DISCLOSURES

• Research support from the Michael J Fox Foundation, the Parkinson Foundation, Cerevel Therapeutics
• Consulting fees from Deep Brain Innovations, LLC
• Site investigator for a trial sponsored by Neuraly

• None relevant to the content of this talk
MEDICINE IN CRISIS
COMPONENTS OF BURNOUT

Emotional Exhaustion

Cynicism/Depersonalization

Personal or Professional Accomplishment
SYSTEM VS INDIVIDUAL DRIVERS

Burnout
- Exhaustion
- Cynicism
- Inefficacy

Less optimal

Driver dimensions
- Workload and job demands
- Control and flexibility
- Meaning in work
- Work-life integration
- Social support and community at work
- Efficiency and resources
- Organizational culture and values

More optimal

Engagement
- Vigor
- Dedication
- Absorption

Shanafelt et al 2017
“The despair I see amongst our colleagues today, however, is more than just burnout. It is a betrayal of trust, the trust we gave to our own profession.”
“Constant whack-a-mole”

“It feels like there are 17 browser windows open in my brain.”

“The darkness… the sunken place where everything's kind of blunted”

“No opportunity to use your expertise expresses what you're truly passionate about in your work, what you're trained to do”

“I'm watching my colleagues disintegrate”

“We're not suffering from a yoga deficiency”

“Moral injury”
DEVELOPING THE MORAL INJURY SYMPTOMS SCALE FOR HEALTH PROFESSIONALS
<table>
<thead>
<tr>
<th>COMPONENTS OF MORAL INJURY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shame, guilt, meaninglessness, isolation</td>
</tr>
<tr>
<td>Remorse for having violated core moral beliefs</td>
</tr>
<tr>
<td>Sense of betrayal</td>
</tr>
<tr>
<td>Divided self</td>
</tr>
</tbody>
</table>
MORAL INJURY SYMPTOMS SCALE FOR HEALTH PROFESSIONALS

- I feel betrayed by other health professionals whom I once trusted
- I feel guilt over failing to save someone from being seriously injured or dying
- I feel ashamed about what I’ve done or not done when providing care to my patients
- I am troubled by having acted in ways that violated my own morals or values
- Most people with whom I work as a health professional are trustworthy
- I have a good sense of what makes my life meaningful as a health professional
- I have forgiven myself for what’s happened to me or to others whom I have cared for
- I am inclined to feel that I’m a failure in my work as a health professional
- I sometimes feel God is punishing me for what I’ve done or not done while caring for patients
- Compared to before I became a health professional, my religious/spiritual faith has strengthened

Mantri et al. 2020
Events → Transgress moral code → Moral Injury (religious) → Moral Injury (psychological) → Clinical Outcomes

Neglecting patients’ needs
Unable to provide good care due to time pressures or health system issues
Witnessing poor care by others
Witnessing others, especially leaders, violate moral codes
Being placed in a compromising position
Making life-death decisions
Neglecting family members due to work pressures

Religious Struggles
Loss of Religious/Spiritual Faith

PTSD Symptoms
Depression
Anxiety
Burnout
Medical Errors

Guilt
Shame
Moral Concerns
Feeling Betrayed
Loss of Trust
Difficulty Forgiving
Loss of Meaning/Purpose
Self-Condemnation

Mantri et al. 2020
MORAL INJURY IN THE TIME OF COVID-19

- Global online survey in two phases (April/May 2020 and October/November 2020)
- 1831 health professionals
  - 923 nurses, 182 physicians, 221 APPs, 66 chaplains, 31 SW, 408 other
  - 798 reported regularly caring for COVID-19 patients
  - 134 reported personal illness from COVID-19
  - 309 reported family member illness from COVID-19

Mantri et al. in prep
CHANGES IN MORAL INJURY LEVELS

Spring 2020
N 450
Mean 27.4
SD 11.8

Fall 2020
N 1381
Mean 36.2
SD 13.8

Mantri et al. in prep
PREDICTORS OF MORAL INJURY

Nursing (B=5.26)
Divorced (B=3.06)
COVID experience (B=2.73)
Religiosity (B=-0.68)
Age > 55 (B=-4.37)
Phase 1

FUNCTIONAL IMPAIRMENT

- None
- Mild
- Moderate
- Very Much
- Extremely

- 26.7%

Mantri et al. in prep
PREDICTORS OF FUNCTIONAL IMPAIRMENT

- Widowed (OR 2.57)
- COVID experience (OR 1.65)
- Divorced (OR 1.53)
- Never married (OR 1.47)
- APP (OR 0.70)
- Physician (OR 0.61)
- Age > 55 (OR 0.54)
WHY NARRATIVE MEDICINE?
Narrative Medicine
A Model for Empathy, Reflection, Profession, and Trust

Rita Charon, MD, PhD

Ms Lambert (not her real name) is a 33-year-old woman with Charcot-Marie-Tooth disease. Her grandmother, mother, 2 aunts, and 3 of her 4 siblings have the disabling disease as well. Her 2 nieces showed signs of the disease by the age of 2 years. Despite being wheelchair bound with declining use of her arms and hands, the patient lives a life filled with passion and responsibility.

