

The COLOR doctor

BY: LEAH CAREY

What is the color “doctor”? Is it a level of knowledge that separates physicians from their patients? Is it an air of professional detachment? How is the color “doctor” different from any other shade of the color “human”?

For the past several years, I have been facilitating workshops for women who have been on the receiving end of a life-threatening diagnosis. Recently, I had the opportunity to lead a writing workshop in northern New Hampshire with those who are on the other side of the diagnosis: female doctors. Starting in March 2007, ten women gathered for ten weeks to explore the pleasures and challenges of being rural female physicians. On June 12, 2007, they performed a public reading of their collected works in Littleton, NH.

It should come as no surprise that doctors are, first and foremost, human. Like the rest of us, they experience human fears and frailties. And yet when we began to explore those areas of vulnerability, it was the first time that many of them had come face to face with the realization that she was not alone in her periodic feelings of anxiety, ineffectiveness, and responsibility. Dr. Kate Smith wrote, *“This expressiveness workshop has given me a window into the minds of other women physicians. I am continually surprised by the humanness of other physicians. That sounds so silly. What are we, if not human?”*

In the course of our ten weeks together, they wrote about a full spectrum of topics related to being a physician. This article shares with you a selection of their writing on three major topics: what it is to be a *female* doctor, what it is to be a *rural* doctor, and balancing a family and a practice. Each of the pieces that you

“Being a doctor changes you in some ways. Like falling into a vat of dye — medical school — and staying too long. The pores get infused with the color ‘doctor’.”

— Dr. Virginia Jeffries,
Family Physician

will read here was written in 20 minutes or less; they have been minimally edited for length and context.

One of the writing prompts introduced the question *What does it mean to you to be a rural physician?* While this was at the core of our work together, I was nevertheless astonished by the depth of feeling in their words, and how much they had to say. This was one of the few prompts when they complained that they needed more time to write!

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I am a university trained, state-of-the-art surgeon in a small community. At my interview for residency at a big hospital, a bow-tied, preppie young attending asked me why I was applying to a highly academic residency since I intended to practice in a small, rural community. I told him that I didn't know why motivated, intellectual people couldn't take their brains and skills to small communities. As if there were clearly two tiers — academic, urban, good healthcare; and rural, marginal fly-by-the-seat-of-the-community-surgeon's-pants care.

— Dr. Keeshin

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In the grocery store, the cashier is my patient. She's out back smoking when I park. Note to self: remember to discuss smoking at our next visit! She wasn't a smoker last I knew. And there's another

patient, buying the wine he told me he's not drinking. I change aisles, since I suspect he'd rather not see me today. I see another patient, one of my favorites, three years overdue for his C scope follow-up for colon cancer. I'm worried it will come back. He's barely 50.

I gathered I missed someone -- a new patient. He calls to change doctors the next day, upset that I didn't recognize him in the grocery store.

— Dr. Jeffryes

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On a good day...I love my families. They have known me since I was a teenager milking cows and driving a tractor without brakes down Snake Road. I know the families; I know the schoolteachers; I know who lives out on the muddiest dirt roads. The sense of connection with my patients is personal and strong. I am known by everyone!!!

And on a bad day...I can't go to church without being asked about somebody's lab results. I go to vote and the polling official asks what we can do about her rash since the last medicine didn't work. The entire population at the local restaurant knows me and I must eat neatly and behave well.

I am known by everyone!!!

— Dr. Lawrence

The second characteristic that ties these physicians together is their gender, and this issue surfaced in their writing on many subjects.

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When I applied to medical school, I was regularly asked to defend why I should be given a seat in place of a male student. I already had a career



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as a nurse, so why should I take a male student's place, only to be educated for a second career?

My medical school class was 8 women to 156 men. In applying for an internship, I was aghast at one institution's policy — he did not accept women into his program, period.

— Dr. Kelly

When I was 8 years old, my teacher asked me what my parents did for a living. I told her, "My daddy is a lawyer and my mommy is a doctor."

She kindly said, "You mean your mother is a nurse."

"No," I said, "she's a doctor."

"No," she said more firmly, "men are doctors, and women are nurses."

"I'm pretty sure she told me she was a doctor," I said as I started to cry.

"Now, why don't you just go home and ask her," she insisted.

When I first came to rural New Hampshire, 18 years ago, I joined a bastion of men. A female doctor was a novelty. I remember hearing the receptionist in the early months: "I can fit you in with Muello this afternoon. I should tell you, she's a woman doctor, is that OK?"

I no longer hear that. Over the years, patients' comments have gone from "You're not bad for a woman doctor" to "I would only see a woman doctor; you listen so much better."

— Dr. Muello

The other day I gave a sharp retort to one of my office staff. I was told that I had made this usually strong-willed, sassy, intelligent young woman "unhappy". I had to formally apologize to my office manager in an email and explain that I thought I was being amusing. She in turn told me that they all expect me to be warm and giving, in contrast to the male surgeons in my group.

— Dr. Wilmot

I never experienced gender discrimination or sexual harassment, but that doesn't mean that I don't know what discrimination is. I have been a foreign medical graduate for the last 25 years and it still hurts sometimes to remember how people talk about foreign education as worse just because they don't know much about it and don't bother to ask or to listen.

— Dr. Taras

I became a doctor because I hated them. As a child, I never met one I liked. I'd scream at the sound of my mother on the phone, "Not Dr. Silver! Don't call the doctor! I'm not sick! I don't have a fever!" Anything but the doctor.

When I grew up, I wanted to help. I wanted to be safe. I wanted to tip over the profession. I wanted kids to like me. I wanted to reinvent "doctor."

