

The BASICS Part III — “S” is for Social

Your personal support system: nurturing friendship, love and family relationships

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The following article is the third in a six-part series on the fundamental principles of physician self-care. The “BASICS” series offers practical suggestions for stress management, improved health and well-being, and building resilience.*

“S” is for Social: friends, lovers and family

“It is our first nature to be connected,” says psychologist Petruska Clarkson in her book entitled, *The Bystander*.¹

Human beings, doctors included, are social creatures and we need each other.

Try this exercise: think back to everyone you would have included in your personal support system when you were in high school. Include family members as well as friends, teammates, fellow club members, and so on. Count them up. Repeat the exercise a few more times considering the years spent in university, medical school, residency, and beyond.

What has happened to the total number of individuals in your support system over time? Has it decreased? For many in medicine, the years of rigorous training will take their toll upon social connections causing a robust network to shrink and fray.

Many of the callers seeking help from the Physician Health Program tell of their feelings of loneliness and isolation. They might enjoy financial wealth, but lack of “currency” — the state of being up-to-date with others — creates a kind of poverty that erodes their resilience.

Friends forever

It’s Friday evening and the phone in my home rings as I’m about to dash out to a meeting. I answer it. “Hi Mike,” the caller says, “How are you?” It’s Lori, a friend and co-worker of my wife, Judy.

“Fine,” I answer, and before she can engage me any further, I say, “You must want to speak to Judy. Hold on a moment, I’ll get her.” I hand the phone over and with a quick kiss on her cheek I head for the door as Judy settles onto the couch, phone perched on her shoulder.

An hour later, I return home. Judy is still talking to Lori. Well, laughing, mostly. When she finally hangs up, I ask, “What have you been talking about all this time?”

I’m truly perplexed. They work together and have plenty of opportunity to chat during the week. When my friends call, it’s to arrange a tee time, ask to borrow something, or for some other purpose that a few minutes of talking will handle perfectly well.

“Oh...nothing much,” she replies. “We just like to talk about things that happened during the week. Besides, we make each other laugh.”

Then the e-mail alert on her computer chimes and she’s off to open a

letter sent from another friend containing pictures of funny painted cats.

From my perspective, women appear to structure their friendships differently, maybe even a little better than men do. The fellows I know mostly gather around activities. We play golf, watch games on TV, and build things together. And yes, sometimes we talk, too. While we might do it differently, the result is the same: we create friendships that support us for life.

Our friends comfort us. They know our histories, strengths and weaknesses. They are devoted by choice, bonded by shared experience. As true confidants they will listen to our concerns, honour us with the truth as they see it, and won’t judge us.

They share vacations, holidays and special celebrations with us, teach us and learn from us. We play together, share hobbies and favourite pastimes. Sometimes our best friends become family to us. They grow with us and remain loyal and available, even if they live three time zones away.

Good friends share our triumphs and our failures. They help us face whatever life sends our way. They make us resilient. They make our lives worth living.

Marriage and Intimacy

Much has been written about marriage and intimacy relationships in the medical profession, mostly describing problems and failures.

Every relationship has its own unique challenges, and it is true that doctors' relationships are often stressed by the demands the profession makes upon them. But my intention here is not to catalogue the problems in medical marriages, rather, I want to emphasize how important stable intimacy relationships can be in fostering stress hardiness.

And I don't intend this discussion to be limited to traditional marriages. There are people who live together without marrying, gay and lesbian couples, those with children and those without. In *The Resilient Physician*, the Sotiles cite family researcher Froma Walsh stating: "It's not family form but the quality of relationships that matters most for hardiness."²

The Sotiles go on to say that: "Sup-

portive family relationships are crucial to adaptive coping. Specifically, how intimate partners treat each other has been found to be one of the most powerful determinants of individual mental and physical well-being and work productivity."²

It's possible that strong, supportive relationships away from work provide the confidence, strength and self-assurance needed to handle anything life sends our way. A happy marriage predicts happiness in life.

Conversely, a troubled and unhappy marriage probably contributes more to difficulty in coping with life problems than being single.

Certainly, many of the callers seeking help from the Physician Health Program experience marital difficulties, even if they are calling for some other reason.

It's useful to consider warning signs of relationships in trouble. Psychiatrist Michael Myers says that doctors need to ask themselves, and answer hon-

estly, the following questions about their intimate relationships:³

- Do you feel bored or lonely, especially when the two of you are alone?
- Does your partner complain that you don't share enough of yourself? How does this criticism make you feel? Defensive? And do your reasons — "I'm tired" or "I don't have anything new to tell you" or "I was born this way" — seem unsatisfactory or tend to fall short?
- Are you arguing without resolving the issues? Do you argue about the same matters over and over? Do your arguments leave you feeling exhausted, frustrated or demoralized?
- Are your arguments increasing in frequency or in intensity?
- Are you not arguing at all but rather silently seething, withdrawing into yourself, or using passive-aggressive manoeuvres (forgetting to meet requests, being stubborn, disappearing,



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coming home late, responding with sarcasm)? Or, if you aren't doing this, is your partner?

