

When Bad Things Happen to Children Who Need Our Care: Compassion, Coping and Meaning

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Objectives:

To enable identification of sources and symptoms of distress for pediatricians.

To develop strategies, pathways and approaches to deal with difficult and adverse events to cope professionally with problematic scenarios

To apply a therapeutic understanding to better manage difficult events through caring communication and collaboration with patients, families, and colleagues

To describe 'pathways' that build resiliency, support professional wellness and renewal

Disclosure: nil

What are the
sources of
stress and
distress for
pediatricians?



What are the feelings and thoughts generated by stress in your context?

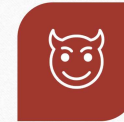
What are the Challenges: from the *European Journal of Pediatrics* (2019)
Occupational well-being in pediatricians— a survey about work-related post-traumatic stress, depression, and anxiety



THE QUESTIONNAIRE FOCUSED ON ADVERSE EVENTS, COPING, AND SUPPORT.



79 % (N = 325) OF THE RESPONDENTS EXPERIENCED ADVERSE EVENTS, WITH "MISSING A DIAGNOSIS" HAVING THE MOST EMOTIONAL IMPACT



"AGGRESSIVE BEHAVIOR" AS THE MOST COMMON ADVERSE EVENT.

Health care is both a healing & stressful environment

- "The expectation that we can be immersed in suffering and loss daily and not be touched by it, is as unrealistic as expecting to be able to walk through water without getting wet."

• - *Rachel Naomi Remen*

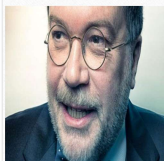
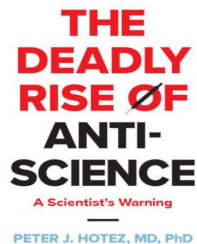
The top seven categories of stress (2019)

- Diagnosis concerns
- Pediatric neglect/abuse
- Chronic illness
- Dying children
- Death of children
- Aggressive Parents
- Confidentiality re: moral distress and/or moral injury

Another Stress Factor in 2024: post pandemic vaccination hesitancy for children and adults

Dr. Hotez – pediatrician & virologist

- Dealing with skepticism -
- Appreciative inquiry:
- “Interesting, please tell me how you came to this understanding”



- **Austrian** ped journal found that pediatricians who frequently talk to colleagues about difficult situations vs those who rarely do, show increased job satisfaction.
- A **Middle Eastern** journal showed that job satisfaction increases with teaching and research engagements.
- **CMA** – also cited the “lack of time” challenge and especially the rural vs. urban resource differences; the stress of long hours

Research literature on stressors (U.S.A.)

- 60% of pediatricians show at least one symptom of burnout, whereas resilient people with a regular sense of well-being include good social connections, the **ability to ask for help**, etc.
- Other US studies– last year said that **mental health concerns** were the top stressors for pediatric practices
- “Mental health is just off the charts! These are extremely time-draining problems that I wasn’t trained to solve”

The stress does build-up



Stress ----- Toxic
Stress - Trauma -----
Burnout -----



“Trauma can be any thing that happens too fast, too soon, too long coupled with not enough of what should have happened that would have been resourcing”
-Resma Menakem

Protective Pathways –
Coping with Stress is
Key to Prevention

“Preventing Vicarious
traumatization of Mental
Health Therapists Identifying
Protective Practices”

RICHARD L. HARRISON
AND MARVIN J.
WESTWOOD

Preventing vicarious trauma

Resiliency pathways:



Mindfulness practice



Gratitude practice



Reflective writing



Leisure time
activities



Connection activities
– with colleagues,
loved ones

Key paths for protective care:

- countering and addressing isolation (need to find spaces of meaningful connection)
- developing mindful self-awareness (how is my body and mental state?)
- consciously *expanding perspectives* to embrace complexity (sense of curiosity)
- countering limitation thinking (creating options)
- holistic self-care (“eye on big picture”)
- maintaining clear boundaries (my limits)
- exquisite empathy (compassion/action)
- professional satisfaction
- creating meaning (intentions & actions)

On the Alert to hazards on the path!

Catastrophizing

People pleasing
habits

Perfectionism
habits

Scarcity worries

Urgency
compulsions

Negativity bias
(holding onto
past failures)

Narrative medicine sessions

Schwartz Rounds & Peer Support

Journal Clubs on professionalism, resiliency, ethics, spirituality

Collegial
Pathways to
resiliency and
practice
renewal:

What is Narrative Medicine?

- “To recognize, absorb, interpret and be moved by the stories of illness” (Charon, 2008, p. VII).
- But, also to encourage creativity and self-reflection in the physician.
- Each narrative should take into account the child’s story as told by the parents, each parent’s story, the prenatal experience, etc.



Narrative Medicine

- Dr. Rita Charon (Columbia Presbyterian Hospital, NY) raised concerns that health care was becoming impersonal, fragmented, cold and lacking social conscience
- Charon argues that medical practice should be structured around the *missing personal narrative of our patients*
- Narrative Medicine builds capacity for more humane, more ethical, and more effective care by understanding patient’s narrative (Charon, 2008)

Working through the hard emotional ‘stuff’
– naming, expressing,
witnessing, releasing,
re-focusing

A young
neonatologist - his
narrative with
permission

NARRATIVE MEDICINE

*Honoring the Stories
of Illness*



RITA CHARON

Narrative Medicine: A Neo's Reflection for colleagues

- “I was recently on call and was asked to speak to a pregnant lady who was having premature contraction, and I mean REALLY premature contractions. I know what the Canadian Pediatrics Society tells me, and I know what the British Columbia data outlines. I know what is written in those sheets. Survival numbers are provided, morbidity statistics are provided. Chance of survival is not high. But the parents are there. They have been trying to have a baby for years.... They want this baby. But they don't want the baby to suffer. They don't want her to be in pain or in a state in which she is 'unable to enjoy life.' They want to love her, but they want her to be healthy.