My sister hasn't been to a doctor since she was 9. When she was little, she was sick all the time and had to go to Dr. Silver's more than anyone. She is 41 years old and has never had a pelvic exam. If I could be a doctor my sister would go to, I would be the kind of doctor I want to be.

"Female doctor" means something different to me, now that I am one. A shared



word of compassion, or fatigue. A prayer. Empathetic. Balancer. Juggler. Someone who puts herself at risk. Not good at setting limits.

Sometimes I want to deny the “female.” Get tough. Decide quickly. Becoming a doctor was a way out of the softness I was supposed to have — and never could quite embody.

— Dr. Ready

All working mothers (and certainly many working fathers) face the dilemma of balancing a career and a family. I was curious about how those pressures escalate when the woman in the middle is acting as caregiver to both her family and her clients:

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One thing about medicine is that I can get through my day without any purposeful intent whatsoever. I eat breakfast and hurl myself into the melee, rushing here and there as demanded by the needs of patients, staff, consultants, telephone, until I emerge at the other end of the day at a time that is too late to have dinner with the family (again).

I want to see myself as a person who pauses and sees into the eyes of others, a person who has the time to make someone else's life a little happier — beyond plying the craft of medicine.

I want to be able to look at myself and see my mother.

— Dr. Smith

Children's Hospital in Bucharest, 1992.

An eight-week-old baby with laryngomalacia and respiratory distress. The baby was struggling for breath. No technology to help decide when to intubate. I was the resident who volunteered to watch the baby after hours. For 38 continuous long hours.

I called my husband and told him that I needed to be there to help that baby. Nobody else volunteered. I wanted to help that baby.

Watching that baby breathing for 38 hours was tiring, but I thought I could make a difference. I could beat death. I felt it was the right thing to do at that time, and I still think the same. My family could live without me for 38 hours, but that baby needed somebody to watch over him. The baby died a few days later; the marriage died several years after that. It was the right decision to make.

— Dr. Culcea

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I do not speak in hyperbole when I say that my entire existence is an ongoing choice between my family and my doctor-hood. There is almost never a time that I am not orienting myself to which role is at that moment ascendant over the other.

I awaken: What day is today? Do I go into the hospital? Do I go to the office? Am I on call? Do I drive carpool? Which carpool? Does Emma have ballet?

For me, the solution to the constant pull between the two roles is compartmentalizing. I felt guilty that I had no family pictures in my office — until I realized that I can't blur the two roles by foisting pictures of my dear, wonderful, miraculous children in front of my face at work when I need to be a doctor.

I don't like the tug, the schism, when I'm in doctor mode and I see a picture and get briefly pulled into mother mode. It takes energy to pull myself back out — and it makes me sad.

I do not speak in hyperbole: My life is one ongoing choice, one ongoing tug away from my children.

— Dr. Keeshin

This workshop was initiated by some in the group as a way to build connections with female physicians across miles and specialties. With doctors spread over distances and amongst many small hospitals, rather than concentrated at one large hospital, they have expressed a frustration with the lack of collegial networks. Sitting together one evening a week and sharing their experiences gave them an opportunity to communicate and build camaraderie in a very meaningful way. One physician noted that she got more than she expected out of the workshop because it “validated

lots of my own feelings, fears, and achievements. It helped me to improve my life, stress level, and to form friendships. I loved the understanding, patience, and emotional involvement of the other participants."

Dr. Culcea wrote: "When I look back at the events I've written about, I see a completely different point of view than when they happened. I learned that I am not alone in my struggles, that my fellow women doctors have gone through similar situations or experiences. I learned to be brave enough to speak about my thoughts and my feelings. And I learned that people will listen to me and give a moment of their lives to hear my thoughts."

Dr. Muello added: "I have always felt that I have no 'voice', that my writing lacks coherence and style. I am surprised and delighted that others among the group find my writing funny! Strange to discover that perhaps I have an adequate voice after all."

The physicians in this group come from a wide variety of backgrounds. They attended medical school across different decades and in several different countries. Some are married, some are not. Some have children, some do not. Some experience their gender as a professional issue, others

do not. Some have lived in rural New Hampshire their whole lives, others have moved here within the last six months. And yet, despite their diversity of backgrounds and experiences, these women all share a common trait: they care deeply about their patients. They write and speak about their patients with profound respect. There were moments when the depth of their caring surprised me — not because I felt they were uncaring people, but because in this world of HMOs and paperwork, I wasn't certain there was an opportunity to develop that level of concern about individual patients.

Through writing and reading, this group demonstrated that the color of a rural, female doctor is tinged with love, worry, regret, and triumph.

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Healing doesn't equal fixing. If I think of myself as a healer, I already feel better about myself and my work. "Doctor" can't get me away from the busyness and craziness and paperwork. But healing...quieter...peaceful. I can heal by just being there. By "just" listening and being present. I don't actually have to do anything. The medical stuff is important, but I can't heal by just prescribing. I need to empathize, hold a hand, let them know that I know how badly they must feel.

That's why I can "heal" a dying patient, and feel good about their death, even though I didn't — or couldn't — "fix" anything.

— Dr. Muello

PARTICIPATING DOCTORS:

Dr. Cristina Culcea, Pediatrician
Dr. Virginia Jeffries, Family Physician
Dr. Maude Keeshin, Surgeon
Dr. Dorothy Kelly, Pediatrician
Dr. Melanie Lawrence, Family Physician
Dr. Wendy Muello, Internal Medicine
Dr. Mary Ready, Family Physician
Dr. Kate Smith, Family Physician
Dr. Malgorzata Taras, Internal Medicine
Dr. Clare Wilmot, Surgeon

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For more information on this program or to schedule a workshop in your area, visit Leah Carey's website at www.sacredcliffs.org or contact her at leah@sacredcliffs.org