- Do you make a beeline for the liquor cabinet when you get home, and not talk about your day at work — or present only a very abbreviated version once the alcohol takes effect?
- Are you working so hard that you can't find the time to talk with your partner?
- Is it possible that immersing yourself in your medical work has become preferable to talking with your partner? Do you find practising medicine more fun, rewarding, and ego-boosting than spending time alone with your partner?
- How is your sex life? Do you find that your sexual relationship doesn't seem very intimate — that you "have sex" but don't "make love" anymore?

A satisfying, and lasting, intimacy relationship is not achieved without effort, even for high-achieving individuals that doctors tend to be, no matter how much we love one another.

Life is demanding, the journey complex and convoluted. Professional careers evolve at the same time as our family lives do. Just as we continue to upgrade our medical knowledge and clinical skills, so must we redefine and improve our relationships as we grow.

Here are some suggestions for physicians to maintain and enhance relationship intimacy:

- Designate and protect time to be spent with your beloved partner. This precious time can be daily, and brief, such as enjoying morning coffee quietly with one another. Sometimes going for a walk and "escaping" the home environment is a good way to spend time talking, or just being with one another. Consider going to bed a little earlier to talk and unwind together, after children have gone to sleep and the home is quiet.
- Generally, I think it's a good idea to leave work at the office or hospital. Naturally, sharing thoughts and experiences about one's day at

work is to be expected, but avoid allowing work themes to dominate home discussion. Your partner won't thank you for that.

- Watch out for "pseudo-conversation." By this I mean attempting discussion with your partner while preoccupied with other, usually work-related, thoughts or activities. This is not a good situation for multi-tasking.
- Notice your partner's achievements, successes and triumphs, and complement him or her. Don't let perfectionism, the expectation that everything ought to be done well, smother the words that nourish relationships.
- Talk about the difficult subjects too, like money, sex and parenting. And do so in constructive ways, avoiding criticism and control. Writing orders might be the expected way of communicating in the hospital, but that won't work well at home.
- Build a social life together with friends, but avoid doing so around CME events and professional conferences only.
- Don't forget romance. Touch your partner gently and do and say the little things that endear you to one another. Sneak away for romantic weekends from time to time. Be affectionate. Never stop nurturing the love you share.
- Remember to be your partner's best friend.

Stay the course as much as possible. You and your intimacy partner are creating a life history together that grows richer with each shared experience and emotion. If there are problems that aren't easy to work out together, seek help.

Certainly, few physicians have had time to learn the kind of communication skills that successful relationships are built upon, while engaged in years of rigorous training and practice. There is no shame in asking for assistance with this most important aspect of life.

It needs to be acknowledged, however, that sometimes relationships become abusive — physically, emotionally and sexually. Feelings of

shame, guilt or hopelessness are not good reasons for remaining in a hurtful, or even dangerous, relationship. Help is available to address this reality as well, and should be sought.

Family

Many of the physicians that use Physician Health Program services for personal support come from medical families themselves. Some have described how much they admired their physician parent, but how little time they spent together, especially with physician fathers.

An article in *Medical Economics* describes the experiences of a number of adult children of physicians.⁴ Absentee, neglectful and unsupportive parenting was common. These physician parents were recalled as being tired and distracted when home, and often called away to tend to the needs of others. Clearly, children of physicians parented this way suffer.

But what does the physician parent give up? I have also had the opportunity to see how much pleasure parents, even medical ones, derive from being fully involved in the lives of their children. They are present for their children's milestones, daily achievements and sorrows. In exchange for their parents knowing the details of their lives, their fears, wants and needs, children give them love and trust, gifts never withdrawn. The family becomes another vital network of support for the doctor, shelter from the storm, bolstering resilience.

Parenting is also one of the most important joint responsibilities for couples. Those duties will seldom be shared equally, especially in single, medical, career homes. Even in dual career homes (including dual medical careers), responsibilities will have to be divided unevenly, respecting the different roles and abilities of each parent. Resilient couples will recognize and honour that. Success in working through this task will go a long way toward ensuring family health, and will add to the intimacy bond between partners.

I believe a doctor's home and family life should be separate from work life as much as is reasonably possible. How is this achieved? A doctor approached me recently and shared wisdom earlier given to him: "Clearly define the boundaries of your relationships with both your patients and your family," he advised. "Tell your patients early and often when, and under what conditions, you will be available to them — and when you won't be available. Tell your family the same. Make arrangements for hospital and practice emergency and on-call coverage that allow for uninterrupted time with loved ones. Commit to that arrangement."

Being single

Single status might predispose a doctor to loneliness and isolation, especially if work is permitted to fill all of the available time, providing the only social contacts. This doesn't have to be so. Peterkin offers advice to single residents that anyone can use.⁵

Remember the need for support from family and friends, and make a special effort to be in touch. Maintain contact with phone calls, e-mail and visits. Plan vacations together. Join health clubs or other mutual interest organizations to make friends based on common interests. Seek opportunity to develop closer friendships with people at work, and cultivate non-medical friendships as well.

Conclusion

We have observed at the Physician Health Program that doctors recovering from substance use disorders and other problems nurture their friendship and family relationships as though their personal well-being depends upon it. This is a good lesson for all physicians.

Don't allow perfectionism to spoil the pleasures of learning, making mistakes and growing together. Resist the traditional dictates of a medical culture that places patients before self and family, sacrificing social connections and personal support systems.

Look upon your friends and family as a blessing — a source of strength and support for life.

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Further Reading

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