

SERIES: Caucus: New Jersey with Steve Adubato
TITLE: Breaking Down Barriers: Teaching Humanism in Medicine
SHOW #: 1619
TIME: 26:21

STEVE ADUBATO, host:

Breaking down barriers between doctors and their patients, next on CAUCUS: NEW JERSEY.

Announcer: Major funding for this edition of CAUCUS: NEW JERSEY has been provided by The Healthcare Foundation of New Jersey, founded by the Jewish Community.

Dr. ARTHUR MANDEL (MD; Columbia Presbyterian Medical Center): I was the first person in my family to go into medicine, and I'd always had an interest in science.

Unidentified Woman #1: Arthur Mandel is a third-year pediatric neurology fellow at Columbia Presbyterian Medical Center in New York City.

Dr. MANDEL: I think I wanted to become a doctor because I saw it as a way of using my science to impact upon other people's lives.

Unidentified Woman #1: But these days, that means much more than just prescribing medicines or performing operations.

Dr. ARNOLD P. GOLD (MD; Professor, Clinical Neurology and Pediatrics): We have the responsibility, and I--to find the funds for the--the medication.

Unidentified Woman #1: It also means breaking down an increasing number of barriers between doctors and patients. It's part of an approach Dr. Arnold P. Gold calls humanism.

Dr. GOLD: Humanism is based on empathy, integrity, honesty and above all, a relationship that one has with the patient, and it's called relationship-centered care.

Unidentified Woman #1: And in the case of pediatric neurology, that's especially important.

Dr. GOLD: I see children with brain tumors, children with epilepsy, children who have hydrocephalus. They have--may have strokes.

Unidentified Woman #1: At the same time, doctors are also dealing with their parents, who are going through one of the hardest times in their lives.

Unidentified Woman #2: She's like a three-month-old baby, but she's really 15 months old.

Unidentified Woman #1: It takes a delicate and humanistic touch, and that's not something that comes naturally to every new physician. So in 1988, Dr. Gold established the Arnold P. Gold Foundation.

Unidentified Woman #3: It shall be for the good of the sick.

Unidentified Woman #1: The goal of the foundation is to actively develop and encourage the tradition of compassion in medicine, and the white coat ceremony is one of the many ways in which they do it.

Dr. GOLD: The white coat ceremony is primarily for medical students on entering medical school, where they make a--a commitment and they take a oath of what kind of physician they will become.

Unidentified Woman #1: But putting these ideals into practice on a day-to-day basis is just as essential.

Dr. GOLD: Role modeling plays a very, very important--is a very, very important aspect of humanism. First, listening, listening to the child, listening to the parent, then establishing a relationship with the child, where the child feels comfortable with you, and it's within a relatively brief period of time, and then being able to interact in a positive manner with the family.

So Arthur has to be my translator.

Unidentified Woman #1: But how can new doctors balance 80- to 100-hour work weeks, a patient load that often exceeds 60 children per month and still achieve that level of caring?

Dr. MANDEL: I think it's hard. I mean, it's not an easy task. You can see people on rounds, but I think the other part is just make sure that during rounds, you're concentrating, you're focused on what the patient wants and you're, you know, assessing the patient clinically in an efficient manner, and that just comes through experience.

Dr. GOLD: It's really not the amount of time--is, but how you spend the time. If it's in the hospital setting, just sitting on the bed, or just touching the person, but above all, listening to them.

Unidentified Woman #1: That listening part is crucial, especially for doctors working at a hospital in a city which is both multilingual and multicultural.

Dr. MANDEL: (Spanish spoken)

I think I've learned a lot from Dr. Gold. I think all of us on our team have learned a lot from Dr. Gold. He has a very calm manner with patients and is able to answer questions very thoroughly. And when--when he sees a patient, I think the patient feels that he has all the time in the world for that patient.

Dr. GOLD: You're a spectacular mother, really.

Unidentified Woman #2: Thank you.

Dr. GOLD: And that's not a bouquet.

To be truly humanistic, you must care, and caring is an important ingredient for curing.

Unidentified Woman #2: Thank you.

Dr. GOLD: And thank you for allowing us to--to care for your child.

Unidentified Woman #2: No problem. Help her, help you.

