Editor's Notes

Reflections on *Oxygen*, Wellness, Work and Love

By Stephen Jackson, M.D.

"In sync" with the concept of wellness as promoted by ASA's President-Elect, Dr. Roger Moore (see July 2008 *ASA Newsletter* devoted to "wellness"), what should appear but an engaging and exciting novel that illuminates this very issue. *Oxygen*, a debut novel by Dr. Carol Cassella, a practicing anesthesiologist in Seattle, tells the story of a fictional anesthesiologist, Dr. Marie Heaton, who at the top of her profession collapses under the severe duress of an intraanesthetic incident. Through Dr. Heaton's travails, the author highlights the personal and professional highs and lows of an anesthesiologist, who, like so many contemporary physicians, leads an unbalanced life—one where her education, clinical preparation, and day-to-day responsibilities become all-consuming, to the exclusion of personal and psychological fulfillment as a human being, The protagonist's life choices become obstacles, over time, to her developing her potential to live a more fulfilled, balanced life. (As a bonus for *Bulletin* readers: The author has given us permission to reprint the first chapter of this novel (pages 37-44).

Dr. Marie Heaton demonstrates how one's professional and personal lives can become inextricably intertwined, how excessive stress in her professional life can have a profoundly adverse effect on her personal well being, and how an incompletely developed personal life can make her especially vulnerable to high-intensity professional challenges. From her medical education and training, Dr. Heaton had developed an ethic of excessive work, psychological inhibitions, and emotional sterility, which continued into her practice. As a consequence she relegates to a lesser status, postpones, or rejects social and recreational activities requisite to her psychological wellness. Without disclosing too much of the plot of this superb and gripping drama, when Dr. Heaton becomes involved in an unexpected death, she suffers the consequences of not having in place a ready, reliable and effective support system. Properly developed and nurtured, such a system could have created a "safe harbor," a "circle of trust," within which she could share her distress and which would allow her to cope with personal anxieties, self-doubts, abusive treatment, emotional suppression and psychological isolation. But she is left bare and impotent to deal with these setbacks.

As I exhorted recently in the *ASA Newsletter* (July 2008), I have urged physicians to *reject* the unhealthy myth that our values and our commitments

to our profession are best measured by one's willingness to subjugate personal needs to professional responsibilities. Rather, we must overcome our need to feel indispensable and to discount our personal lives. Rather, we should grant ourselves the self-respect that is right and proper for normal human beings with normal needs. We need to exercise both the freedom and the time to promote our own emotional stamina and personal wellness. Many of us might agree that being burdened by a life riddled with delayed gratification—and guilt when gratification is granted—makes this aspect of wellness a difficult one to achieve.

Support seeking is a stress-management strategy that refers to asking others for assistance when needed and sharing and freely communicating our thoughts and feelings with them. Social support is, in fact, a series of relationships with people with whom we share common experiences or belief systems, and it can serve as a reservoir of practical knowledge and experience as well as an emotional safety net. We exist in a web of relationships, and our willingness and capacity to develop a network of supportive ones is most certainly quite valuable for coping with the stresses that inevitably arise in our lives.

Marriage, other committed relationships, and family can fulfill the fundamental human need for connection, intimacy, communication, and emotional support. However, even though marriage can serve as a retreat from excessive stress, it also can become a casualty. Medical marriages are unlikely to be the mythical ideal and have to endure the fact that a physician's primary concern often is his/her medical practice. What time is parsed for the couple to spend together may not be well insulated from the pervasive pressures of medical practice and, not infrequently, may permit only sub-optimal intellectual and emotional interaction. This fact notwithstanding, insufficient time spent together as a couple often is the result—*not* the cause—of a poor marital relationship. By and large, the *quality* of relational time is more rewarding and beneficial to a relationship than is the quantity.

A century ago, Freud's response to being questioned as to what was essential for a fulfilling life was "to love and to work." Well, at that time in history, this dichotomous pronouncement was addressed mainly to the lives of working men, while women for the most part found relationships and work intermingled within the home. With Dr. Heaton in mind, I'd like to focus on the female physician, especially as she encounters the *dilemmas of a double life*, balancing careers and relationships. Even in this day, female physicians experience gender-specific stresses superimposed upon those already encountered by all physicians. Sexual discrimination may be largely a remnant of past eras, but it still accounts for micro- and macro-inequities, and it remains a serious issue in professional remuneration and career advancement. Indeed, women often feel

compelled to outperform their male counterparts in order to be treated as equals.

Of course, there are the inescapable facts of available *biologically-based reproductive choices* and *traditional sociocultural obligations* within which female physicians are challenged to reconcile their multiple modern-day roles. Pragmatically, they may have to choose to sequence their priorities as their lives unfold, yet without fully dismissing the older roles still embedded within their biological and sociological drives, and for which there are few generational models. Moreover, beyond the undeniable challenge of managing a pregnancy while conducting an active practice, female physicians tend to fare poorly in the division of domestic labor as they bear the multiple major responsibilities for child rearing, home-keeping, and even that of caretaker of elderly parents. Perhaps lost in these considerations is the fact that the period of peak stress for professional women commonly is when there are preschool-aged children in the home. However, *both* parents suffer from managing the stresses associated routinely with their children's emergence into adolescence.

Because there is not a traditional role model or societal support mechanism for couples with *dual career marriages,* these relationships often involve more stress than either partner anticipated. Work, marital, and parental responsibilities inevitably create conflict and require ongoing renegotiations about priorities. Rather than an egalitarian distribution of roles, responsibilities, and obligations, a more manageable approach—one evoking less stress—might be that of equity, in which the partners receive fair but dynamically shifting gains based on the overall balance of rewards and costs in the relationship.

As you digest the above, and perhaps "inhale" *Oxygen*, you might agree that the well being of our specialty depends on the wellness of its practitioners.

CSA Bulletin Cover for Volume 57, No. 4
"Oakland Reflected"

The Oakland skyline is reflected in the eastern face of the APL Building located between 11th and 12th Streets on Broadway in Oakland. Reflected buildings include the Tribune Clock Tower, the Old Oakland Bank Building Tower, the Wells Fargo Building and a University of California Building. A Canon 20D D-SLR with a 24-105 mm lens was used to obtain a RAW image that was processed using Lightroom and Photoshop.