

Meditating on what we do

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You'll start in the ER!" the Chief of Staff informs his prize new surgical fellow, Robert Yeats, played by Hollywood heartthrob Eric Stoltz. This is TV land, *Chicago Hope* to be exact, and a great set-up for a hard-hitting personality clash.

"I don't want him," the ER director and trauma surgeon, Dr. Keith Wilks, complains ineffectually. "I'm 'way too busy today."

But it's a done deal and, hours later, Dr. Wilks finds himself wondering just where that new member of his staff might be. His ER is starting to get crowded. It's raining paramedics.

Dr. Wilks finally discovers his new surgical fellow meditating in the change room, with his pager turned off. This is not the way to behave in *his* ER and he lets Dr. Yeats know that he is less than pleased to be fettered with this "zagnut," who takes it upon himself to desert a crowded ER for an hour, just to gather his thoughts.

In his defence, Dr. Yeats justifies his actions by explaining, "I know it might strike you as odd, but, unless I take a few minutes and let go of all the noise, I'm no good to anyone."

Of course, this is a fine prelude to a heated exchange, which leaves the ER director concerned and troubled. He concedes that his brash, Harvard-trained surgical fellow possesses the ability to cut to the chase and to back his positions with a certain logic. Still, to Wilks' way of thinking, one is not a

proper ER physician until one learns the sacred and time-tested art of thinking on one's feet. Meditation while on duty is not to be condoned. Any underling with the audacity to desert his post in the midst of battle in order to sit in the dark, may be (in Wilks' charitable view) "an undiagnosed, high-functioning schizophrenic."

Finally, employing compassion and intuition, Dr. Yeats comforts his patient and makes the diagnosis, which has evaded the rest of the ER staff. An exasperated Dr. Wilks can only shake his head and run off to meet the next incoming stretcher.

When I began my emergency medicine career in 1983, the patient volumes were rarely excessive and it was never a problem to find some time to ponder the plight of sick individuals.

Insidiously, over the years, the emergency department has become so busy and my responsibilities so expanded that I barely have time to listen, let alone reflect. There are many occasions on which I, like Dr. Yeats, find myself overwhelmed by the noise.

Despite the exciting, cowboy natures of our careers, EM physicians are, on the whole, a conservative group. We are driven to find order in the chaos. We strive to restore the order that falls away before our greatest efforts. And yet, chaos always reasserts itself. Chaos proves over and over again that our attempts to impose order are in vain. Still, we keep on fighting, keep on imagining a more ordered world will return.

In a postmodern world, we stubbornly cling to our traditional beliefs, to an almost military work ethic, to limiting our reflections to working through the tragedies of others and of celebrating



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our own security and good fortune.

We refuse to recognize and unravel the irony in what we do. And sadly, we do not seem able to glimpse the seamless threads joining our dreams and longings to the outcomes of our toil. Unlike the Buddhist, Dr. Yeats, we continue to view the world in dualistic terms, constantly erecting barriers between ourselves and our patients, fighting on our *them and us* terrain. Increasingly, these days, we lose those battles that we once won. And when we lose, our patients lose alongside us. Our fates have become intertwined.

The meditator learns that all change begins with an intention and ends with a realization. In between lies the real work. If we meditate on what we do, we are forced to ask crucial and fundamental questions. Do we really possess the correct intentions to meet the challenges that lie ahead? How will we emerge from our current crisis into a healthy, re-imagined emergency department?

We occupy a world that is rapidly transforming, and much of our suffering is created by clinging to an outdated, simplistic model of what EM is meant to be. Admittedly, we have often found ourselves in the role of victim, dictated to by politically powerful family physicians and specialists. We are only beginning to grope at our own identity and our definitions of self. I look forward to the day when we can let go of our rigidity and closed-mindedness and confront the issues facing us before television takes the lead and does it for us. I look forward to the day when we will discover the ability to meditate and to carry with us not just our tools and knowledge, but also a newfound compassion and sensitivity.

I do not believe the near future will find me abandoning my ED duties to meditate. But still, I am learning to surrender my siege mentality, to drop my defences and to re-awaken my dormant emotions during shifts,

whether heroic or mundane. This is not easy and it is not always possible. It will only come to be when we, as a group, evolve to the point where we again dream of the possible rather than lament about our limitations. Then our journey will commence.

Like the practice of medicine, the discipline of meditation requires years of training and study. And yet there is nothing to prevent us from trying, from awakening from our long sleep and accepting the unacceptable. We and our patients have everything to gain if we rediscover compassion, insist on adequate ED coverage, and renew intimacy between us and our nurses and technicians. Perhaps, one day, we will gather up the courage and flexibility of imagination to create an emergency department where every one of us possesses the luxury of indulging in life's greatest teacher: the silence of our undisturbed minds.

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