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39 – Pleasures of Doctoring in Family Medicine

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Every day family physicians deal with difficult patients and difficult diseases, with disability and death. In many parts of the world, they face crowded waiting rooms, little time for each patient, disrupting telephone calls and financial and administrative pressures (1). Other pressures are those related to the doctors' own personalities such as perfectionism, self criticism, fear of failure or making mistakes or discomfort about uncertainty (2) (3). Feelings of helplessness or guilt are common among them (4). Doctors often feel overworked and under-supported and feelings of loneliness are also common (5). When family medicine is practised in a hostile environment with the threat of malpractice, doctors adopt a defensive position where their personal and professional well being is jeopardized, nibbling at their ability to enjoy their profession.

But, in every simple day of work of any family physician, there are plenty of pleasurable moments, laughter, intimacy and closeness, moments of trust, compassion, love and warmth.

Based on a qualitative review of Balint groups with residents (6) and on focus groups of tutors and specialists in family medicine, three themes could be identified regarding the pleasures of doctoring: the professional, emotional and contextual gratifications.

Professional Gratification

Family physicians expressed their enjoyment in practising holistic medicine, their ability to deal with almost all aspects of medicine, from cardiology through infectious diseases and psychiatry. This diversity guaranteed a continuous interest in their work.

Some of the doctors expressed feelings of accomplishment when performing simple surgical procedures or actions that brought immediate relief from pain or disease. They described sharing the joy and prompt relief obtained after opening an abscess, excising an infected ingrown toenail or reducing a dislocated elbow. They expressed that there was no greater gratification than when the patient left the office without pain.

Gratification was also felt in making a precise diagnosis, at the right time. This would happen especially when a diagnosis led to a dramatic change in the patient's health, which further on, would also lead to a better doctor-patient relationship, recognition, respect and trust. To decide to treat difficult problems alone and succeed was also stated as immensely rewarding. The courage to treat difficult issues on one's own, with the cooperation and full participation of the patient in the decision-making process was another source of much joy.

Emotional Gratification

We found a second group of expressions of emotional gratification that brought comfort and pleasure.

One doctor described how good he felt when he examined a child who did not cry, even after forcing a wooden tongue depressor into his throat. He felt special pleasure in conquering his trust, and the trust of the child's parents accepting his explanations about him having "just" a viral infection.

Other doctors described their satisfaction in caring for their dying patients and their families, discovering the real meaning of assistance when easing the physical pain of the body, or the emotional anguish in a cancer patient. They felt at their best in their ability to break bad news and to handle the anxiety and depression that followed. The emotional price paid by the doctor in his involvement gave him a feeling of spiritual uplifting. They felt that this was family medicine at its best.

Many doctors shared the pleasure obtained through continuity of care, so characteristic of the profession, and the simple joy of knowing their patients. Powerful sources of pleasure were going out into the waiting room of the clinic, welcoming a patient-friend, calling him by his/her name, giving a strong and affectionate handshake, or a gentle touch on the shoulders while leading the patient from the waiting room to the examination room. Knowing precisely the appropriate opening phrase for each patient, from their last vacation to football, or directly addressing the patient's suffering were also pointed out to be most satisfying.

Physicians related to their feelings of affection that grew with time, while accompanying the personal, familial or health crises of their patients: "It's the mutual respect, trust and friendship that develop over time that I especially enjoy."

The awareness that one has the ability to care and feel positive feelings, like a mother who discovers her ability to parent and love, was, in itself, gratifying to the participants.

Contextual Gratification

Many rural doctors live and work in the same community as their patients, or have personal friends as patients. Although this situation may cause problems, most of the doctors reported more satisfaction than problems. Some doctors reported their joy and pride at being invited to the weddings of their patients or being treated with a special respect by the community grocer or by the car mechanic. These satisfactions may have been unwarranted, yet the pride and respect doctors felt from their special status in the community were sources of special joy to them.

With regard to the issue of professional status, the doctors, mainly the residents, reported that family doctors sometimes enter into competition with other profession specialists, wishing to win their collaboration and approval. While the disrespect some residents felt from hospital doctors was translated into indignation, earning the respect of colleagues was reported as a source of satisfaction. Hospital-based colleagues regarded the decision to become a family doctor as going down the easy path. Yet, most of the residents opted positively for a career in family medicine. Identifying and understanding the rewards and gratifications of their professional choice helped these family doctors overcome any insinuation that they took the easy option.

Conclusion

The joy we experience with our work radiates to the entire environment and to the patients in particular, fostering their well being and the well-being of the doctors as well. Pleasurable insights achieved in Balint groups or in workshops on the pleasures of doctoring can serve as another source of gratification and can help in preventing burn-out.

Take Home Messages

- Family physicians often deal with difficult patients, crowded waiting rooms, little time with patients and administrative pressures.
- Other pressures are related to the doctors' own personalities such as perfectionism, self criticism or fear of making mistakes.
- But, in every day of work of any family physician, there are plenty of pleasurable moments, laughter and intimacy.