“How’s Phillip?” the physician asks on a routine medical follow-up visit. At the age of 7 years, Ms Lambert’s son is vivacious, smart, and the center—and source of meaning—of the patient’s world. The patient answers. Phillip has

The effective practice of medicine requires narrative competence, that is, the ability to acknowledge, absorb, interpret, and act on the stories and plights of others. Medicine practiced with narrative competence, called narrative medicine, is proposed as a model for humane and effective medical practice. Adopting methods such as close reading of literature and reflective writing allows narrative medicine to examine and illuminate 4 of medicine’s central narrative situations: physician and patient, physician and self, physician and colleagues, and physicians and society. With narrative competence, physicians can reach and join their patients in illness, recognize their own personal journeys through medicine, acknowledge kinship with and duties toward other health care professionals, and inaugurate consequential discourse with the public about health care. By bridging the divides that separate physicians from patients, themselves, colleagues, and society, narrative medicine offers fresh opportunities for respectful, empathic, and nourishing medical care.

JAMA. 2001;286:1897-1902
Doctoring on Zoom:
Trust blossoms with messy shelves—
theirs and mine—behind
PHYSICIAN AND SELF

Existing personal identities

“Who you are”
- Genes
- Sex/Race
- Personal characteristics
- Experiences
- Religion/Culture
- Class
- Education
- Sexual orientation
- Other
PHYSICIAN AND SELF

Taking a break
• Time-out period
• Self-care coping

Review of experience
• Recollection/review
• Problem-solving

Reassessment
• Examine practices
• Pragmatic approach

Linking action to reality
• Evidence ~ perspective
• Normative frameworks

Recognition of multiple possibilities
• Empowers patient voice
• Challenge the status quo
We're coming to the table...not necessarily as equals but like everyone coming with an opinion, in a structure where usually we're used to this hierarchical, like, you write the orders, and you do the orders, and you're the attending. So...some of that, I think, gets minimized in that room.

I find that with AfterWards, too, you know, being able to meet somebody that you never met and hear their voice, and hear how they're experiencing this particular event that we're going through is very powerful.

The concept of feeling relaxed when I leave, is like this, just like a bigger, a sense of a bigger purpose...not just as a resident, but ... I'm just like a person in the world who can do good things.

Small et al. J Rad Nur 2017
“Who do you serve, who do you protect?”

“Narrative medicine gives us the tools to see how militarised metaphors in health care obscure structural contexts by making unclear who we, in medicine, serve and protect. Health workers are not instruments of the state; our duty is to heal communities in need and critique those systems that allow minoritised communities to be disproportionately harmed, while rebuilding those systems in healthier ways.”
I am bathing. All my grayness—
The hospital, the incurable illnesses,
This headache—is slowly given over
To bathwater, deepening it to where
I lose sight of my limbs. The fragrance,
Twenty different herbs at first (dill, spices
From the Caribbean, aloe vera),
Settles, and becomes the single, warm air
Of my sweat, of the warmth deep in my hair—
I recognize it, it’s the smell of my pillow
And of my sheets, the closest things to me.
Now one with the bathroom, every oily tile
A different picture of me, every square
One in which I’m given the power of curves,
Distorted, captured in some less shallow
Dimension—now I can pray. I can cry, and he’ll
Come. He is my shoulder, maybe, above
The gray water. He is in the steam,
So he can touch my face. Rafael,
He says, I am your saint. So I paint
For him the story of the day: the wife
Whose husband beat purples into her skin,
The jaundiced man (who calls me Ralph, still,
Because that’s more American), faint
Yellows, his eyes especially—then,
Still crying, the bright red a collision
Brought out of its perfect vessel, this girl,
This life attached to, working, the wrong thing
Of a tricycle. I saw pain—
Primitive, I could see it, through her split
Chest, in her crushed ribs—white-hot.
Now, I can stop. He has listened, he is silent.
When he finally speaks, touching my face,
It sounds herbal, or African, like drums
Or the pure, tiny bells her child’s cries
Must have been made of. Then, somehow,
I’m carried to my bed, the pillow, the sheets
Fragrant, infinite, cool, and I recognize
His voice. In the end, just as sleep takes
The world away, I know it is my own.

“El Curandero”
Rafael Campo