



Illustration by Jim M'Guinness

Taking the reading cure for physician resiliency

Abraham M. Nussbaum, MD, MTS

Dr. Nussbaum is the Chief Education Officer at Denver Health and Hospital Authority, Denver, CO. He is Associate Professor of Psychiatry, and Assistant Dean of Graduate Medical Education at the University of Colorado School of Medicine, Aurora, Colorado.

When you are a psychiatrist, people avoid you until the end of the party. They joke about how you are analyzing them, or throw their hands over their heads to prevent you from reading their thoughts.

Most partygoers avoid “shrinks” until the lights are lowered. Then they gravitate over to tell irrational thoughts and dark desires. Addiction, depression, suicide is the kind of cocktail talk happening at physician parties these days where the theme is often burnout. At these parties, there is a chance for the shrink to tell his/her own burnout story.

Since I am a shrink, I usually start with my mother. She read her way from a violent childhood to a liberal arts school. When she became a mother, she read stacks of books to her children. One year, we checked out so many books from our local public library that they created a plaque declaring us the “Library Family of the Year.” I read constantly.

My mother prescribed Jane Austen novels, but tolerated Marvel comic books, before anyone imagined they would dominate multiplexes, and *Rolling Stone* magazine, back when rock music ruled the airwaves. I fell into their pages, reading issues over and over again until I had saved

enough to purchase more issues from the used bookstore. I developed favorites—Jim Starlin’s comics, Greil Marcus’s criticism. My reading habit changed me.

Reading increased my attention span. I pursued longer, more complicated narratives. I burrowed backwards from Marvel Comics to Greek myths, whose characters they pirated. I traveled forward from *Rolling Stone* to DeLillo and Faulkner, whose styles they aped. I traveled time and space in my mind. The journeys complicated my thinking. Instead of heroes and villains, good and bad records, I began to understand how the same person can be hero or villain, and how a bad record is sometimes the one to which you want to dance. Reading built up my interior life.

Increasing connectivity

Neuroscientists know that on the days you read a novel you increase the connectivity between the left angular supramarginal gyri and the right posterior temporal gyri, portions of the brain associated with story comprehension and perspective taking.¹ When you read a novel with which you are emotionally engaged, you exhibit more empathy.² Reading prolongs your life, slows memory loss, improves mental flexibility, deepens self-reflection, and reduces stress more effectively than a coffee break. When you read fiction on Monday, neuroscientists can identify increased connections in your left temporal cortex and central sulcus on Thursday.³

Reading connected me to places I had only imagined, taking me from a public high school in Colorado to a private college in Pennsylvania, from working for homeless people in Chicago to working with a North Carolina bioethicist whose office was in a literal ivory tower.

Then I read my way into medical school, where rote memorization and rapid regurgitation replaced Russian fiction. I was quickly habituated to constant work without deep reading. I read as what Nicholas Carr calls a power scanner, skimming multiple texts at the same time for their content without ever falling into a text. I read in the shallow end.⁵

There were moments in the deep end. The medical humanities faculty assigned readings that reminded me why I endured medical school.⁶ I met a classmate who also loved books. I fell in love with her, and in the words Brontë wrote for Jane Eyre, “Reader, I married [her].”

Clinical work was a series of alarms and alerts, call nights and clinical crises, which required immediate responses formed from instinctual behaviors at the base of my brain.⁷ By the time I reached residency, the work left me in the shallows. I read abstracts instead of journal articles, pull quotes instead of essays. Books became decorative accents instead of interlocutors.

While the work exhausted me, it also formed me into a physician who could efficiently diagnose and treat a patient. With clinical skills, I was employable. I interviewed for jobs across the country, but came home to live near—but not too near—my mother. I took a job at Denver Health, an academic safety-net system affiliated with the University of Colorado, attending on an inpatient psychiatric unit with indigent patients experiencing mental health crises.

Seven solutions

Symptoms of Maslachian burnout were absent. I experienced personal accomplishment and professional efficacy, but never emotional exhaustion, depersonalization, or cynicism.⁸ During training, I had been overworked to the point of dissociation, fatigued to the point of narcolepsy, and overwhelmed to the point of breaking a pager by throwing

it across a call room. But as I began life as an attending, I was armed with solutions to prevent burnout.

The first solution was a paycheck. After years of living with a single car and moonlighting every golden weekend to pay for childcare, we ascended into the magical zone where money buys happiness.⁹ We bought an additional car—which did not leak motor oil—and paid for childcare—which was not sketchy—out of our regular salaries.

