Harnessing happiness in health care: A prescription from Dr Arthur Brooks

Dr Arthur Brooks teaches people to be happy. He is a Harvard professor and author whose work includes books such as *From Strength to Strength* (a New York Times Best Seller) and *Build the Life You Want: The Art and Science of Getting Happier*, a book he co-authored with Oprah Winfrey. I recently had the privilege of attending a small group session with him, which I believe offered valuable guidance to physicians seeking to navigate the challenges of our profession while finding fulfillment and happiness.

As a behavioral scientist, Dr Brooks gleans inspiration from the everyday, observing humanity and eavesdropping on conversations. The motivation to write *From Strength to Strength* came from overhearing someone, who by all external accounts would be considered a hero for the achievements of his youth, lament to his partner that his life had amounted to nothing. Dr Brooks wanted to avoid being in the same position, so he wrote a book about "finding success, happiness, and deep purpose in the second half of life."

His work is grounded in the principles of behavioral science, particularly the concepts of fluid intelligence and crystallized intelligence. These ideas form the basis for understanding the evolution of intelligence throughout life and are based on theory from psychologist Dr Raymond Cattell (https://psychology.fas.harvard.edu/people/raymond-cattell). Fluid intelligence peaks in early to mid-adulthood, when one's ability to innovate, analyze, and solve novel problems is at its best. As the prefrontal cortex declines in the 40s and early 50s, however, crystallized intelligence takes over, characterized by pattern recognition, specialized knowledge, and judgment.

What resonated most with me was the principle of indispensability: they challenged listeners to consider what it is that only *they* can do.

The key to aging happier is to recognize and embrace crystallized intelligence and derive happiness from sharing knowledge. Dr Brooks says that the essential element to happiness hygiene is to find "meaningful work wherein you earn your success and you serve other people." I pushed him on this in our discussion, thinking about the exhausted physicians at risk of burnout who earn their living by healing others. How much more can one be expected to contribute? I was curious how he would counsel the overburdened physician, buckling under a heaving patient schedule and mountain of charting, to extend themselves further to impart wisdom and grow younger people.

I found that he answers this question best in his podcast conversation with Oprah (www.oprah.com/own-podcasts/arthur-brooks-strength-to-strength). They urge high achievers to break the "striver's curse"—a vicious cycle of constantly seeking happiness from the next achievement. Instead of banking successes, they suggest that we accept the second curve and stop choosing to be special over being happy.

What resonated most with me was the principle of indispensability: they challenged listeners to consider what it is that only *they* can do. For example, someone else can do that eighth day of call, but no one else can be a mother to your kids. When you find yourself lamenting the passage of your fluid intelligence and being tempted by the striver's curse, Dr Brooks' advice would be to consider which of your virtues are most important: your "résumé virtues" (titles, money, etc.) or your "eulogy virtues" (generosity, wisdom, love, etc.).

As the holiday season approaches, my wish for my fellow physicians is that you find moments of respite, gratitude, and connection. Happy holidays, and may your path be a bit more illuminated by the wisdom of Dr Brooks. ■

—Caitlin Dunne, MD, FRCSC

BC has the tools to address the drug poisoning emergency. Do we have the will to use them?

Drug poisoning is the leading cause of death among people aged 10 to 59 in BC and takes six lives per day in the province. BC's Provincial Health Officer declared a public health emergency in relation to drug poisoning in 2016, making it the only issue other than the COVID-19 pandemic that has prompted the use of this unique legislative power to unlock policy tools and resources. These deaths are due to the increasingly toxic supply of unregulated drugs, which contain unpredictable concentrations of substances such as fentanyl and carfentanil.[1]

Untapped and underused options are available to prevent deaths in our communities, including decriminalization and safer drug supply. In 2019, a report from the Provincial Health Officer detailed ongoing harms of criminalizing drug use and explicitly recommended decriminalization of drug possession for personal use.[2] Further, the BC Coroners Service has recommended the creation and expansion of a safer drug supply through both medical and nonmedical models.[1]

Decriminalization of drug possession is crucial to reduce drug poisoning harms in BC. Due to stigma and risk of legal punishment, people using drugs often avoid contact with the health care system and other services that can prevent overdose deaths. BC decriminalized possession of small amounts of drugs in February 2023 but has since introduced strict new laws against public use. The benefits of drug decriminalization in BC are at risk of being eroded before they can be realized: this approach has been described by advocates as recriminalizing drug use[3] and has been criticized by BC's Chief Coroner as pushing drug use "into back alleys and back corners."[4] Commitment to the goals of decriminalization is needed.

