and an increased risk of medical errors.

The study goes one step further to suggest that if physicians "down-regulate" their empathy response—in effect, if they turn off the caring—it may weaken the negative effects and free up cognitive resources that are needed for completing clinical tasks.

So now it appears they are telling us to distance ourselves even further, injecting even more fear with the notion that without that distance, we will actually make mistakes.

In fact, everyone I have asked about it believes this notion of professional detachment, and the resulting objectivity it affords us to be true. **No one ever seems to question this dictum. They believe we should not get close or connect to our patients, and being a professional means that we will stay clinical and objective, personally detached**. But, are we being delusional in believing is it even possible for us to physically or psychologically separate ourselves even further? This dictum, which I believe is actually a myth—similar to the belief that the world was flat before Christopher Columbus proved this not to be the case, is the cause of the dis-ease that we call compassion fatigue and burnout.

This myth we cherish and hold on to is modern healthcare's biggest lie. **Unfortunately we all buy into this lie and it dictates the way that we interact emotionally with our patients and each other. That dictum is the direct cause of our collective pain and emotional suffering from the effects of compassion fatigue and burnout. It is also the reason our patients, society and even the government are not satisfied with our spectacular modern healthcare systems**.

The literature would have us believe that the price we must pay for making the choice to care for others is deep physical and emotional exhaustion, along with a marked and profound decrease in our ability to feel empathy for our patients, our co-workers, and our loved ones. We will be irritable and quick to anger. We will dread working with certain patients or types of patients. We will be hypersensitive or insensitive to emotional material both at work and at home. We will have problems with intimacy and in all of our personal relationships.

If we continue to practice nursing or medicine, eventually we will become depressed, suffer from stress-related illness and ultimately develop secondary post-traumatic stress disorder (SPTSD). I am not making this up. This is in the literature over and over again. PTSD happens to victims of trauma or abuse. Don't you think it's sort of paradoxical that we should behave like victims? Is our job abusive? Is our job traumatic? The consensus is that compassion fatigue, in and of itself, will take from us our ability to enjoy our jobs or even to do them competently.

Burnout is the next step in the continuum, the downward spiral of dysfunction and despair that is a direct result of caring for others. The experts tell us that burnout is an emotional condition marked by severe tiredness, loss of interest, and frustration that interferes with job performance as well as personal life. Burnout is the result of exposure to chronic, unrelieved job-related stress.

People suffering from burnout may lose concern or respect for others; they often have cynical, dehumanized perceptions of people and tend to label them in a derogatory manner. Furthermore, these affected people often suffer fatigue, insomnia, and depression as they contend with overwhelming feelings of sadness, despair, helplessness and hopelessness. They suffer from personal devaluation and low self-esteem. They are more susceptible to physical illness and may be more likely to resort to alcohol, drugs or other addictions for temporary relief. They are more likely to consider and even commit suicide.

It seems to me that the Surgeon General should require a warning label on the application to medical or nursing school: **CARING FOR OTHERS IS HAZARDOUS TO YOUR HEALTH**. This problem is pervasive in the caring professions today—and no one has found a solution to it other than to suggest more time off and better self-care.

But I don't believe that our taking better care of our selves is the only solution. **I believe the only thing that will heal our compassion fatigue—paradoxical as it may sound—is to care for others more than ever, more deeply and more fully.**

We have to understand that those of us who work in emergency departments and primary-care venues all across the USA all have one thing in common. **We all have a huge desire to care for others in need.** In my opinion, the reason we chose our specialties, the reason we do the work that we do, the reason we make ourselves available night and day, is that we have a huge desire to care, to make a difference and save the day.

We all know that you can't do our jobs for money—there just isn't enough money. We don't do these jobs for respect or admiration—there just isn't enough of either in the world. We came to these jobs because we all share a simple, pure and uncorrupted desire to care, to make a difference, to ease pain and suffering, to make things better for others. If this is so, then how can turning off our caring, working on keeping our professional distance and stepping back from our patients, ever make us feel good?

In chapter two we saw that It does not matter who you are, when your time comes, and your fall victim to trauma or disease, or it is your father, your wife or your child, your expectation is that the professional you go to get care from will be able to connect deeply with you and your situation and be able to stand in your grief, your sadness and your despair in order to be able to give you compassionate expert advice about what your situation really is, what you can expect and what the best course of action is.

You want and you need that deep connection in order to feel like you are getting, and that you will continue to get the best possible medical care that will maximize your chances

of beating your situation and being healthy again. And if that is not a possibility, you need someone who in that deep connection can be honest with you and lament with you. We need a lifeline.

We need someone to throw us a rope to stay in that painful uncomfortable connection with us until we know that they fully comprehend what it is we are going through, to stay with us until we know that they share our pain. None of us in this sort of situation wants to, or can, go it—alone. And that my friends is exactly why we signed up for our positions on the healthcare team, because we wanted to be that person, that others turn to for true care.

I have come to understand that **caring about someone or something is passive and does not really accomplish anything. Caring for someone is an active process, and participating in this process can change everything for us, as well as our patient.** Participating in that active process of generating and delivering care requires us to come close and make a true connection with our patient.

We say we care **about** our patients but when we forget how much we wanted to care **for** them, how much we wanted **to actively do the emotional work that would allow us to alleviate their pain make a difference for them,** we experience our own disappointment, our own lack of satisfaction from not getting what we wanted.

Over time, not getting what we want turns to frustration and we begin to feel that we can't really make a difference. This is what leads us to become cynical and downtrodden and ultimately to burn out. This is why we feel and act like victims- victims of circumstance. **This is the real cause of compassion fatigue. We are not acting on our desire to provide the intangible substance of care that will make a real difference for our**

patients. We are not actively caring for our patient's emotional and intangible needs!

I didn't become a doctor to make anyone, including myself, feel bad. Each and every one of us in healthcare wants to feel good about the work we are doing. We came to these positions with a pure and simple desire to care and we want our care to make a difference. We want to feel significant, like what we are doing matters. We want to feel that we matter. So why is it that, too often, we don't?