The second solution was a place. Physicians can find employment across the country. I returned to Colorado for the climate, the climbs, and the cousins among whom we could raise our children.

The third solution was sleep. I knew the health benefits of regular sleep and took a job with a large call pool and a dedicated psychiatric emergency service so my sleep would be consolidated for the first time in a decade.

The fourth solution was mission.

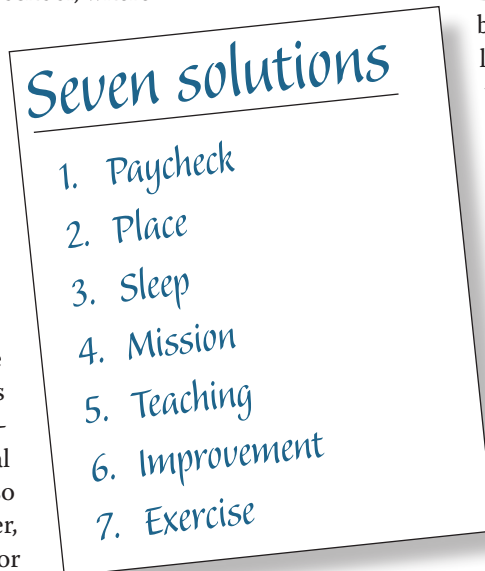
Eighty percent of my patients were uninsured. All were profoundly ill. Denver Health’s resources were limited, but its care was not, and it inspired me to join a mission-driven organization.

The fifth solution was teaching. Teaching medical students and residents made me a better physician.

The sixth solution was improvement. The hospital adopted Toyota Lean strategies decades ago, embedding process improvement into the institution’s egalitarian and collegial culture.

The seventh solution was exercise. The hospital had a little gym, so I started using its elliptical machines three days a week in an effort to regain the fitness lost during residency.

But some stresses cannot be sweated out and some problems overcome all your solutions. I achieved full discouragement after a few years. A physician left our practice. The hospital kept his position open for 18 months, doubling my caseload and halving my attention to each patient and student. When a patient had a bad outcome, it triggered an investigation. I was perversely relieved, believing the investigation would induce real reforms. Instead, the investigation increased documentation burdens, which meant less time with trainees and patients. While multitasking patient care, medical education, and childcare, I was skimming and scanning in the shallows.



I fantasized about quitting.

Then the only other remaining doctor on our service suggested I apply for a moonshot grant which offered to pay half of my salary for two years to study alienation among physicians. I read the application materials, PubMed-stalked the primary investigators, and prepared an application proposing an online survey of alienated physicians. I showed the application to my wife who asked, "Is a survey really what you want to do? That is a wild grant. You should give them a wild idea."

I scrapped my application and wrote a fantasy proposal to critically read physician memoirs to understand medicine's current crisis.

The reading cure

When I received the grant, fantasy became reality, and I began the reading cure. Every other month, I was relieved from clinical duties to read deeply. After dropping off our children at school, I would lay on the couch, reading for hours. I found it hard to concentrate. Wasn't there a page to return, a patient to see, a student to supervise, an e-mail to respond to? Eventually, my thinking would slow and I could read: a British mathematician on the limits of quality improvement, a Dutch feminist philosopher on the logic of care, a fourth-century Greek theologian on the injustice of medicine. I read Nigerian folklorists, Austrian social critics, Canadian historians, and American physician memoirs by the dozen.

I began with the first real contemporary physician-memoirist, Sir William Osler. Osler formalized the teaching service and medical rounds which defined my training. It was only after my training ended that I had sufficient time to read his works. In Osler's writings, I found orienting exhortations like the chapter "Books and Men" in *Aequanimitas*, where he wrote, "Books have been my delight these thirty years, and from them I have received incalculable benefits. To study the phenomena of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all."¹⁰

To sail a charted sea, I read.

While reading, I found a cure for full discouragement.

The reading cure was neither flashy nor disruptive, but incremental and accretive. Reading in the deep end renewed my ability to carefully attend to texts, ideas, stories, and, ultimately, the people in my life. Back in the deep end, I could see myself, family, colleagues, trainees, patients, and even, hospital administrators, as people to appreciate.

The reading cure was no restful vacation. It was, like all good therapy, a remoralization renewing my ability to

effect change while teaching me why my seven solutions had faltered.

