

Bizarre love triangle

Physician wellness and burnout are all the buzz, and rightfully so. But how often do we consider the partners and significant others of these martyrs of modern medicine? These selfless, understanding, loving people are there when we get home from a long, unpredictable day that has emptied our emotional tanks, dancing around us on eggshells, trying to hold everything together for us. How are they coping when stung by association?

Like the title of New Order's 1986 hit single, it is a "bizarre love triangle"—the physician, the practice, the partner. A triangle perched precariously, shifting its balance from point to point to point, vulnerable to toppling and breaking at any time. The balancing act must be carefully attended to for it to be maintained.

A physician's partner may stay at home, be a physician themselves, or have an equally busy career in another field. Whatever their role, they share in our struggles. Physicians tend to be type A personalities with some control issues thrown in. It is a special person who is able to be partnered with a physician, and when a physician finds the right partner, it can be a beautiful thing.

My partner is my rock, my blankie, my big bear stuffie that I can hug, my reality check, my reassurance, and, most of all, my best friend. But we have had our issues, and there is nothing like having a good counselor to see us through those times. Our counselor was instrumental in resuscitating our relationship. He taught us the art of hugging. Not a pat on the back, but a full-on hug lasting a minimum of 10 seconds. It sounds too easy, but try it. It will revive your physical connection with your partner. In the opening line of the 2004 movie *Crash*, Don Cheadle talks about the sense of touch: "I think we miss that touch so much that we crash into each other, just so we can feel something." Over the past 3 years, as doctors, we have been instructed to

change our philosophy on physical contact with patients, and this permeates into our personal relationships. The hug that I used to enjoy when arriving at home felt tainted, no longer easy and appropriate. How do we recover that mental and physical connection?

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I decided to seek the advice of a colleague in Kamloops. David Darwin is a registered clinical counselor. He enlightened me on his perspectives on physicians and their relationships:

"I have worked over the years with doctors and their significant others, as a well as with groups of doctors aiming to prevent professional burnout. During this time, I have identified one particular difficulty that stands out. Medical practitioners can struggle to connect with their partners on an emotional level. Because the medical field encourages a separation of self from emotions when dealing with patients, health care professionals may find it difficult to access their emotions when off duty. Western society reinforces this practice by warning us all against connecting too much with our own or others' emotions. Yet, emotions have been described as a lifeblood of relationships and the messenger of love. (For more

information, see *A General Theory of Love* by Thomas Lewis¹)." For more of Darwin's thoughts on the importance and challenge of emotional connections, see his blog post on bcmj.org.

At Darwin's suggestion, I watched Brené Brown's TED Talk on vulnerability,² read the summary of Amir Levine and Rachel Heller's book *Attached*³ (which reviews attachment styles), and filled out an ARE questionnaire⁴ (which considers accessibility, responsiveness, and engagement) to assess the state of our current relationship.

I realized that I was able to connect with my partner only once I let my guard down. Accepting vulnerability has enhanced my relationship with my partner and has made me a better physician. I can also connect with my patients on a deeper level. I can openly celebrate their happiness and comfort them in their times of sorrow. I hug my patients.

I challenge all of you to find your balance in the bizarre love triangle. ■

—Jeevyn K. Chahal, MD

References

1. Lewis T, Amini F, Lannon R. *A general theory of love*. New York, NY: Vintage Books; 2001.
2. Brown B. The power of vulnerability. TED Talks. Accessed 20 April 2023. www.ted.com/talks/brene_brown_on_vulnerability.
3. Levine A, Heller RSF. *Attached: The new science of adult attachment and how it can help you find—and keep—love*. New York, NY: Penguin Publishing Group; 2012.
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Calling all readers: we want to hear from you!

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In the first quarter of 2023, we received more submissions than ever before, and we couldn't be happier about it. We have been impressed by the work being done by some of our province's largest screening programs, such as breast cancer, colon cancer, and lung cancer screening. UBC medical students continue to contribute in the BCMD2B category, which highlights a promising future for our profession, and the *BCMJ* remains a place to learn about timely public health issues such as increasing rates of syphilis and opioid use. I want to encourage our readers to continue the good work of writing for the journal. Physicians from across our province are doing amazing things, and our mission is to share that information. Tell us what you're up to!

Clinical articles are always welcome, including papers on randomized controlled trials, retrospective cohort studies,

and quality assurance projects. Remember that medical learners are often seeking research and writing mentorship, and this can be a good way to get our newer colleagues involved in medical writing. If research is not your cup of tea, consider submitting a Clinical Image with an accompanying description or a short blurb for our online Blog. We also recently in-

troduced a new article type—BC Stories—where we encourage you to tell us about an experience in your life outside of medicine, whether tales of the arts, athletics, travel,

or humanities from around BC. Finally, if you've got an opinion to share, then tell us what you *really* think. The Premise category includes essays and opinion pieces on any medicine-related topic, and Letters to the Editor are a quick way to share your point of view.

Diversity is essential; it enhances the quality of health care we can offer to patients, and when we share experiences from our diverse physician workforce, we have an opportunity to advance the culturally sensitive and appropriate care we provide, leading to better health outcomes. Our province's diverse population comprises individuals from a variety of ethnic, cultural, and socioeconomic backgrounds, each with unique health care needs. The more we communicate, the better we foster a collaborative and inclusive health care system that benefits everyone in British Columbia. ■

—Caitlin Dunne, MD

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Letters to the editor

We welcome original letters of less than 500 words; we may edit them for clarity and length. Letters may be emailed to journal@doctorsofbc.ca, submitted online at bcmj.org/submit-letter, or sent through the post and must include your mailing address, telephone number, and email address. Please disclose any competing interests.

Thank you to Dr Brian Day

I wanted to pass on a thank you to Dr Brian Day for not being afraid to use his voice and for advocating for a better health care system over the years. His words have become more compelling to me with time, and I think they are more poignant than ever.

Every doctor I have met has a passion unique to themselves. Some of those passions and practices can't be justified within the funding of the existing public health care system. That's not all bad. But I, like Dr Day, it seems, wish there was more flexibility to innovate both inside and outside the existing system. I truly believe it would benefit more people, regardless of income.

—Darren Jakubec, MD
Smithers

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