I believe the primary reason is that we are not connecting to our patients and really feeling their pain. In order to **care for** our patients, we will have to feel compassion for them that is effective and really does make a difference. To do this, first and foremost, we must show up at the bedside fully present and we must establish a real connection with our patient. **This goes directly against the idea that we must keep a safe and professional distance**.

I know this sounds counterintuitive. If empathizing with our patients leads to burnout, how can empathizing with them *more* do us any good? For the answer, let's look at some eloquent, exciting neuroscience from researchers Matthieu Ricard and Tania Singer. Their definition of empathy is "the mindful act of resonating with another's suffering." They show us, using the MRI scanner, that when we empathize with someone who's in pain, the area of our brain that registers' suffering is activated in the same way and at the same location as the person we are empathizing with. Their research shows that empathy is both physically stressful and emotionally painful. I agree, but feeling empathy is not the problem, it's not moving beyond empathy that hurts us. I call this "stand-alone empathy."

By "stand-alone empathy" I mean the experience of empathy,

without a connection to the patient, and without empathy being a stage in a larger process. Think about it for just a second, **if you are exposed to malady after human malady all day, every day that you work, and you feel bad (care about) for each of those humans, but you do not actively do anything (care for) to move out of the experience of empathy and feeling bad, then you are just feeling bad all day, each and every day you work. Empathy in and of itself is a state of emotional suffering. Suffering obviously has negative emotional and physical effects. No wonder this sort of daily experience leads to the dysfunctional emotional state we call fatigue and burnout.**

What is so exciting to me about Singer and Ricard's research is that they go on to show us that when we bring the component of compassion into our experience it's as if a dam opens, and every atom of suffering becomes soaked with an atom of loving kindness, and the physical and emotional experience transforms into something much different. We see this huge change in our brain, as documented in the MRI scanner, as well. **When the component of compassion is activated, all the areas in the prefrontal cortex and limbic system that handle empathy, distress, fear and pain are deactivated** and the dopamine-rich wholesome centers, the ones that generate positive emotive states, get activated instead. What this shows us is that we do not need to fear connection or getting close with our patients, we need not fear empathizing with them either. **Our biggest problem, what is at the heart of the myth of compassion fatigue, is that no one has ever taught us how to move past empathy and into the experience of compassion.**

We can see, through this research, that there is no such thing as compassion fatigue—that it is really stand-alone empathy that leads to fatigue and burnout. **Compassion fatigue should be re-named, "Empathetic Overload."** To put it very simply, stand-alone empathy is feeling someone else's pain and just thinking

and feeling how awful it is; empathy itself is unavoidable, it is the distancing of ourselves from this pain that gets us stuck there. Compassion is feeling someone else's pain *and actively wanting things to be better for them*. It is in engaging our loving kindness and compassion that we erase all the negative effects of feeling another's suffering. **Compassion is what moves us past the pain point and generates within us the courage and resolve to do whatever we can to soothe that suffering. Compassion is what changes the neurochemistry in our brains and allows us to feel relief, to feel better, and more importantly to do better-- it generates resiliency within us**. This level of functioning requires our full presence and engagement as well as real empathetic connection to our patient.

In medicine and nursing today, compassion of this intensity is an untapped resource. **As humans, we have the unique ability to generate en endless supply of compassion.** It is here, in the experience of mindfully generating compassion for another that we generate in our own brain the milk of human kindness that bathes our own gray matter in a specific mix of positive neurotransmitters. This is what makes us, our patients and their loved ones, feel better, do better and be better. This is how and where we make a difference that really matters. This is how we not only escape the effects of compassion fatigue and burnout, but we enlarge our capacity as humans to be intimate and to be comfortable in that intimate connection. This is where we begin to see all people as deserving of human dignity and we loose our cynicism. This is where, and how, we become interested in life again and regrow our self-esteem. This is empowering. This is energizing. This is ultimately significant and extremely satisfying. **Turning on our compassion is what generates all the good feelings we crave as a result of our efforts to provide True Care.**

The only way that we can feel this way is if we are willing to let go of our fear of connection and our belief that

connecting to our patients, getting too close to them, will consume us, weaken us, and make us less effective as professionals. In fact, connecting to our patients is the only way we can say and do the things that will actually make a difference for them and for us. This is the only way we can feel like what we are doing is important. This is the only way we can know that what we are doing matters—that we matter.

Connecting to, getting close to our patients does not mean that we are going to become best friends. Dr. Klein got close, intimate and connected with me, but I do not have his cell phone number, I don't have lunch or eat dinner with him, and I have never connected with him outside the hospital. Getting close and connecting with our patients does not mean that we will be going to dinner or having drinks after work. The connection and the coming close that I am talking about are genuine, authentic, and truly professional. This sort of emotional experience is one we need not fear. This sort of emotional experience is rewarding. This sort of emotional experience is empowering and it feels incredibly good to both parties.

We have to find the way to let go of the myth that getting too close will destroy us. It is time to dismantle modern medicine's biggest lie so that we can activate our ability to generate and deliver compassionate True Care and have what we have always wanted right now.

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Chapter 4

The Essence of True Care

We have already come to realize and seen that “care” and “cure” are not the same thing. Modern medicine is excellent at delivering cure. We send cancers into remission every day. We transplant hearts, lungs, kidneys, livers and bone marrow every day. We bypass coronary arteries and replace heart valves every day. We stop heart attacks by sending patients to the heart cath lab to open the blocked vessel within 30 minutes of their presentation to the hospital, every day, just about anywhere in the country. We stop the damage from strokes by giving medicines to dissolve the clot in the blocked blood vessel in the brain—every day.

We treat common diseases like pneumonia, strep and staph infections, sexually transmitted diseases, and salmonella, shigella, and E. coli, every day. We remove cataracts and restore vision, every day. We modulate the immune systems of those who suffer from autoimmune disorders like rheumatoid arthritis, every day. We can treat diseases like tuberculosis, hepatitis C and HIV infection, essentially once fatal diseases, every day. But all these tangible goods and services, the miraculous stuff of modern Western medicine, are not really satisfying, to our patients or to us.

