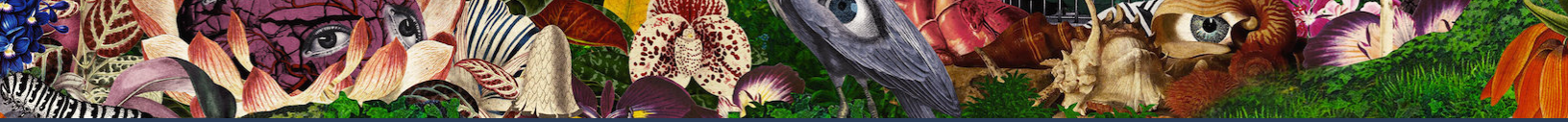


SHAME IN MEDICINE: THE LOST FOREST

EPISODE GUIDE

EPISODE 9. THE UNWELL DOCTOR

the
NOCTURNISTS



How to Use This Guide

Though shame is everywhere in medicine, the topic is taboo, which can make it difficult to discuss. To help, we've prepared discussion guides for each episode of our audio documentary series, *Shame in Medicine: The Lost Forest*, to facilitate conversations between friends, colleagues, and leaders.

This discussion guide is for **Episode 9. The Unwell Doctor**

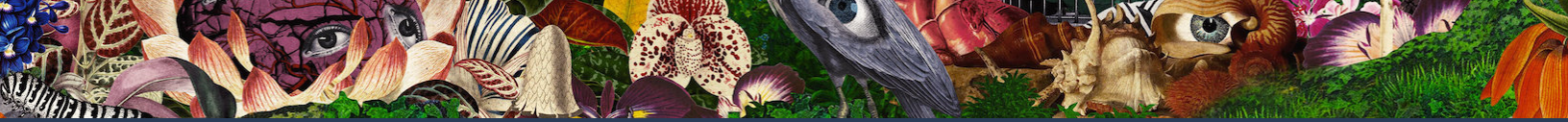
You'll find:

- Episode summary
- Notes from behind the scenes
- Discussion questions
- Additional resources

Lastly, talking about shame can be challenging, emotionally and interpersonally. Please feel free to use our **facilitator toolkit** for leading and organizing conversations around shame. You can find additional resources at thenocturnists-shame.org/engage.



Illustration by Beppe Conti



Episode 9. "The Unwell Doctor" Summary

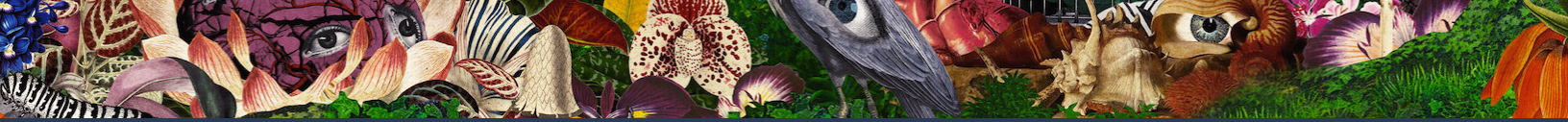
According to medical culture, a clinician should “fix” illness, not have one – especially not a mental illness. But in reality, mental illness is incredibly common, and a huge source of shame, which may prevent us from seeking help. In this episode, we hear stories of sadness, “madness,” stigma, grief, and the potential for healing.

Behind the Scenes

Of all the episodes in the series, this was one of the most difficult to choose stories for. The theme of shame and mental illness came up over and over in the submissions we received. Sometimes it was explicitly named, and other times it was a more peripheral notion. What seems clear through listening to these stories is that emotional struggle and mental illness are inevitable side effects of a medical culture that expects perfect performance in a broken system, with few structures or outlets for dealing with the emotional impacts of this work. In the end, we selected a mix of voices that we hope gives a taste of the wide variety of stories we received. While this topic is incredibly important, it’s also intense, so we recommend taking good care of yourself before, during, and after listening.

Discussion Questions

1. Which stories in this episode did you connect with, and why? How did you respond when you were in similar situations?
2. In the episode, one individual shares how medical providers often perceive that “sickness is out there in the patients, and as doctor-medical trainees, we’re totally immune.” How does this belief impact healthcare workers’ identities? How do you think it impacts patient care?
3. How do you see the current culture of medicine with regards to its stance on mental illness? What experiences have led you to this viewpoint?
4. How do you think we, within the medical community, can more fully and openly support each other with regards to mental health, shame, burnout, and need for self-care? What are things that stand in the way?



