

HEALTH

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A CONVERSATION WITH...

Caroline Elton Helps Doctors Heal Themselves

The psychologist counsels doctors who are suffering even as they tend to the needs of others.

By **Claudia Dreifus**

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Caroline Elton, 61, the author of “Also Human: The Inner Lives of Doctors,” is a London-based psychologist with an unusual practice. Her patients are physicians unhappy in their work.

We spoke for two hours on a recent afternoon in New York City. An edited and condensed version our conversation follows.

You titled your book “Also Human.” Why?

My editor wanted to call it “Only Human.” I was adamant that it should be “Also Human.” I had written a book about the shared humanity of doctors and patients. Both are human!

We often hear about how the medical system — in both the U.K. and in the U.S. — dehumanizes the patient. But what about the physician? Medicine is such a psychologically demanding profession. We’ve lost sight of that.

When physicians come to my office, it's often because the people around them have forgotten that doctors are also human. Given the stresses of their work, they often can't be the doctors they wish to be. Sometimes, they tell me, they'd like to leave the profession altogether.

What are their stresses?

I see a lot of anxiety. I see doctors who often feel that they are tasked with making decisions that they haven't been trained for. I see doctors unable to help because of the sheer numbers of sick people they must see every day.

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A lot of my clients are young. We know that in the U.K. and in the U.S., there's a high level of depression in the early years of practice. That trickles down to patient outcomes. Depressed doctors make more mistakes and have less satisfied patients. Depressed doctors have patients who are less likely to follow medical advice.

My clients worry about something going wrong and that they'll be blamed. They are terrified of litigation.

What did they imagine their lives would be like when they opted to train in medicine?

Well, I think many people go into it thinking it's going to be all glamorous. They are sometimes motivated by what I call the "George Clooney 'E.R.' effect," envisioning a life where they'll be saving lives, saving the day. Frequently, the complexity of being

a physician and the exposure to suffering is daunting. I've had doctors say, "I didn't realize there would be so many deaths."

You cite doctors discouraged by unhappy interactions with their patients. Is this anything new?

Medicine is a different world since the internet. Patients can now get medical information themselves and that can lead to a lot of questioning of what the doctor is doing. My clients say that some patients can be overly demanding and sometimes even unrealistic about what can be done.

At the same time, some report bad working conditions. I've had doctors come to me because of on-the-job harassment related to their gender or race. My older clients often complain their younger colleagues can be dismissive of their knowledge and expertise. In sum, I see a lot of burnout.

What are you able to do for them?

The first thing is to determine whether their unhappiness is related to their working conditions or to some unresolved psychological issue.

In about six sessions, maybe eight, I try to help them find the smallest change for the greatest psychological gain.

Ditching one's medical career is such a drastic step. We'll ask if they can use their training in some other way. Could they go into research or administration? Could they move into a different specialty? If they are in a toxic work environment, could they be doing a comparable job in a different setting?

So my task is to find out what's going on and then think about the sorts of changes that might be available. If the doctor is extremely depressed or suicidal, I'll refer them to a psychiatrist.

Give us an example of a patient you helped.

I had a doctor who came from a Vietnamese background. His parents had a not very successful restaurant, working day and night and receiving frequent abuse from drunken patrons.

He was really bright and got into medical school, but he didn't like working with patients — perhaps because of his parents' situation. In the end, he decided to go into public health and not be a clinician. That kind of shift can work for some.

Similarly, I had a young woman come to me. She was training to become an oncologist and she had crashed her car twice. What was going on? When we talked, it turned out that her father had died of cancer when she was 7.

Her unresolved grief was coming to the fore in the clinic. She decided that being around cancer was like reopening an old wound. Eventually, she moved over to family medicine.

You write about counseling physicians who are disabled or ill. What are their special issues?

Well, doctors are not supposed to get sick. When it happens, healthy colleagues will sometimes try to push them out, because they don't want to be reminded of their own vulnerabilities.

I had a client with a physical disability, and he was very good at his job. But a couple of his colleagues bullied him and made his work life intolerable. For him, the solution was to find another hospital to practice in.

I had another client, an obstetrician, who wanted children and was infertile. When fertility treatments failed, her colleagues minimized her distress and acted like she should “get over it,” an attitude they wouldn’t have with their patients. For a time, she considered leaving obstetrics.

As we talked, she realized that she liked the drama of childbirth and wanted to continue in her specialty. I encouraged her to speak to her colleagues. Together we developed a backup strategy: she could move over to emergency medicine. Just knowing that there was a Plan B made it possible to stay.

In both instances, I was able to help the doctors see that this wasn’t about them. The issue was a system that doesn’t allow physicians to feel they are also human and might, at some point, become patients themselves. The behavior was a defense against their own anxieties.

You’re not a big fan of “patient-centered” medicine. Why?

Because effective care is about a relationship between doctor and patient. At the heart of much human suffering is the feeling of being abandoned to it. A sick person needs a relationship with a doctor who cares, who is committed to trying to save them and who will stand with them so that they know they are not alone.

To do that, the doctor needs to feel that somebody is holding their well-being in mind. If medicine is about science, skill and a caring interaction, then we have to consider the needs of all parties.

As a psychologist supporting doctors, does your work ever get to you?

It can. There have been occasions when I saw too many distressed doctors and I was beginning to discern signs of burnout.

Fortunately, British psychologists have supervisors. Having someone I trust to talk with helped me.

Exercise helps, too. I go swimming in the Hampstead Ponds, even in the winter. There's nothing like the shock of cold water to push out whatever is going on in one's head.

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