ADUBATO: Welcome to Breaking Down Barriers, a special CAUCUS: NEW JERSEY series looking at ways to improve communication between doctors and their patients. I'm Steve Adubato. Joining me to talk more about what the challenges and the many pressures facing young physicians are, Amanda Derrick Canova, a third-year resident in OB/GYN at St. Barnabas Medical Center; next, Edward Choi, a chief resident in the Department of Medicine at UMDNJ-Robert Wood Johnson Medical School; Vishnu Rumalla, who is chief resident in general surgery at UMDNJ-Robert Wood Johnson Medical School; and finally, our good friend, Dr. Arnold Gold, a pediatric neurologist and professor at Columbia University, also one of the founders and the president of the Arnold P. Gold Foundation for Humanism in Medicine.

I want to thank all of you for joining us, talking about breaking down barriers between doctors and patients. I should also say that this is one of several programs we do--we've been doing. We started this program last year, Dr. Gold, with your help, talking about breaking down barriers.

Throughout this program, you're going to see a Web site, a telephone number for our resource guide, Breaking Down Barriers resource guide. You see the telephone number up there--(973) 233-9886. We'll continue to put it up. We have great material in this resource guide, including the Arnold P. Gold Foundation newsletter. We'll talk about that a little bit more.

But le--let me throw out--throw this out there. Residents--people have an idea in their head as to what goes on with a resident, but talk to us about the the--the life of a typical resident.

Dr. VISHNU KUMAR RUMALLA (MD; Resident, UMDNJ-RWJ Medical School): Well, I think that one of the things that are--is difficult to get over is, one, what is the perception of a resident, what's the perception of a medical student and how that person becomes a physician, and it's--it's important to realize that residency has three major goals for one who's pursuing a career in medicine. One, a

resident there in training is learning how to be a physician...

ADUBATO: Right.

Dr. RUMALLA: ...and that's probably your most important self-goal. Secondly, your--want to teach your junior residents and your medical students, which is another important responsibility, learning how to do that process. And third and finally is--is serving a community, a patient and an institution, and those are three individual goals that residency...

ADUBATO: Yeah.

Dr. RUMALLA: ...helps you address.

ADUBATO: I appreciate your point about the goals, and that's--that's lofty and that--that's laudable, but the life--I mean, how many hours are we talking about working?

Dr. AMANDA DERRICK CANOVA (Resident, St. Barnabas Medical Center):
Between any...

ADUBATO: You.

Dr. CANOVA: Me? About 100 hours a week.

ADUBATO: You told my producers that actually it winds up being more than that sometimes.

Dr. CANOVA: Yeah.

ADUBATO: Which is scary. Now, Dr. Gold, you're talking about an incredible number of hours. You're talking about at the end of the process you owe, like, \$100,000, \$150,000, maybe \$200,000--medical school--Right?--bills? The life--what impact does the life of a resident have on the ability of the resident, ultimately as a physician, to be the kind of humanistic physician we're all looking for? Am I making too much of that?

Dr. GOLD: No, I think you g--on tar--on target. As I see it, the typical medical student, who's the physician in training, are a spectacular group of young men and women. They go in it for the right reason, they have intelligence, they develop reasonable clinical competence and they are relationship-oriented.

ADUBATO: Sure.

Dr. GOLD: Mu--most of them are compassionate, humanistic, and then they come--they're then doctors, and they're the complete doctor. But then they enter a new year, which first becomes the resid--the internship year, and this is followed by a residency year or years.

ADUBATO: What happens then?

Dr. GOLD: Typically in the period of--it may be three to five years or longer.

ADUBATO: Right.

Dr. GOLD: In which they then develop the skills necessary for their profession or their choice of specialty. There are multiple barriers that occur here. On one hand, you have this wonderful person who graduates medical school, and then we develop--this system develops an individual who's often not humanistic. And there are many reasons. I think Vishnu mentioned one of them is, he plays the role--there are these educational issues...

ADUBATO: Right.

Dr. GOLD: ...in which suddenly he is now the--as well as being the learner, he's learning his skill--he becomes the principal teacher of medical students.

ADUBATO: Right.

Dr. GOLD: He becomes an educator. And he's often not trained, hasn't developed skills to do this. So...

ADUBATO: Why do we expect--excuse me, Dr. Gold, for interrupting. Why do we expect people who are in your profession at such a young age to have this skill set when you actually don't have it. And what happens when you--when they don't? What's the impact of that?

Dr. GOLD: The impact of this is that they often--the resident who receives instruction, his learning experience comes from an attending physician, who often is not an ideal role model for the resident.

ADUBATO: Let's talk a little bit more about ideal. This 100 hours a week plus that you work, what impact does it have on you physically?