Care—what I have been calling True Care—is an intangible energetic phenomenon, generated with our hearts (emotions) and our minds (benevolent/compassionate thoughts). True Care exists in Einstein’s unseen world of quantum energies. It is not a

tangible thing. There is nothing physical about it.

We all want more from our careers! Our patients want more from us! The "more" that we want is in the intangibles. The chronic job stress we feel is from not getting the good feelings we want no matter how hard we work. If our focus remains squarely on the tangibles of cure, we will never find what we are looking for. It's like making widgets for a living. We have only one choice if we want to derive the good feelings that come from caring for another, and that is to shift our focus and place it directly on the intangible of care

So what is this intangible thing called True Care that will fix our problem for us? As I started to search for the definition, I looked to our literature, but found little if anything there. I looked to psychology and psychiatry, but only saw that the "therapeutic relationship" is necessary—never well characterized or defined. There is little out there that would tell us exactly how to create that sacred doctor-patient relationship. I looked to the nursing literature, the lay press, alternative medicine, philosophy, metaphysics, religion and spirituality. There was only one thing I read in all of that that generated the epiphany I was searching for.

It happened when I came across the work of Father Henri Nouwen. He was a Catholic priest who wrote many books, including *The Wounded Healer*, *The Life of the Beloved* and *The Way of the Heart*, just to name a few. He was a professor at both Harvard and Yale. He worked with people who suffered from developmental disabilities and/or mental handicaps. One of his most famous books, *Inner Voice of Love*, was written while he was struggling personally with serious clinical depression, or quite possibly, burnout.

This holy man thought about, and wrote, volumes on the topic of care. He knew that **our need for care—both to give it and to receive it—is rooted in the human condition itself.** Please

stop and take that sentence in. Humans are mortals; we all must face pain, suffering, disappointment, regrets and ultimately death. There are no exceptions. None of us are immune.

Father Henri teaches us that the word *care* comes from the Gothic *kara*, meaning "to lament, to grieve, to experience sorrow, or to cry out with." He says, "**The friend who can be silent with us in a moment of despair or confusion, who can stay with us in an hour of grief and bereavement, who can tolerate not knowing . . . not healing, not curing . . . that is a friend who cares**."

Please stop and read that sentence again, slowly, and really take it in. Does it touch you? Does it resonate with you? It is really hard for us to see what we are not giving until we can feel what we are craving and not getting.

Our own dictionary defines care as a state of mind in which one is troubled, worried, anxious or concerned. No wonder we, in a clinical setting, have developed some confusion around this concept. Father Henri tells us the truth of the matter is that all of us, without exception, "are uncomfortable with an invitation to enter into someone's pain before doing something about it." But **the essence of care doesn't lie in doing something about the pain—it lies in entering into their pain, freely and wholeheartedly.**

We in medicine have bought into the myth that we can't get close to patients, that empathy will cause us to suffer and we will lose our objectivity and make bad decisions. **It is high time we let that notion go, for it is just not the truth. What is true is that we find it hard to tolerate the pain without wanting to do something about it.**

This is why we have become so fascinated with technology and the science of medicine and the cure. This is why we spend so much of our workday dealing with the quality of and the speed or

efficiency with which we deliver our spectacular goods and services—we are really afraid of the pain—so we avoid the connection--

We mistakenly have believed that if we could just fix it, we would not have to enter into another's pain or actually deal with their pain. Nothing could be further from the truth. **For any healer to be effective, we must be willing to step into the pain of the one we would hope to heal**.

For me the true essence of care lies in its root in *kara*, to lament and cry out with another in pain. **I believe that when we enter freely and step into another's pain and experience empathy with them, we feel their pain as if it were our own. We suffer with them. When we do this, it is as if we take a piece of their pain away from them, as they feel or understand, in some unseen intangible way, that we know exactly how they feel**. I believe that this unseen intangible stage is, in essence, the beginning of the healing process.

How do I know this? Because when I think back to that day I was wrapped up in that paper gown on that exam table covered in paper, exposed, vulnerable and frightened—when it was all too much for me to bear and I could not hold it any longer and I began to cry and sob—**I know it was the empathetic and compassionate response of my surgeon, who just held me and let me cry until the tears stopped, that took just enough of my pain and suffering away from me, to give me enough strength to move forward, to go on**. He did not interrupt me, he did not try to fix me, heal me or cure me. **He just sat with me, and uncomfortable as it was for both of us, he just stayed with me in my pain, in my lament, until it passed**.

Care is deeply emotional, the toughest part about being a caregiver, a care provider, is the emotional part. The fact that as a group of care givers, we are suffering; that we are depressed and burned out emotionally shows us that we are not managing

the emotional part of giving care very well. **The time has come for us to acknowledge the importance of the emotional part of our jobs and learn how to manage our emotions effectively so that we can provide the emotional support our patients need, the emotional support we want to give to our patients, without hurting ourselves in the process**.

Simply not connecting with, not fully experiencing our emotions in connection with our patients is just not the right answer and it has not worked so far. **We need to learn to see our emotions as tools that we can use to do the emotional work of generating and delivering true care to our patients.**

Here's another example of how this kind of connection works and how it changes our experience of what we do. After I quit the job I told you about earlier, where I did everything *but* connect with my patients, I was working in an inner-city hospital. An unfortunate young man was walking down the street outside the hospital when he was hit in the neck by a stray bullet.

I remember walking alongside his gurney as they rolled him into the big bay at the front of the department. He looked terrified, wondering if he was going to live. I immediately got his attention, telling him that I was his doctor and that I was going to take great care of him, that he was not going to die but things were about to happen very quickly and I needed his full, undivided attention and complete cooperation.