Narrative Medicine is about writing, reading, feeling, processing, acknowledging our hopes/our humanity and receiving stories of colleagues, patients and our families.

Today, I invite you to think of your story in pediatrics and the profound stories that brought you to this work and the narratives/meta-narratives of your patients that keep you in this work

continued

- They want me to tell them that everything is going to be okay and they will go home with their healthy baby. “Everything will be okay” I want to say, but I can't. I know the data.
- I know what the parents want. I KNOW. Then why do I feel so torn? Why do I *want* to just rattle off the facts to them, tell them of the risks and benefits, answer their questions and run away? But what would I want someone to do for me? That is what I should do. Except that I don't really know what I would want someone to do for me, because I haven't ever been in that situation before.
- I follow up with them to answer any questions. I even offer them a tour of the NICU. I hope that I have helped make a difficult situation more bearable. *I like to think that I have because it helps me keep doing what I do.*

*Understanding the
Narratives:*

Tell me about yourself, your family, your child

Do you have other experiences with illness?

What is the worry that keeps you up at night?

Who/What holds you up, when things get tough?

What matters most to you?

Have you considered the best way forward?

How have you navigated challenges in the past?

Schwartz Rounds focus on our humanity:

Schwartz Rounds are grand rounds style events that focus on a clinical case, or a theme related to the emotional impact of patient care, that our care team members experience.

A multidisciplinary panel is facilitated to share their experiences, and then discussion opens with audience identifying the emotional impact of the panelist's reflections.

Self Compassion Questions:



What are the ways you take care of yourself to avoid burnout stress?



How do you reflect on signs of stress in yourself and your colleagues?



Can you recognize when stress is affecting functioning?

Schwartz Rounds: aka Compassion Rounds

- It is an opportunity to share publicly and to express one's 'heart and soul' about the profound feelings: gratitude, or loss or anguish or hope that occur within clinical settings
- A collegial way to care for oneself and others

"what is good for you?"

"what do I need now?"

Self compassion involves treating ourselves as we would treat a good friend who is having a hard time

"Self Compassion"
& *"Fierce Self Compassion"* by Dr.
Kristin Neff, PhD

Mindful Self Care

- Mindfulness without Overidentification on 'pain' or stress – however, it is facing reality
- Self Compassion thoughts:
 - “I did not cause this suffering”
 - “I don’t have total control over this”
 - “I will help if I can”
 - “I am not the only one who can help”
 - “what can I learn?”
 - “I am not perfect”

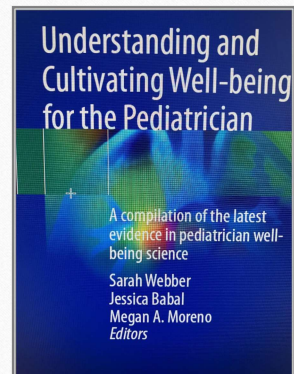
Harms of mental stress leading to moral distress/*injury*

- System limitations
- Confidentiality concerns with adolescent patients – mental health challenges
- EoL parents wanting ‘everything to be done’
- Internalizing unfair critiques (‘injury’)



We live in Two Cultures:

- **Improvement culture:** willingness to notice and acknowledge difficult challenges, with the goal of positive change and striving for excellence!
 - BUT THERE IS ALSO:
- **Achievement culture focuses on the image of perfection** and has difficulty acknowledging imperfection, which may cause harms!



The work of re-building after ‘injury’:

Professional

Personal

R.J. Lifton:
psychiatrist
historian
describes the
work of
re-building

Studied survivors of Hiroshima's atomic bomb

Discovered they went through a "psychic rebuilding"

A way of binding life together again and returning to the world of the living.

Challenge: to construct a *bridge path* between the self and the world.

Suffering and Compassion

- The suffering human being needs a place where he/she can rest, a place which breathes genuine hospitality, where fear and hope are permitted to exist side by side... a place where the naked face appeals for compassion and finds repose." (Eriksson & Lindstrom, 2003)

Sense of *connection* – give grief, frustration, anger, joy and hope words & expression

Sense of *cohesion* – compassion & ongoing meaning making

Sense of *movement* – back into the world with reflection and action

*R.J. Lifton: 3
elements necessary for
re-constructing the
bridge path... for
healing*

Q & A My questions to you:

- How are you doing? Or how is your 'anonymous' colleague doing?
- What are the stresses and stressors that you experience?
- What are the ways and pathways that helped you deal with major stress to find relief, balance, fulfillment and satisfaction?

Thank you!

- El-Sabaawi, M. Shauna L. Shapiro and Linda E. Carlson: *The Art and Science of Mindfulness: Integrating Mindfulness into Psychology and the Helping Professions*. *Mindfulness* 1, 64–66 (2010). <https://doi.org/10.1007/s12671-010-0002-9>
- Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice*, 10(2), 144–156. <https://doi.org/10.1093/clipsy.bpg016>
- Kristin D. Neff Self-Compassion, Self-Esteem, and Well-Being First published: 04 January 2011 <https://doi.org/10.1111/j.1751-9004.2010.00330.x>