Dr. CANOVA: Tremendous. Y--you have chronic sleep deprivation. It's--in that state--there are new studies out that indicate that sleep deprivation impacts your ability to learn, it impacts your ability to remember things.

ADUBATO: Cranky?

Dr. CANOVA: Oh, very cranky. Very cranky.

ADUBATO: Not the listener you'd like to be.

Dr. CANOVA: You get impatient, very impatient, and I think it's a chronic and constant fight between yourself and your personal needs to try to be patient-oriented and try to listen to somebody and--and

really be attentive and be a good doctor on the one hand, and then on the other hand, ignoring the--the obvious needs that most people need to take care of in their own life, you know, eating well, exercise and taking care of their body. Those are things that are tough to do as a resident.

ADUBATO: Well, let me ask Edward--I want to get you into this.

Dr. EDWARD CHOI (MD; Resident, UMDNJ-RWJ Medical School): Yeah, I mean, it's very ironic actually, because we're in the business of keeping people healthy, and the irony is, as a physician, you wind up being somewhat the most unhealthy person, maybe, in the hospital.

ADUBATO: Why does it have to be that way?

Dr. CHOI: It's sad, but I think maybe the expectation is there for physicians who are in training to work so hard. It's part of the system. We are part of the system such that the number of work hours which are available to take care of patients are heavily dependent upon us as the residents, and it's just the physical demand of it.

ADUBATO: I'm not understanding why.

Dr. CHOI: Why?

ADUBATO: I'm just not understanding why it's been set up for residents...

Dr. CHOI: It's historical.

ADUBATO: ...physicians in training, to work--it's historical that you work 100 hours-plus, you abuse your body, it impacts on your ability to connect and listen to patients and be the physician you want to be. But why, Dr. Gold, and does it have to be that way?

Dr. GOLD: What Amanda stated, you know, that she becomes fatigued, tired, she's also more apt to make medical er--errors in terms of judgment, her interpersonal relationship with her patient, her communication skills suffer, so she can become as with--also the financial and the economic pressures. They come into the residency year with, as you said, \$150,000, \$200,000 in debt.

ADUBATO: What does that mean? How--how could it impact on the--that physician's ability to be the physician we all want him or her to be?

Dr. GOLD: Well, it's obvious that has to be a concern. They have to pay back this debt. And with limited economic incentives, it becomes difficult, and this causes a great deal of stress and anger. And it's very, very difficult to give care if you're not cared for.

ADUBATO: Interesting.

By the way, if you've just tuned in, this is part of our Breaking Down Barriers series, talking about the relationship between physicians and their patients, trying to improve doctor-patient communication. There is a Web site, a telephone number. Our Web site is linked to the Arnold P. Gold Foundation--tremendous resource there--as well as The Healthcare Foundation in New Jersey.

And I just want to say that as--as we've done this series, I've--we've met some marvelous physicians, and we've talked with patients, trying to make sense of all this, and the one thing I keep wondering is--I asked does it have to be this way--what ex--exactly can be done to change the way it is right now? If you were to design the ideal residency, what would it look and feel like?

Dr. RUMALLA: I think with each discipline, you're going to get a different answer. From a--from a surgical point of view, the work hours often reflect the type of patients we deal with, and following that patient's course over, say, a 24- or 36-hour period; the surgical diseases, one where a patient may present one morning and be in the operating room by that evening. And it does not lend itself very well to having different physicians seeing the same patient. So how you structure your day is going to be different for each program.

I do think what we can do is, one, starting at the level of medical school itself, start teaching the importance of professionalism, start emphasizing impor--the importance of the physician-patient relationship right at that level. And then when we get to residency, I think we can do a better job of instituting initiatives in our curriculum to address those issues itself.

ADUBATO: But you're still working 100 hours a week. I mean--so--so the Arnold P. Gold Foundation is teaching humanism in medicine. We're do--you're doing more and more in medical schools to talk about this relationship and help give physicians--to be--the tools, but you're still doing 100 hours a week and it's affecting every aspect of your being. Am I making too much of that, Edward? Edward, I'll come back to you.

Dr. CHOI: No, I think--I think you're absolutely right. You know, the thing is, you have to also have some kind of pressure at the level of the hospital administrations as well, too, because...

ADUBATO: Hospital administrations.

Dr. CHOI: Hospital administrations.

ADUBATO: By the way, we should let everyone know that another part of this series is going to be looking at what hospitals could be doing to promote this idea of humanism in medicine. Go ahead.