A look of relief washed across his face as he nodded that he understood. I asked him his name and demographic information as the staff got him registered and into the computer system. There was no chart or computer for me to deal with in this moment of crisis. Although there were many team members with me in the room, starting IV's, drawing blood, hooking him up to the monitor, shoving XR plates behind his back, cutting his clothes from his body, placing bandages over the bullet hole in

the front left side of his neck and looking for the exit wound that could not be found, it seemed as if it was only the two of us, my patient and me. Our attention was firmly focused on each other. We were most definitely connected.

As I quickly performed the history and physical exam, I told him that I was worried about the swelling happening in his neck and that he would lose his airway. I told him that I was going to have to put a breathing tube through his mouth into his lungs and that I would have to take his consciousness away from him so that he would not feel any of this. I asked him who we should call to come and be with him. I told him that when he woke up, he would be at a different hospital and I would not be there, but to trust the doctors and nurses who would in the room with him when he woke up. I let him know that he most probably would be going into surgery to repair the damage done by the gunshot. I could see in his eyes that he knew I understood what he was going through in that moment, and knew I was acting out of intense compassion for him. He could most definitely feel my care.

Thankfully, he did well and the bullet did not strike any important structures in his neck. He went on to enjoy the same quality of life, at least physically, that he'd enjoyed before the unexpected and unthinkable trauma occurred. I loved this experience, and I remember it, because I knew that by connecting with him, I had made a difference.

The other thing I loved about the experience was how, even though I was not focused on my team, my team was focused on me while I focused on my patient. They anticipated my every need. They executed flawless teamwork as they notified the nearby trauma center and the helicopter service, called his family, got the two units of blood up and helped with the intubation and the conscious sedation. They were connected to him through me: everyone, even the secretary at the desk making the calls,

was feeling empathy and compassion for this poor guy. Everyone knew his or her place on the team. Everyone performed his or her duties flawlessly. Everyone was totally engaged with this case and everyone felt incredibly good as a result of his or her efforts in this case. When they talked to each other about it, smiles filled the room. This is what happens in a real emergency; this is the very best of Emergency Medicine.

I have come to understand that the reason we all love being inside the real emergency is that when the angel of death is in the room, what is really important becomes obvious. **In life-or-death situations, we automatically become fully present and engaged. We naturally connect with our patient and his or her situation, as well as with each other. We naturally move through the process of intense empathy and into an extraordinary expression of compassion for our patient. Everything that we do or say during the real emergency is born of that connection**.

No matter how bad our case of burnout is, when a real emergency walks through the door, our intense desire to care is activated and suddenly our burnout is no longer a problem. We automatically become larger versions of ourselves. We find a way to get fully present, connect, empathize, turn on our compassion and speak and act in ways that allow both our patient and ourselves to feel our care. We generate that glorious feeling we get when we know beyond a shadow of a doubt that what we are doing matters, that it makes a difference, that we matter. In this land of dissatisfaction, where we are collectively burnt to a crisp, these are times we do feel we did good and we made a difference. We do not need anyone to tell us we did good, we all just know.

Why don't we feel this way in every patient encounter? I believe that it is because we have this false belief in keeping our

"professional distance"—because we see empathy as an isolated event instead of seeing its role in the process of connection. **The reason we *do* get the great feelings we crave when we are invited to step inside the real emergency is that True Care happens automatically**. If we want to feel great when we step inside all of our other less-than-emergent patient encounters, we will have to make care happen.

How do we do this? I am so glad you asked.

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Chapter 5

The Intangibles of True Care

Once I understood what was missing in my practice of medicine, I set out to put care, True Care, back into it—first for myself, then by sharing what I had learned with others and helping them to see what they didn't know they weren't doing. I created tools to help me inject care into my encounters with patients, with their family members, and even with my co-workers and administrators. I began sharing these tools in seminars and a newsletter. Other care givers who used them started getting the same results and feeling all the good feelings they were looking for.

When we activate our latent power to connect, to empathize, to have compassion for, and do whatever it takes to have our patient feel our care, we are suddenly able to get all the positive healing emotions doctors and nurses want to feel as a result of their work. We personally feel better, do better and are better. We are no longer burned out; we are not even fatigued. We are energized and empowered. Caring for people, no matter who they are, feels incredibly good.

Now that I have added True Care to my practice of medicine, I feel that I am connected to my patients (maybe not all, but most). I feel connected to my co-workers. I know I work in a good environment and I work as part of a team. I know I care about my team and my team cares about me. I know my team is genuinely happy to see me walk onto the floor of the department. I wanted you to be able to have this too so I am sharing with you the

protocol I created to inject True Care into everything that I do.

Here is your opportunity to start feeling the same way. Here is your chance to make everything better, sweeter, richer and fuller. It's your time to finally find for yourself what you wanted in the first place. No more settling for less.

Generating and delivering care is a uniquely human process, and it consists of stages that we move through in the unseen energetic world of human thoughts and emotions, where we will find the "more" we are all searching for.

This is the six-stage process for generating and delivering true care:

1. **Presence:** Show up and get fully present. Look at the thoughts going on inside your head and put aside the ones that don't have to do with what's going on right now—those distracting thoughts of the work that's waiting for you or unfinished business at home. Now focus on the patient in front of you. Give him or her your full and undivided attention.

2. **Connection:** Connect with your patient. Introduce yourself and ask the patient's name. I often ask patients to tell me something about themselves that will help me remember who they are. Sometimes I shake their hand or touch their shoulder. I make eye contact as I ask what's going on with them, how are they feeling, where is their pain?

3. **Focus:** Make your patient's needs your focus. Put his fears, concerns and needs in front of your own. Show him some real human dignity. Remember, you are human too, and both of you deserve human dignity and human kindness.

4. **Empathy:** Start to imagine what this situation is like for her, what it would be like to walk in her shoes. Feel your patient's pain as if it were your own. Stay in this uncomfortable empathetic place with her until you feel things change—without offering to fix anything.