Meanwhile, safer drug supply can reduce the underlying hazard of a poisoned drug market. Medical models to provide safer opioids have existed for decades, including well-known opioid agonist therapies such as methadone. Research has found that a safer supply of drugs such as diacetylmorphine (heroin) can also reduce the risk of drug poisoning and other harms.[5] Safer supply in Canada, however, is provided at a trickle relative to the need. While approximately 100 000 people in BC have diagnosed opioid use disorder, and as many as 225 000 are risk of poisoning from unregulated drugs,[6] only 4476 people were prescribed safe supply medications in July 2023.[7] Many remain at risk for drug poisoning, and BC's Chief Coroner has called for urgent expansion of programs.[8]

Policies and practices to prevent drug poisoning deaths are available, including accelerated action on decriminalization, safe supply, mental health, and the social determinants of health, such as housing.

However, medical safe supply does not fit the needs of all who are at risk, such as those who may encounter barriers to prescribed models. Nonmedical models to provide a safer drug supply can help increase access. For example, a community-based organization in BC has used compassion club drug testing to confirm the makeup of drugs distributed to members. To date, no deaths have been reported related to drugs distributed using this model.[9] With support to acquire pharmaceutical supplies of drugs, expert community-based organizations could provide users with known amounts of uncontaminated drugs. Medical and nonmedical safe supply models each provide distinct benefits.

Policies and practices to prevent drug poisoning deaths are available, including accelerated action on decriminalization, safe supply, mental health, and the social determinants of health, such as housing. Will these directions be taken with the same sense of urgency applied to novel measures early in the COVID-19 pandemic? Action must be pursued at a scale and urgency matched to the catastrophic toll of the drug poisoning emergency. ■

—Michael Schwandt, MD, MPH

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Letters to the editor

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Re: Truth before reconciliation; humility before truth

Kudos to both the *BCMJ* and Dr Greggain for this heartfelt and inspiring President's Comment [*BCMJ* 2023;65:240-241]. Imagine if all in our profession acted in accordance with the principles outlined in this piece.

As for Dr Greggain, hearing reports of finding remains of Indigenous children on the grounds of the Kamloops residential school was gut-wrenching for me. I worked in Kamloops for 15 years at the Urban Aboriginal Health Centre. Many of my patients had attended that school. I recall utter exhaustion at the end of one clinic day and the realization as I looked over our patient list with our clinic MOA that 18 of the day's patients were seen for medical issues related to posttraumatic stress disorder.

I want to submit that two additional Calls to Action from the Truth and Reconciliation Commission of Canada (#33 and #34) are also health related, even though they are captured under the "Justice" category, and should be included with the Calls

Truth and Reconciliation Commission of Canada Calls to Action #33 and #34 (italics added by Dr Densmore)

33. We call upon the federal, provincial, and territorial governments to recognize as a high priority the need to address and prevent Fetal Alcohol Spectrum Disorder (FASD), and to develop, in collaboration with Aboriginal people, *FASD preventive programs* that can be delivered in a culturally appropriate manner.
34. We call upon the governments of Canada, the provinces, and territories to undertake reforms to the criminal justice system to better address the needs of offenders with Fetal Alcohol Spectrum Disorder (FASD), including:
    i. Providing increased community resources and powers for courts to *ensure that FASD is properly diagnosed, and that appropriate community supports are in place for those with FASD*.
    ii. Enacting statutory exemptions from mandatory minimum sentences of imprisonment for offenders affected by FASD.
    iii. Providing community, correctional, and parole resources to maximize the ability of people with FASD to live in the community.
    iv. Adopting appropriate evaluation mechanisms to measure the effectiveness of such programs and ensure community safety.

BOX. Truth and Reconciliation Commission of Canada Calls to Action #33 and #34.
www2.gov.bc.ca/assets/gov/british-columbians-our-governments/indigenous-people/aboriginal-peoples-documents/calls_to_action_english2.pdf.