Dr. CHOI: And I think, you know, if the hospital administrations have a reasonable expectation as far as what they can expect from the

residents as far as the number of man hours they can actually provide for the--for the limited number of patients that are in the hospital, I think that would actually help.

There are other sources of people out in the community who could actually provide health care for patients that are in the hospital. There's no reason why all the patients who are in the hospital have to be cared for by all the residents. The hospitals actually can hire non-residents to actually--to--as hospitalists, as well as nurse practitioners, physician assistants, to also provide health care to patients who are in the hospital. So I think in that respect, if they could also budget money in that direction, it would also help.

There's been always a misconception that residents are considered cheap labor, and I think if hospital administrations consider that and they consider residents as cheap labor, this will only perpetuate.

ADUBATO: Dr. Gold?

Dr. GOLD: In answer to your question, what we recently--what the foundation did, in partnership with The Healthcare Foundation of Je--New Jersey, we brought together residents from the state of New Jersey and individuals from all the--from the rest of the country to address these barriers relative to humanism in medicine for the residency years, to first identify the barriers. The barriers are, one, financial barriers; two, educational barriers; three, legal barriers with the malpractice problems; and four is lifestyle barriers. So these are the four areas that we brought together this group of residents as well as other residents in the state of New Jersey. We identified the barriers, and then we developed action programs, how to overcome these barriers.

ADUBATO: Sure. And one of the things that you've been doing for a while, Dr. Gold--and we've talked about it on other shows, but it warrants repeating--the white coat ceremony. What is it and why is it so important?

Dr. GOLD: The white coat ceremony is--which now is pretty much in most of the medical schools in the United States; 135 of the 145 schools of medicine and osteopathy, as well as in many foreign countries--is that we recognize at day one, we have an opportunity, day one, when the medical student enters his first day of medical school training, we bring together the students, the faculty and administration of the hospital, their new culture, and in the presence of their old culture...

ADUBATO: Right.

Dr. GOLD: ...their parents and meaningful others, the--this--this typically in--involves a ceremony in which there's a keynote address by a--a--a very humanistic physician. The dean and the head of the hospital welcomes the students in the culture, and they are then--each

student is called up individually and is draped, or cloaked, with the white coat. So you have first a group of pe--students in all dresses, and then you see a sea of white. The students then, after they're accepted into their new culture, stand up and they say an oath--often it's the Hippocratic oath, the Oath of Maimonides, the Geneva Oath, some oath, in which they make a commitment of what kind of physician they will become and the importance of not harming, and caring and being empathetic and compassionate. And after they say their oath, they typically turn around to their parents and thank them for bringing them to this day. It's a very powerful message in terms of making an oath...

ADUBATO: Yes.

Dr. GOLD: ...what kind of physician he or she will become.

ADUBATO: And--and every time I hear you describe that, I--it's a--it's a very powerful picture that you paint, and then I'm thinking two months into it, a person wearing that white coat at the ceremony, they now are dealing with managed care, and it's hitting you right in the face. Managed care means what when you're trying to execute and do the things that you've stood and committed to doing with that white coat on, saying 'I'm going to be this kind of physician'? Amanda, what might it mean? What does it mean?

Dr. CANOVA: It--it--it's definitely a disconnect. You--you're going along one path and then you meet a completely different culture. You know, the cul...

ADUBATO: Be specific.

Dr. CANOVA: The culture of managed care, you realize that time is limited, time--patient and doctor time is limited, resources are very limited and it--it certainly makes a big difference in how you--you learn that you can interact with a patient and the time you can spend with them.

ADUBATO: Amanda, we're talking about breaking down barriers. Clearly, it can be a barrier--managed care can be a barrier.

Dr. CANOVA: Absolutely.

ADUBATO: How can we break down that barrier? We've got about five minutes left, believe it or not--one of the barriers is limited time here--how can we break down that barrier? Or is this just the way it's going to be, and you have to make the best of it?

Dr. CHOI: It's a--it's a multifactorial problem that exists for the health care industry right now, and it's unfortunate to say, but we actually vilify managed care, when in actuality, managed care exists because there's a larger problem which exists, and that's the problem of the cost of health care in general.

ADUBATO: Right.

Dr. CHOI: And managed care exists basically to co--to control costs whenever it can, so it can actually justly give medical care to everybody.

ADUBATO: So it's not going away.

Dr. CHOI: It's probably not going to go away.