   Don't be afraid; this will not overwhelm you or drain you, because you're not going to stay here long. While you are here, think of it as the Sinatra moment. You know Frank always sang *Do-be-do-be-do*. **Here you don't DO anything, you just BE with your patient**. You will feel it when this empathetic connection is established. (You will feel it because the neurochemistry in your prefrontal cortex is changing, just as we saw in Matthieu Ricard and Tania Singer's MRI research. What you are feeling is real, and it's uncomfortable.

   Then something happens on the other side of your stethoscope: your patient recognizes that you are feeling, at least to some extent, what he or she is feeling about the situation—that you understand the anguish or pain.

   Next, something shifts in the quantum energies you are sharing. It shifts for you both, and you will sense it—or perhaps even hear or see it: a sigh, a sob, a relaxation of breathing, a softening of a fretful look, a slowing of the pulse.

5. **Compassion:** Now, you make the conscious decision to leave this painful place you share with your patient by turning on your own compassion. Feel your own desire for things to be better for them; for them to feel better, for the pain to lessen, their fear to dissipate, their anguish or their despair to soften. You do not yet speak or *do* anything. You just *be*. You are still only working with your thoughts and emotions, using your heart and mind.

This stage of the process will enlarge you, energize you and empower you. This is where the transaction of care occurs. This is where your mind affects matter, specifically the grey matter in your prefrontal cortex, and all the dopamine-rich feel-good life-enhancing centers light up like a Christmas tree on real-time MRI scanning, just as Ricard and Singer showed. You are in effect using your heart and mind to generate the Milk of Human Kindness (a special recipe of neurotransmitters) in your own brain, and this process, somehow, most probably through the scientific principle known as resonance, makes you and your patient both feel better.

This stage of the process is where you get to feel on a visceral level that you care, that what you do matters, that you make a difference and that you matter. This is the cure for your own compassion fatigue and (if compassion fatigue is left untreated too long) for your ultimate professional burnout.

6. **Action:** Finally, once you feel full of your own compassion, move on to the practical physical matters that will help make your patient's situation better or at least more tolerable.

That's it. Simple. Do not let this six-stage breakdown make you think that this is difficult or time-consuming. It is actually quite natural and can happen in only seconds—almost instantaneously, really, as one step cascades after the next. The best part is that giving care this way not only changes everything for the patient, we benefit as well. To give care this way actually feels good. You don't feel drained and stressed. You feel empowered and so does your patient.

Stage four, the empathetic connection, is the defining step for True Care**,** and the step that diverges from all the medical training you've had and contradicts the myth of professional distance. It's

what makes the difference between customer service and real satisfaction—between the tools I am giving you and every other process you may have learned—because it asks you to get emotionally involved.

None of this is possible if your focus is on staying "clinical": warm and polite, but detached. **Satisfaction only comes within reach for us when we get fully present, engaged with the thoughts and emotions of our patient.** Staying professional and detached, even if you say and do all the right things, just won't work. **Without the connection whatever you say or do will feel patronizing and insulting to your patient simply because it won't be authentic.**

Stage five, **turning on your own compassion, is the "Holy Grail," the be-all and end-all solution for you to feel good (again) because you care**. But make no mistake; it only works if you are willing and able to execute the first four steps. **Can you, are you willing to, freely enter another's pain and suffering without first "fixing" it? When you are willing, and you choose to emotionally connect to the suffering before fixing it, you will have everything you ever wanted** to feel as a result of your decision to become a caregiver.

Now you know what you need to do, of course, as with many things, knowledge will not be enough! **This process doesn't happen automatically—especially since we've been trained from the very start to do the opposite**. We begin to distance ourselves from our patients and their pain in medical and nursing school when we first hit our clinical years and the floors of the hospital or clinic. We begin to talk about patients as "the pancreatitis in 14B" or "the stroke in 13A." We begin the process of becoming professional and acting professionally. We learn to be objective and keep our distance. We begin to objectify our patients so that we can keep our distance.

So what I am asking you to do, even though it is in your best interest, will not be natural (at first). As a matter of fact, you will probably be afraid to try it. What will happen if you reach out and wrap your arm around someone who is sobbing hysterically at the news you have just delivered? What if, God forbid, you break down and start crying in a patient's room yourself? Don't worry. Do it anyway. You are going to be pleasantly surprised at how powerful moving through all the stages can be.

What I am asking you to do goes against everything you have ever been taught. Studies show uniformly that doctors take about ten years to embrace a new drug or technology, but I don't want it to take ten years for you to feel better, so I am praying that using this six-step protocol for true care makes you feel so incredibly better that it sparks a desire to do it again and again. I am betting that, like me, you will become addicted to that powerful chicken soup of neurotransmitters that bathes your prefrontal cortex in feel-good dopamine each time you turn on and feel the full power of your own compassion, so that you will want more and more . . . and even more.

The depth of the connection varies depending on the patient and the gravity of the situation. Not every patient we care for is facing the extreme of our shared mortal human condition. But make no mistake; patients are expecting that we actively care for them in their situation—no matter what "it" is.

Think about the twisted ankle on a Friday night. It is attached to a young high school athlete who was looking for a college scholarship—a scout was present at tonight's game. How much disappointment and sadness, or even despair is attached to that ankle? Do we even take time to acknowledge these emotions? Do we even take the opportunity to let this young man know that we understand how devastating to his hopes and dreams this injury can be? If we do- then whether his ankle is broken or not—

our connection can be a profoundly rich and rewarding experience for us both. If we make the effort to actively care for him, and engage in all six stages of the process, we walk away from the experience with a wholesome and positive neurochemistry in our own pre-frontal cortex that feels good, feels satisfying, and erases the compassion fatigue, washes away our burnout. And quite frankly, this adds no time at all to the patient encounter. And that young football star, will always remember the way you made him feel, important, significant, and very well cared for. Years later he won't remember what sort of splint or pain medicine you used, but he will definitely remember you. Is there anything better than that in your current workdays?