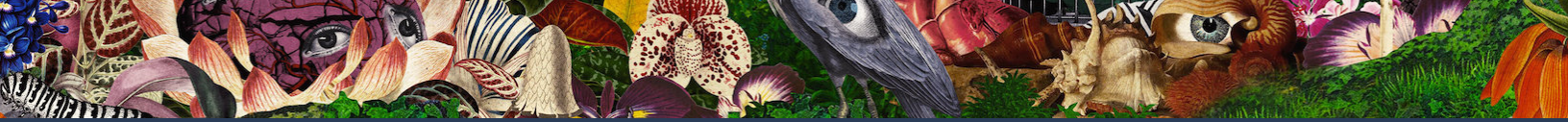
A Trainee Reflects on Episode 9. "The Unwell Doctor"

"Shame, as the topic of the podcast, discussed through different trainees' experiences, is ever present in medicine. It is present in the fear that in asking for help, we will never again be seen as competent. It is present in the assumption that to prioritize diagnosis and treatment as we've been taught, our emotional and spiritual experience can simply take a backseat. It is even encouraged in the reward of self-sacrifice in exalting this behavior as exemplary, which therefore names any self-care as inferior.

During my training, there have been times of explicit and weighty shame, but more persistent is the shame that lives in the shadows and assigns value judgement to my every choice, action, and conversation. On clinical rotation, I was proud of myself for taking steps to promote my mental health – scheduling regular appointments with my psychologist, asking for time off to attend meaningful events with family and friends, and communicating authentically with my seniors when I didn't feel well or simply had various other, non-clinical-care needs.

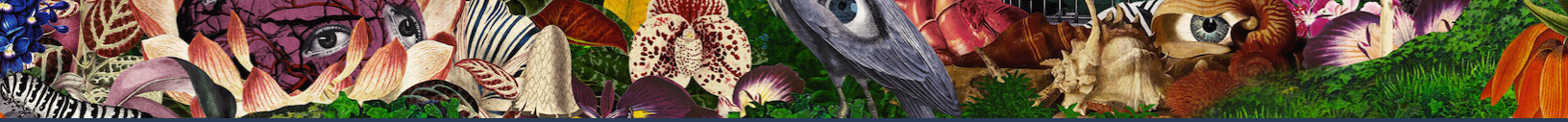
What I didn't expect was that as I prioritized maintaining some semblance of balance in my life, I would feel a guilt that at times led to intense shame. Was I grateful enough that my seniors would make time for my learning in the midst of their responsibility, if I was also occasionally asking to leave during the work day? Was I honoring the privilege of knowing other individuals, including patients, if I didn't appreciate the opportunity tirelessly? Was I respecting the fact that other trainees were facing many of the same difficulties yet accepted their lot and fought through with grit – why did I feel that it was acceptable for me to prioritize my needs, which was outside of the status quo?

With all of this, it is no surprise that shame is present and often heightened when providers experience mental illness. From listening to each experience in this podcast, it was made clear to me that it is not just the shame of medical training at play here, but the shame of being a patient, as well. Current medical care, no matter its emphasis on patient centered care, often continues to other the patient, who is sick and requires our help, and from these roles is seen as intrinsically different. This was clear in the experiences of these individuals, who shared feelings that they would be seen differently if they shared their symptoms and subsequent needs such as medication or inpatient hospitalization. Fulfillment in providing good care to a patient is why many go into medicine and should not be vilified, and sometimes this does require temporary dissociation.



A Trainee Reflects on Episode 9. "The Unwell Doctor" (cont)

However, when a provider's ego employs defense mechanisms, telling them that they have more knowledge, they are healthier, and somehow they are therefore better than their patient, it separates the two, who without their labels are simply two human beings. This encourages shame for medical professionals when they themselves are sick; for individuals with mental illness specifically, the thought that one can just think, or meditate, or talk their way out of it only compounds this shame. As Alice Flaherty points out, we are making strides, and continuing to have these conversations give us the opportunity to have some reassurance and improvement. However, until medicine regards patients differently, it will not treat physicians differently either."



Resources

The resources below are specific to episode 9, “The Unwell Doctor.” For a curated list of resources on prioritizing healthcare workforce well-being, check out the [ALL IN Solutions Library](#). To learn more about shame in medical culture generally, you can find recommended resources [here](#).

Listen:

Spitzer G. “[Meet The Doctor Who Saves Doctors.](#)” KNKX Public Radio. 2016.

Read:

Henderson M, Brooks SK, Del Busso L, Chalder T, Harvey SB, Hotopf M, Madan I, Hatch S. [Shame! Self-stigmatisation as an obstacle to sick doctors returning to work: a qualitative study.](#) BMJ Open. 2012.

Dr. Lorna Breen Heroes’ Foundation. [Remove Intrusive Mental Health Questions from Licensure and Credentialing Applications.](#)

Get Support:

If you are a clinician in need of help, you can call the [Physician Support Line](#) — a free, confidential support line where volunteer psychiatrists provide peer support for physicians and medical students — at [+1-888-409-0141](#).

You can also [call or text 988](#) to reach the [Suicide & Crisis Lifeline 24/7](#).

And, as always, please take good care of yourself, whatever that may mean for you.