ADUBATO: So let's be clear. The things that Dr. Gold talks about and the foundation talks about in terms of humanism in medicine, the kind of physician you want to be, the listener, the empathy--it's got to be done within the context of managed care, because it's not going anywhere, right, Doctor?

Dr. GOLD: Absolutely.

Dr. CANOVA: Right.

Dr. GOLD: That's correct.

ADUBATO: So it's a waste of time, really, to--to rail against it, because that's time not spent being the physician you want to be, right?

Dr. CHOI: I think it's important to add this as a reminder, though, because, you know, the importance of the white coat ceremony is that it basically reminds everybody why we're in this business. The profession of being a physician is a very noble profession, and it justifies a very noble procession in a ceremony which enters you into this business, basically.

Dr. RUMALLA: I think one of the--the hardest things about managed care in the environment that we live today is that the patient has so many barriers to receiving their health care that as a physician, it's very hard--you're the one individual they see sort of as the one who's behind their frustrations. And that level of frustration that they have for their family members or for themselves also is reflected in your ability to communicate with that patient when a--a surgery is denied or a hospital admission is denied.

ADUBATO: Absolutely.

Dr. RUMALLA: It's very hard as the physician sort of to be the--the--the messenger, saying 'Well, you know what? We have to get Mom home, or to a rehab center because the insurance company won't cover another day,' and that's another added stress or responsibility that the young physician or a physician in practice has to face today.

ADUBATO: Are you--are they being trained to deal with that, Dr.

Gold?

Dr. GOLD: I think that we have to live with managed care, but it doesn't necessarily--shouldn't remain the same as it is today. And I look upon this program as an opportunity to galvanize the public in asking and demanding that it--that modifications be made that are--to give them enough time to spend with their physician, so they can communicate and they can--I look at three types of care--patient care, where the doctor looks for the disease, person care, where the doctor looks at the o--whole en--entire individual, not just the lung or the brain, and relationship-centered care, which I believe--where the physician and the patient are a team with all other health professionals. So I think we can galvanize the public, and the--and they can demand changes in the law.

ADUBATO: People watching this program, you're saying, can improve the relationship between physicians and them, patients...

Dr. GOLD: They...

ADUBATO: ...by demanding it?

Dr. GOLD: They have the power, with--with their legislators. They can go to them and say, 'Look, we want you to be certain that you know how we feel about health care in the United States.'

ADUBATO: And our relationships with our physicians.

Dr. GOLD: That it's unacceptable--yeah. And it's also unacceptable that we have so many uninsured in the United States...

ADUBATO: Absolutely.

Dr. GOLD: ...who have little or no care.

ADUBATO: We should make it clear in the minute or so we have left, that actually happened--Bill, help me on this--the--the--the HMO--many of the managed care companies were forcing women who were giving birth out of the hospital after like twe--in one day, 24 hours.

Dr. CANOVA: Twenty-four hours.

ADUBATO: Legislation was passed to say, 'Uh-uh.' I think it's 48 hours, is the minimum amount of time.

Dr. CANOVA: Yes.

ADUBATO: So the legislation--legislation can do part of it. And by the way, the other part we should make--make clear, Dr. Gold, the foundation gives out awards, recognizes physicians who embody everything that we're talking about here in terms of humanism.

Got about 30 seconds left. Reason to be hopeful--what is it?

Dr. GOLD: Well, I--reasons to be hopeful is that we have programs such as this, which makes public awareness that the public should expect and deserve good health care, and that there will--that we can overcome these barriers. Our sy--our symposium that we had with these residents and other residents developed action plans, how we can enhance the quality of life of the resident, diminish the number of working hours.

ADUBATO: Real changes. Real changes--and by the way, as we go off the air, we'll continue talking--folks who reach out for our resource guide, we'll give you that information and more. But let me raise another issue here, off the air.

Announcer: If you would like more information on this program, or if you'd like to express an opinion, e-mail us at talkcaucus@aol.com. And visit us on the World Wide Web at www.caucusnj.org.

The proceeding program has been a production of the Caucus Educational Corporation, Rutgers Newark, NJN Public Television, and Thirteen, WNET New York.

Major funding for this edition of CAUCUS: NEW JERSEY has been provided by The Healthcare Foundation of New Jersey, founded by the Jewish Community.

Promotional support provided by NJBiz, all business, all New Jersey; CN8, the Comcast Network; and by New Jersey Medicine, a journal of medicine and health policy.