Valuing the seven solutions

The paycheck taught me to value labor with pay. When you value money, you think about how much you have. It is never enough, so you think about how much you don't have. When you value labor with time, you think about how and with whom to spend your time. We redoubled efforts to live below our means, reprioritized our student loans (they expire in 2038), and declined remunerative but distracting opportunities.

The place became harder to appreciate as commutes grew longer and our children's school suffered under poor leadership. We thought about leaving, but the reading cure taught me to engage the place differently. I started bike commuting and volunteered as our son's middle-school basketball coach. We lit our corner instead of fleeing it.

My sleep fragmented and shortened as I accepted more responsibilities. The reading cure taught me to wake early and begin the day with deep work, to (almost) never chart or answer emails at night, and to keep one weekend day as a Sabbath.

Our mission became obscured by relentlessly pursuing deliverables. As new administrators asked only about relative value units (RVUs) and return on investments, the mission of attending to the indigent eroded. Morale sank. Good physicians and nurses fled. The reading cure reminded me why we built public hospitals in the first place. Refocused on the mission, many good practitioners stayed to outlast the administration.

My teaching thinned as I gave the same chalk talks weekly. To broaden my skills, I enrolled in a course for physician-educators and learned to lead educational programs.

Our improvement efforts led to metric-chasing. The metrics that the Centers for Medicare and Medicaid Services uses to measure work as an inpatient psychiatrist are items for smoking cessation, alcohol use, and antipsychotic polypharmacy. Each are necessary, but insufficient. The existential questions asked by my patients—how can I survive my despair, and how can I forestall psychosis?—are not assessed. While facing their questions, pursuing metrics about discharge medications and immunization rates seemed beside the point, so I rechanneled improvement activities into real betterment.

My exercise stagnated as I went nowhere on that elliptical machine. I read that resiliency was improved by challenging activities, so I joined a CrossFit gym and learned to move in a manner I never imagined. I met

people different from me, but similar enough to wake up at 5 a.m. and pay an over-muscled 25-year-old to yell at them. Masochists always find their sadist.

The best training was reading itself. The reading cure settled and soothed me, like a mindfulness practice, but also induced critical and creative work that renewed my medical practice. A reader, like a good physician, has to listen to the book, gathering data and building an alliance, before responding.

Reading widened the gap between an event and my response, a gap which had been closed by our electronic health record and my smartphone. With a book, I was left guessing at what would happen next, what the author meant, and why characters made their decisions. Deep-end thoughts.

When I had shallow thinking, the bottom was closer. A small storm—a rejected paper, a late admission, a traffic jam—precipitated a destructive wave. Those kinds of storms occur every day. The reading cure allowed me to see beyond daily storms. I began to understand why events occurred, how to resolve them, and, at least on occasion, to anticipate storms. When you are in the deep, the bottom is harder to find, and a small storm generates waves upon which you can travel.

The philosopher Kieran Setiya observed that at midlife you look back at your travels, surveying the paths you took, the paths you did not take, and the paths you ruined. This can be distressing, as you realize that fewer choices are available to you at midlife; some options have permanently expired and there is no objective way to tell if you traveled the best path. At midlife Setiya advises distinguishing between telic value (the value you receive from advancing toward a goal or accomplishment) and atelic value (the value you receive from being immersed in an activity). At midlife, Setiya advises that if you are bored by

past accomplishments but unable to set out toward radically new ones, you should seek atelic value.¹¹

Medical training is telic—complete a course, pass a test, earn a degree, match in

a residency, secure a fellowship—but medical practice is atelic—you seek value from being immersed in the care of the people you meet as patients.

In pursuit of the atelic life

In pursuit of the atelic life, I redesigned my clinical service. Before my season of reading, physicians averaged a tenure of eight months before we burned them out. When the moonshot grant expired, I asked permission to implement the reading cure for our faculty. After doing so, our quality metrics improved, our RVUs increased, and our physicians stayed on service for years.

My fellow physicians ask me often how I have stayed. I tell them that after the grant ended, I continued a version of the reading cure. I regularly, and simultaneously, read a portion of three books—one that delights with its language, one that builds my clinical knowledge, and one that challenges my thinking.

I am even, finally, fulfilling my mother's wishes and reading Jane Austen.