Since what I am asking you to do to heal yourself from the devastating effects of compassion fatigue and burnout goes contrary to everything you were taught and you believe, when you start to add True Care to your practice of medicine, nursing or healing, begin by picking the patients who are easy to connect with. Generally these will be people who remind your friends and/or family members. People who you can easily relate to will be easier to connect to at first. If you apply the six-stage intangible protocol for generating and delivering true care with these patients, you can't even imagine how good you will feel, and you can't imagine how satisfying the patient experience will be for them, even if there was no valet parking at the ambulatory entrance to your department.

By beginning with these folks, you will naturally start to get good at the steps and want to apply them all the time. You will see for yourself that using the six stage True Care protocol really does not add any time to the patient encounter; in fact, it may shorten the amount of time you spend at the bedside with any particular patient, especially if they are angry or unhappy and you find yourself being forced back into the room to do your best service excellence or service recovery dance to try and save the encounter.

Next you will be ready to move on to the more challenging patients and cases, where you will have to do more work to get yourself to the place where you are able to generate and deliver True Care when your patient feels entitled to, or worse yet, is demanding your care, for what seems to be a trivial concern. Some patients are very difficult to care for; the jerk, the malingerer, the drug seeker and the patient with the hidden agenda are a few that quickly come to mind. The intoxicated or inebriated patient can be quite difficult as well. The good news is that the harder the work, the more work you have to do, to get yourself to the place where you can successfully care for these more challenging patients, the more satisfaction you will ultimately create for yourself.

The number one thing you must do for yourself, to heal yourself from the effects of compassion fatigue, aka "empathetic overload," and or burnout, is avoid finding an excuse to do "business as usual." Injecting True Care into what it is we are already doing to provide our goods and services is not just another level of performance layered onto what you already do. Actively "caring for" patients, is the penultimate way for you to express the real essence of who you are and who you really want to be. This is how you can self-actualize your pure and primary desire to care and make a difference for others. This is the only way that you can really set yourself free to be the best physician or nurse, medic, tech, secretary, husband, wife, lover, sister, brother, uncle or friend that you can possibly be. True Care can and will change you- for the better—forever!

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Chapter 6

Are we too busy to care?

I was speaking with one very busy cardiologist about my essay on the heart of care. He took the time to read the piece, and he felt it was all nice and warm and fuzzy, but, he told me, medicine today is such a mess and the insurance companies and the government run it. Doctors today can't even make a decent living. Nurses are constantly working short. Doctors and nurses, quite frankly, are just too busy to care.

Many of you, on both the medical and the nursing sides of the house, probably agree with him. I used to feel this way too. We are very busy! But I have to ask, what is it we are busy with? I am sure you could all give me a laundry list of all the "things" you are busy juggling- but set that list aside for just a second or two.

Each and every one of us, if we are honest, will admit that we chose these careers because we wanted to care. We knew then, and we still know now, that caring for others makes us feel good; actively caring for our patients makes us happy and gives us the opportunity to create satisfaction for others and ourselves.

It follows, then, that **if we are so busy that we can't care, well then, we can never go home at the end of the day feeling anything close to satisfaction**. If we can't care well, then we can only expect to feel frustrated, overworked and underappreciated; we can only expect to suffer from the imaginary condition called compassion fatigue and finally burn out. From within this empty, isolated, sullen and cynical place

many of us find ourselves in right now, it follows that we can find it almost impossible to care.

If you think about it, the reason both our patients and we are left so flat and empty at the end of our encounters is simply that we have settled for less, on both sides of the stethoscope. Letting go of our pure desire to care and settling for something else, like making the diagnosis, starting the IV or charting the long list of medications from the nursing-home paperwork, will always leave us empty! It is not what we were looking for in the first place. What we have now is not what we came to these careers for in the first place.

Those of you who know me have heard me say it a bazillion times: If you do not have what you want in this life, you simply have not done enough work to create it. Somehow, I managed to turn my mess into success. I no longer feel the way my cardiologist friend feels. I am happier than ever in my practice of medicine, because I know what I want and I know how to get it.

I am just as busy as every one of my peers. As a matter of fact, I am may be busier than some. The only difference is that I do not go home empty and flat when I leave the hospital because I make the effort not to. I do the work to serve patients who desperately want and deserve my care, for I know that focusing beyond the physical stuff we do to provide the cure and focusing squarely on the intangible ingredients of care, at the end of the day, is the only thing that will satisfy my desire, quench my thirst and ignite my passion.

Engaging in something that your desire did not really include to begin with—such as focusing only on the mechanics of the job, the charting, the analyzing, the prescribing, the billing—is nothing but distraction and will always leave us flat and empty. This sort of practice is not what we wanted. That is not why we went to school.

One of the things I have realized since I started my own journey back to a wholesome and full experience of life is that my emotions were so dead- that when positive emotions come now, they can feel overwhelming. I can now cry tears of joy in just a heartbeat. I feel obligated to tell you that a life without a full and rich emotional experience is probably worse than being dead. Don't worry, you will get used to feeling happy, feeling good, feeling satisfied. In time you will come to look for more and more emotionally rewarding experiences- especially once you realize that you now have the power to create them any time you want to. All you have to do is actualize your desire to care, to make a difference and save the day!

Remember, the cure for the dis-ease of compassion fatigue is not to take a step back, but to take a step into real, authentic old-fashioned human connection to the one you are going to actively care for. Inside that connection, inside their pain, you will find the emotionally rich and rewarding experience of your own compassion. It is in turning on your own compassion for another that will find the power to change the neurotransmitters that regulate your own emotions. It is there that you will become fully aware of the healing power of that sweet "milk of human kindness."

I pray that everyone who works at the patient's bedside will learn to feel the same joy, the same passion and the same sort of lasting fulfillment that I do through their efforts to generate and deliver the intangibles of True Care—and that wholesome life enhancing experience for you, starts with just one patient. Just pick one patient and try the six steps to True Care. This will relight your fire and reignite *your* passion. This will happen because the neurochemistry in your prefrontal cortex will change your brain- you will experience wholesome emotions that will enlarge and expand your capacity and resiliency as a human. You may even feel all warm and fuzzy. It is now time for you to

have all you really wanted in the first place. The time has come to remove the warning label because it is not only safe to care again; it is in your best interest to care.

