

# IT'S OKAY

Tatianna Pizzutto, Class of 2018

Our system of healthcare needs empathetic physicians who care enough to improve the overall health of our patients, in word and deed.

“It’s Okay,” I hear my psychiatry preceptor reassure our patient. At the start of my rotation I believed it to be his mantra, perhaps his way of normalizing the diagnosed disorder or symptoms that plagued this patient causing psychosocial impairment. I thought it could be his way of formulating a treatment plan, as he listened and decided on medication trials that he confirmed would be “okay.” Yet, today was different. I heard him again say, “it’s okay,” but this time to his peers and coworkers.

Dr. D represents every value of humanism in his practice, but today most especially. Our usual rounds took us through the floors of the inpatient psychiatric unit, greeting patients, social workers, nurses and the like. However, this morning we were stopped by another physician to collaborate on a mutual patient. The physician suggested that the long time alcoholic, opioid dependent, homeless patient who had originally expressed suicidality and a desire to be treated for his substance abuse, was, in fact, malingering and needed to be immediately discharged. He discussed potential detox facilities and treatment programs, seemingly helpful avenues. As I listened intently I heard compassion, useful options, and years of experience leading to his diagnosis of malingering. So I was surprised when I heard my mentor, Dr. D, diplomatically brush off these solutions and offer other suggestions for further work up. He explained, “I have worked with this patient previously and I believe he is in cognitive decline, perhaps we should order neuropsychology testing?” His well-seasoned colleague muttered a plan to pursue a secondary option and walked away determined to discharge this patient who so obviously fit the paradigm of a “drug seeking systems abuser.” Stunned at the interaction, I assumed my inexperience caused me to miss the underlying discussion that had taken place.

Dr. D now turned to the full-time insurance advocate nurse. She cavalierly announced, “I would rather work hard to place our elderly demented patients without insurance in long term facilities than this patient, who is clearly attempting to manipulate the system!” None would blame her for this obvious statement, in fact, most other physicians, nurses, and insurance companies would wholeheartedly support her focused efforts. Instead I witnessed a rare moment in medicine, the physician

leading his team by example, using his unique relationship with them to speak out against our personal biases. He smiled gently and noted, “It’s okay, we love medicine to care for the patient, not the hospital’s budget.” She laughed and warmly responded, “You are a good man.” This time, I heard the phrase, *it’s okay*, for all its meaning. It was not to excuse his colleague for his indiscretion but rather to affirm that though he was not satisfied with the circumstances of the moment, he would continue to exemplify excellence and push his peers towards the same.

As we walked away, Dr. D explained the idiosyncrasies of the case. It would be easier to assume this patient was malingering, but first we needed to check our biases and motivations, ensuring our common experiences and frustrations were not feeding our analysis. Each patient deserves objectivity and the opportunity to be supported, as most of them have never been before. This particular patient had desired to begin treatment, he no longer wanted to be dependent on opioids and substances, but had become agitated with the process and was currently in withdrawal, not making the rational decisions. He was demanding opioids because that is all he knew to ask for. With insight, patience, and true empathy, Dr. D recognized these nuances, held true to his integrity and respectfully suggested his peer alter his course of action. This patient needed to remain on site to complete detox and begin a Suboxone protocol for which he could sustain outside the clinic. However, this requires a significant amount of effort, time, empathy, and justifying treatment to the insurance company.

Both physicians provided appropriate suggestions and good medical care to the same patient. However, Dr. D demonstrated the qualities I hope to embody as a physician. He described years of practicing self-reflection and analyzing his motivations before and after each case, taking time to dissect his ability to be objective, remove his biases, and prescribe appropriate therapies. This skill set is invaluable to every physician in any specialty at any point in their career. In addition, he constantly demonstrated empathy. Imagining himself in the shoes of his patient, a patient finally at his breaking point, ready to make a change, but turned away by a system that assumes he is manipulative and unable to change, further feeding into his disordered belief that he can never amount to more than his current circumstance. Our system of healthcare needs empathetic physicians who care enough to improve the overall health of our patients, in word and deed. I am grateful to learn from an unassuming, perpetually intentional humanistic physician and share these experiences so more of us may be inspired to strive for these qualities. ■

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