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Paradoxical Wishes

By Dan Luftig

It's 9 PM, and I'm sitting in the neurology on-call room while the following thought plays repeatedly through my head: "I hope someone has a stroke right now."

That's messed up. And yet, even after a lengthy reflection, I stand by that wish. For if it's expected that I'll one day be able to treat such medical emergencies without any oversight, I sure as hell better witness as many as possible during my training. Hence, the wish: "Oh anonymous soul, whoever you are, please have a stroke tonight so that I, and thus others down the line, may benefit from your tutelage."

Anyway, my wish was granted—and I was excited. But that anonymous soul, Randall, didn't share my wish.

So as my first hospital rotation comes to an end, I still find myself attempting to reconcile this disconnect between provider and patient wishes. Now that's not to say that those on the provider side harbor no desire for the good health of their patients, but there is certainly an unspoken (and in some cases, spoken) desire for "excitement" —whether that manifests as a fellow third year student hungering for a stroke code or a seasoned attending perking up while examining an "interesting" patient. (And in my limited experience, achieving the title of "interesting" tends to carry a poorer prognosis.)

Reflecting on this issue, I believe, has the potential to alter both external behaviors and internal attitudes. As for external behaviors, it doesn't take much reflection to refrain from saying, "Thank you sir. My night was a success because you had a stroke." But perhaps it does require some thinking to wait until an "interesting" Grade III anaplastic astrocytoma-induced mixed aphasic patient's door actually closes before exclaiming, "How cool was that?!? This is why I love Neurology!" Or perhaps it takes even further thought to refrain from such exclamations even after the door closes, as that interesting patient's family and friends share the same hallways through which we walk (and talk) during morning rounds.

But while I have in fact both witnessed and participated in the above little vignette, I'm not here to criticize the behaviors I've observed during my first month on the wards; I've actually been pleasantly surprised with the generally laudable bedside (and hallway) manner of my team. Instead, I'm writing to reflect on the more nebulous aspect of this issue—that is, how it affects my internal attitudes.

Several months ago, I came across a series of articles concerning the potential health benefits of a novel (or actually not so novel) intervention: intercessory prayer. In short, several well-designed randomized controlled trials meeting the same standards of rigorous study to which a new drug would be subjected found that patients who *unknowingly* received the prayers of an intercessor had more favorable outcomes. (That being said, several similar studies, including a systematic review, came to no such conclusion.) Regardless, do I believe those positive results? No. Do I disbelieve them? No. Likewise, do I believe that my "prayer" in

the on-call room – or that my team's excitement over our interesting patients—helps contribute to poorer outcomes? No. But do I disbelieve it? Well…no. (And as an aside, I'd point out that the primary outcome measure, mortality, in many of these studies is subject to the fundamental flaw that perhaps some of those critically ill prayer recipients did in fact have their prayers answered by passing away.)

But more important than whether or not such voodoo forces (as I'm sure many—including myself at times – would call them) actually exist is the internal reality that I know for sure is present – that is, these wishes of mine can sometimes leave behind quite the sour taste. So here's what I'm thinking moving forward…

Thankfully, my prayer of "Oh anonymous soul, please have a stroke…" is directed towards that anonymous soul out in the community and not towards my named patient sitting across the hall in room 42. For the latter would surely be crossing the line, no? Well maybe, but then why have I found myself (and others) "hoping" that those lupus antibodies on the young woman in room 23 or that Prader-Willi genetic test on the infant in the NICU come back positive? Whether it's to commend ourselves for a correct diagnostic suspicion or to be able to say "I've now seen a case of…" I do know that I'd like to rid myself of such "hope." Eliminating this hope, of course, is no flick of a switch, and likely requires some sustained mindfulness. And about mindfulness…

For the past several years I've devoted ten minutes nearly every morning to quiet sitting. Yes, I sit on a meditation bench but no, I wouldn't call my practice meditation—or even mindfulness (at least most of the time.) Instead, I tend to sit there for ten minutes chasing and exploring my more interesting thoughts; I can state, without any pride, that it's essentially ten minutes of self-indulgence. So what I've begun this past week is to divide this time into five minutes of such self-indulgence and five minutes of mindful positive thoughts towards my patients. I don't really have a good explanation for why I'm doing this other than the fact that it just feels right. (And if those prayer studies are to be believed, it may constitute some cost-effective healthcare as well.)

So what does this all mean? I don't know for sure, but I'm hoping that it will translate—in subtle and perhaps even undetectable ways—to improved bedside care. And I'm hoping, as well, for a clearer conscience; after all, it should go without saying that beneath my superficial wishes for "exciting" codes and "interesting" zebras, my deeper—and fundamental—wish is aligned with that of the patient: the wish for good health. But as a student who needs to learn, my paradoxical wishes will always remain. I just hope to make them a bit less disconcerting.

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