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Chapter 7

Caring Should Feel Good

By using what we know now, we have for the first time ever, the opportunity to create a new and wholesome experience for ourselves, those we care for, and for the institutions we work within. In the welcome, I promised to answer some basic questions: What exactly is care? How do we generate care? How do we deliver care?

Care is intangible. Care is simultaneously an intangible substance (noun), and an intangible process (verb). True Care is a blend of empathetic and compassionate energies. This blended energy is composed of both positive thoughts and warm feelings (or emotions) that are generated through an active and conscious process in the heart and mind of the caregiver. In most circumstances, outside the emergency, this conscious process is not automatic. This conscious process to generate and deliver True Care is initiated by the caregiver in order to satisfy their own desire to care and make a difference for others.

Caregivers will need to show up fully present and then connect to their patient to generate True Care. (Stages I and II) Once this connection is established we can focus all of our attention on our patient and their situation (Stage III) making their emotional needs of paramount importance. Once we can clearly see the hurting human in front of us, we can take this opportunity to move into a state of connected empathy (Stage IV) where we imagine what it would be like to experience what they are feeling-- Here we are ready, willing and able to freely and willingly step into, and

feel their pain as if it were our own. Here we sit in their lament and cry out with them, or witness their crying, until some of their pain dissipates- we will both know when this occurs.

We deliver True Care when we move out of that painful empathetic resonance with their suffering, (where we are both actually suffering) while maintaining our connection and turning on our compassion (Stage V). Remember all of these stages are part of an intangible process that is going on in your heart and your mind. None of this can be seen. We do not need to say or do anything, we are working only with our thoughts and emotions, and all we do is want things to be better for them, want them to feel better, want them to do better. Once they can feel on some level that we actually want the very best for them, finally we can move onto the final stage of the process where we actually say or do something (Stage VI).

Presence, Connection, Focus, Empathy, Compassion and Action: Each stage of the process depends on successful completion of the preceding stage. While this process we go through is the verb, the substance generated is the noun, True Care. The best part of this concept is that this is a win-win solution for both the patient and the caregiver.

Why should we care? **Caring for others is in our own best interest.** I believe that humans are hard-wired to care. **Actively engaging in and moving through each of the six stages of this process changes the neurochemistry in our brains and our bodies. The new neurochemical state that we create for ourselves, actually feels incredibly good. The experience is emotionally rich and rewarding for us. Turning on our own compassion for our patients makes us happy! Compassion does not fatigue. Compassion energizes, empowers and enlarges us as human beings.**

This process is fully human and actually quite natural – as it

automatically happens when we step "inside the emergency." It should be clear from this and from the images in the real time MRI scanner that humans like us are hardwired to care. It is our software that is flawed and contains a bug. That virus puts up an error message each time we are invited to come close and connect with our patients. S**top, don't do it! You will die! Connection will destroy you, consume you and impair you. Stay professional, stay clinical, stay objective, stay detached; but whatever you do, don't connect!** We need to debug our program and get rid of that virus, "Medicine's Big Lie", for we can now see that the logic that generated it is flawed. Engaging in the process of true care is the only way we can take advantage of our human hard wiring so that we can once again become fully alive and emotionally competent.

This process of internal change allows us to become the heroes of healthcare that our patients so desperately want to show up at their bedside when the unthinkable happens. When we employ this six-stage protocol for generating and delivering the intangible stuff of True Care we cure our own dis-ease of compassion fatigue and wipe burnout from the face of our professions and our healthcare system.

You will be amazed at the effects that incorporating the intangible process of True Care will have on you personally. You will once again find your own passion for the profession you felt called to. You will no longer be stuck and feel bad about all the suffering you see. You won't be overloaded by stand-alone empathy; your own compassion will erase all of the negative effects of resonating with another's suffering on your own emotional system. You will no longer feel like or behave like a victim of circumstance. You will find your way back to a full and emotionally rich, wholesome, rewarding experience of life itself.

Healthcare is unique and different from any other business or industry. Healthcare is not a pure business in the fact that dollars

are not exchanged solely for goods and services. Dollars are exchanged for goods, services and most importantly the intangible commodity of True Care. To feel good, we need to remember this and that only we can deliver on these intangibles in the transaction.

Please share this information and this eBook with those you work with. Help them to feel better right now. Teach your co-workers how to create this experience of compassion satisfaction. Show them how to avoid falling victim to compassion fatigue. Soon you will both be feeling better and this will have an effect on the patients you actively care for and the rest of the staff in your department. Once this starts to happen, share this information with the leaders in your department, and then take it to the administrators in your hospital.

You see, the time has come for those in the business of healthcare to understand that you and I, those who are at the patient's bedside, (the patient, not the guest, not the client, not the customer, not the healthcare consumer) are their most precious resource for only we can generate and deliver the intangible commodity of True Care, which they are in the business of selling. Their **patients expect True Care to be included in the transaction** when they are receiving other goods and services. The hospitals patient satisfaction scores are heavily dependent on our ability to inject our True Care into each and every patient encounter.

Hospitals and Healthcare Systems do not need re-decorate what they already have. They do not need to put more icing on the cake. Upgrading the ambience or installing spa like amenities won't really help them in the grand scheme of things. Neither will a grand piano on the marble floor of a new lobby. The **True care that our patients and we are looking for is not contained in these physical things. The intangible stuff of True Care patients' crave today can only come from one place, our**

hearts and our minds.

Only by nurturing us and teaching us how to care better and more effectively, teaching us how to care when it can be oh so difficult to care-- will they be able to generate the quintessential “patient experience” they are all talking about right now. If they want their reputations, their satisfaction metrics, and the overall quality of their “patient experiences” to soar, then they need to focus on us, invest in us, and teach us how to generate and deliver the intangibles of True Care.