When I ask other physicians what they are reading, they often reply they are too busy to read. I sometimes share a Michiko Kakutani profile of a retiring leader from *The New York Times*. Kakutani wrote that the leader he interviewed said that books "...gave him a renewed appreciation for the complexities and ambiguities of the human condition."¹²

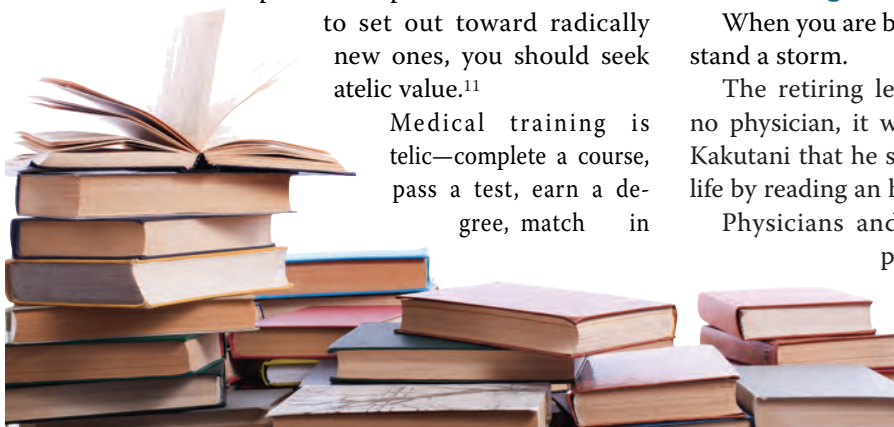
The leader also said, "At a time when events move so quickly and so much information is transmitted, the ability to slow down and get perspective, along with the ability to get in somebody else's shoes—those two things have been invaluable to me. Whether they've made me...better...I can't say. But what I can say is that they have allowed me to sort of maintain my balance...this is a place that comes at you hard and fast and doesn't let up."¹²

Weathering the storm

When you are balanced, you have the resilience to withstand a storm.

The retiring leader to whom Kakutani referred was not a physician, it was President Barack Obama who told Kakutani that he survived the most demanding job of his life by reading an hour each day.

Physicians and other health professionals labor in places that come at them hard and fast and don't let up. To maintain balance, physicians need a way to ward off burnout, to endure with the sick, and with themselves. Physicians need to read widely and deeply,



trying out lives they will never live, and understanding the lives they are living.

Reading, physicians will find that Hippocrates already knew that a physician's life was challenging. He wrote, "For the medical man sees terrible sights, touches unpleasant things, and the misfortunes of others bring a harvest of sorrows that are peculiarly his; but the sick by means of the art rid themselves of the worst of evils, disease, suffering, pain and death."¹³ From others' misfortunes, physicians have long harvested sorrows of our own.

Reading physicians will find Walker Percy's *The Moviegoer* of interest. Percy was a physician. He was also the survivor of a long line of suicides. His grandfather, father, and mother all committed suicide. Percy lived under the specter of self-negation. To ward off suicide, he enrolled in medical school. While in training, he made extra money by performing autopsies. From a cadaver, he developed tuberculosis. In an era before disease-altering treatment, driving a different epidemic, he took the reading cure. Convalescing, he read widely and deeply. He wrote a novel, but never published it. He wrote a second novel, published it, and received the National Book Award.

In Percy's novel, the protagonist is a young man named Binx Bolling, who is trying to determine what to do and whom to become. Near the end of the book, Binx decides to become a physician. He explains, "There is only one thing I can do: listen to people, see how they stick themselves into the world, hand them along a ways in their dark journey and be handed along, and for good and selfish reasons."¹⁴ As Binx observed, being a physician is a particular orientation in the world. It can be dangerous: physicians harvest sorrows from other's misfortune. It can also be remarkable: physicians bear witness to others' dark journeys. Reading is the way to endure on dark journeys.

My mother read herself out of poverty. She read me into medicine. Now I am a parent myself. Last year, our middle child read *Charlotte's Web* at school. Her teacher asked each student to create a web of their own. In the middle of their web, each child was instructed to write the word which best describes them. Our daughter cut white string into her approximation of a web, glued them onto black construction paper, and shaped them to declare that she was, above all, a reader. When she brought it home, I knew that she would have a habit which sustained her on her own dark journeys.

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The author's address is:

Office of Education
Denver Health and Hospital Authority
601 Broadway, MC 0278
Denver, CO 80203
Phone: 303-602-6920
E-mail: abraham.nussbaum@dhha.org.