

## 6.2 Self-Care for the Palliative Provider

### Key Points

1. Feelings of grief are a natural response for the medical professional in caring for patients who are at Life's End.

It is important to develop a healthy response to stresses secondary to loss and the tragedies that can occur at Life's End.

2. "Burn-out" resulting from fatigue, multiple losses, and unresolved emotional distress can occur in the emotionally charged setting of End-of-Life care.

The palliative-care approach assists the provider with feelings of grief and loss by offering the support of an interdisciplinary team, each of whose members brings unique strengths and abilities. The team approach recognizes unique strengths and abilities; accepts individual limits; and fosters requesting and providing assistance, thus relieving the provider from bearing loss alone.

3. Palliative care cushions the provider's sense of loss and grief by reframing treatment success.

Palliative care reframes "failure to cure" at Life's End as success in fostering holistic healing and enabling patients to live life fully.

4. The medical provider needs to self-monitor for the depression, anger, and resentment that can result from unattended grief. Ask: "Do I still enjoy my work? Are there patients or tasks that I avoid or dread? "Do I attend to my personal health?" Self-care includes:

- Recuperation (rest and adequate sleep)
- Restoration (nutrition)
- Rejuvenation (exercise)
- Relaxation (taking all vacation time every year and regular time away)
- Relationships (personal and professional)
- Reflection (religion and spirituality)
- Self-referral for concerns about physical and emotional health or substance abuse

5. Foster mentor relationships; seek mentors and be a mentor.

Even the most skilled medical provider needs someone with whom to discuss problems, feelings, and emotions and from whom to seek guidance.

6. Self-care is an important part of being a mature and effective health-care provider. Dying persons, including dying medical professionals, do not say, "I wish I had spent more time at the office."

## Self-Care for the Palliative Provider

### The Palliative Response



### Physician Grief Is Inevitable

Physicians care for many patients at Life's End.

### Physician Grief Is Natural

Feelings of grief are the natural response to loss and the tragedies that can occur at Life's End.

### Physician Grief Deserves Attention

Develop healthy responses to grief and loss.

### Respect "Burn-Out"

Burn-out can occur in any field

- Fatigue
- Losses
- Unresolved emotional distress

*May be more common in the emotionally charged setting of End-of-Life care*

### R<sub>x</sub> for Self-Care Mutually Supportive Team

- Recognizes unique strengths and abilities; accepts individual limits

*Fosters requesting and providing assistance; relieves provider from bearing loss alone*

- Understands grief as normal and expected

*Gives medical provider permission to experience feelings of grief and loss*

- Provides forum to resolve inevitable conflicts

### **R<sub>x</sub> for Self-Care**

Reframe Clinical Success at Life's End

Focus on healing versus cure.

Focus on success in healing versus failure to cure.

### **Clinical Success at Life's End**

- Fostering holistic “healing”
- Enabling patients to live life fully
- Providing good symptom control
- Supporting patients and families

### **R<sub>x</sub> for Self-Care**

Self-Monitor Physician Stress

Ask:

- Do I still enjoy my work?
- Are there patients or tasks that I avoid or dread?
- Do I attend to my personal health?

### **R<sub>x</sub> for Self-Care** R&R

#### Recuperation

- Make some time for adequate rest and sleep

#### Restoration

- Take time for meals and breaks
- Eat nutritiously
- Enjoy coffee and tea in moderation
- Stay well hydrated

### **R<sub>x</sub> for Self-Care** R&R

#### Relaxation

- Take regular time off
- Take all annual vacation time every year

#### Recreation

- Develop interests and creative outlets right for you at this time in your life (e.g., gardening, reading, travel, music)

### **R<sub>x</sub> for Self-Care** R&R

#### Rejuvenation

- Regular exercise is good for the body

#### Referral

- If concerned about your health, take time to see your own doctor

## R<sub>x</sub> for Self-Care

R&R

Relationships: personal

- Take time for family and friends
- Make memories and leave legacies, daily
- Formal and informal support groups

Relationships: professional

- Seek mentors and be a mentor
- Valuable to even the most skilled medical provider
- Discuss problems/feelings; identify new solutions

## R<sub>x</sub> for Self-Care

R&R

Self-Refer for emotional health

- If concerned about depression, discuss with your health care provider

Self-Refer for substance abuse

- Monitor self for abusive behaviors with substances and take action if concerned

## R<sub>x</sub> for Self-Care

R&R

Reflection: religious or philosophical

- Maintain/strengthen your faith tradition
- Read or study in religion or philosophy

Reflection: personal

- Keep a personal journal
- Engage in a reflective practice (e.g., meditation, yoga)

## R<sub>x</sub> for Self-Care

Develop a sense of the Transcendent.

## R<sub>x</sub>

Physician Heal Thyself

Self-care is an important part of being a mature and effective health-care provider.

## R<sub>x</sub> for Self-Care

Remember

Dying persons—even dying physicians—seldom say,

*“I wish I had spent more time at work.”*

# Self-Care for the Palliative Provider

## Selected Readings

### **Increasing Self-Awareness for Optimal Patient Care**

Brady, D. W., G. Corbie-Smith, and W. T. Branch Jr. "What's Important to You?": The Use of Narratives to Promote Self-Reflection and to Understand the Experiences of Medical Residents." *Annals of Internal Medicine* 137 (2002): 220–223.

Meier, D. E., A. L. Back, and R. S. Morrison. "The Inner Life of Physicians and Care of the Seriously Ill." *Journal of the American Medical Association* 286 (2001): 3007–3014.

Saunders, C. "Into the Valley of the Shadow of Death: A Personal Therapeutic Journey." *British Medical Journal* 313 (1996): 1599–1601.

Scannell, K. "Writing for Our Lives: Physician Narratives and Medical Practice." *Annals of Internal Medicine* 137 (2002): 779–781.

### **Dealing with Grief and Loss**

Baumrucker, S. J. "Palliative Care, Burnout, and the Pursuit of Happiness." *American Journal of Hospice and Palliative Care* 19 (2002): 154–156.

Keidel, G. C. "Burnout and Compassion Fatigue among Hospice Caregivers." *American Journal of Hospice and Palliative Care* 19 (2002): 200–205.

Leff, B. "Shattered All." *Annals of Internal Medicine* 132 (2000): 837–838.

Rosenblum, J. L. "Why I Still Cry. Share a Young Internist's Reflections on the Death of a Patient at the End of a Long Day." *Medical Economics Magazine* 79 (2002): 65–66.