If, as an industry, we all see the importance of and the need to focus on and inject True Care into what it is we already do, if we can assimilate and apply this six stage True Care protocol in our lives and our medical and nursing practice, everything will open up and start to blossom. We will all be able to transport ourselves to a new vista, a new paradigm where our healthcare systems and hospitals are really great places that nurture patients and caregivers alike. We will transport ourselves to a new world of modern technologically advanced medicine where the True Care we now add into our physical surroundings and the physical work we are doing, the True Care that we extend to our co-workers and our patients leaves us all, each and every one of us, knowing beyond a shadow of a doubt that we work with truly great people and we will feel connected, needed and loved.

We will find that we are genuinely appreciated. We will feel like we belong to a group and that we are significant in that group. We will see our creativity reemerge and each encounter will begin to contain a novel or fresh feel! We will learn to express our ideas in positive ways. We will feel important and we will know that we are doing powerful work, full of purpose and meaning. We will feel connected to a larger mission of easing pain and suffering in our world. We will know that we make and difference and that we matter. Inspiration will return to our workdays as well.

All of this will happen because we will have destroyed the myth, medicines big lie that connection will consume and destroy us, that connection is bad for patients and bad for us. All of this will happen because we will eradicate our unique to us- unique to the business of healthcare—posttraumatic stress disorders of compassion fatigue and burnout from our professional landscape. All of this will happen because you and I are now willing to freely connect to another hurting human and willingly step into their pain, their disappointment, their sadness and suffering. We are willing to stand in their pain, bear their pain for them and feel their pain as if it were our own. The craziest, most paradoxical thing is that this process makes us feel good.

This mindful and courageous process we engage in will take away some of their pain, especially when we turn on our compassion, or engage our own desire that things be better for them. This is how we lessen their load of suffering and give them the strength to move forward. This is how we are the cause of us both feeling better. This is healing for us and healing for our patient. This is how we care, make a difference and change (y)our world!

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Chapter 8

Why I Care

As a practicing emergency physician and two time cancer survivor, my frustrations and triumphs on both sides of the stethoscope have led me to transform my medical practice and my life with just one word, care. My passion for sharing what I

have learned, in my life-laboratory at the patient's bedside over the past thirty years, is fueled by my emphatic belief that caring should and does always feel good when done correctly.

Throughout my works, I share my fundamental understanding of what care really is. I love to share what it takes to generate this intangible substance of true care which, when properly understood and applied, allows all of us to feel better and create satisfaction for our selves and our patients.

My experience with being on both sides of the stethoscope, as a receiver or a giver of care, has made it blatantly clear to me that all each of us has ever really wanted, when we chose these careers, was to care and be cared for. I seek to share with you what I have discovered is required to do exactly that.

It seems no one is ever happy with healthcare. We even have the expectation that patients generally are and will be dissatisfied with their healthcare experience. But what about those who work to deliver this care? No one is really talking about the fact that our providers of care, the nurses and the doctors at the bedside, are not really happy with healthcare either.

This is because little, if anything, is being done for those working on the front lines, these providers of care in the trenches who we depend on to be there when we need care. In this increasingly challenging and highly scrutinized landscape, many bright and talented professionals are leaving the medical and nursing fields feeling frustrated and disillusioned. Many of them are suffering from compassion fatigue and burnout, living with the effects of this unique form of posttraumatic stress disorder as broken people, unable to enjoy the full human experience of life any longer.

I believe that the term 'compassion fatigue' is a misnomer. The disease does exist, but it is not the result of too much compassion

in the caregiver, but rather is the result of an empathetic overload that is caused by the myth of professional distance. I believe that the core problem, for those who work in our current technology driven scientific healthcare system, is that we are taught that getting close to and connecting with patients is bad for us and bad for patients. We are told not to get too close, *It will overwhelm you, you won't be able to make good decisions. Stay detached, stay clinical, and above all, stay professional.* This, quite frankly, is not true and believing in this myth is at the very core of everyone's frustration with western medicine.

I have made it my mission is to heal the everyday heroes of healthcare from the disease of compassion fatigue and burnout. I believe that caring for others should feel incredibly good and seek to dismantle the big lie, or the myth, that caregivers have been taught and incorporated into their practice that I believe is the cause of this dis-ease: *The myth of keeping our professional distance in order to be better caregivers.* In its place, I teach that to do better we do not need to step back, but rather we need to take a step forward and connect more fully with the hurting human in front of us. When we take this step forward, we engage the protocol of True Care, which is what will cause us on both sides of the stethoscope to feel better.

About Dr. Frank Gabrin

Born and raised in southwestern Pennsylvania, he earned his Bachelor of Science degree at the University of Pittsburgh, and then matriculated to the Philadelphia College of Osteopathic Medicine where he received his medical degree in 1985. After his first post-graduate year of training, we went on to serve in the United States Navy Medical Corps where he was honored with a Navy Achievement Medal.

His practice has been fundamentally clinical, but he has some experience with administration as he was the Director of the Emergency Department at Millington Naval Hospital and served as Chief Resident and subsequently a resident trainer for the NEO Consortium Emergency Residency Program.

Since becoming Board Certified in the Specialty of Emergency Medicine in 1992, he gained experience with the process of teaching medicine, as he has been a clinical professor of medicine for Case Western Reserve University and Ohio State University. In the 90's Dr. Gabrin served as a Flight Physician at Metro Life Flight in Cleveland, and as a volunteer physician he took care of patients in the Adult Medical and Early Intervention HIV/AIDS Program at the Cleveland Free Clinic.

In addition to his classic medical training, he has also been trained in alternative therapies and spiritual healing completing the four-year curriculum and receiving certification in Professional Healing Sciences from the Barbara Brennan School of Healing in 1998. His experiences in the fields of emergency, osteopathic and spiritual medicine, along with his own personal experiences on the other side of the stethoscope as a cancer patient first in 1987, and then again ten years later in 1997, when he developed a second primary tumor of a different more malignant type requiring mutilating surgeries and intense chemotherapy have given him a unique perspective as both a patient and as a doctor.