

## WISDOM IN HEALTHCARE: FINDING WISDOM IN UNEXPECTED PLACES

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“**T**hank you for listening, for caring. Thank you for your advice, you are wise beyond your years,” she said as the tears streamed down her face. The room was hot and heavy with raw emotion, swirling like dust in the rays of the mid-afternoon sun. “I will see you back here next month,” I said thoughtfully as she stood up, collected herself and stepped out of my office.

Me... wise? Like many medical trainees, imposter syndrome followed me around like my shadow. Self-doubt caused me to question almost every diagnosis and treatment decision for most of my medical training. The evaluations from my attendings continued to feed the beast of self-doubt. I felt overwhelmed by the array of possibilities and investigatory options for any given complaint in a patient. How do I know the right course of action to choose? I have since learned that there is not only one right way to manage a patient.

Ask a group of five attending physicians questions about how to manage a case and you will have five different answers. I was so worried about selecting the “right answer”—as though life were some sort of multiple-choice question—that I was never able to select MY answer. I was only able to develop that

independence after I had finished residency and was thrown into solo practice. Once I no longer had to prove myself to others, I felt liberated to trust my own assessments and come to my own conclusions. This liberation led to several wonderful developments.

I found myself moving away from simply giving my patients a diagnosis and a list of treatment options, and instead sharing my thought process with them. By explaining the nuances that made me hesitate between two treatments, I could work together with my patients to take the course of action that felt the most right for both of us. This strengthened the therapeutic relationship and, from my anecdotal experience, led to better treatment adherence.

In addition, it allowed me to explore the context in which I practice. Suddenly I saw guidelines not as absolute truths but suggestions to be tailored and individualized to each patient. Take Mrs. X for example; a charming older woman who has no underlying conditions to qualify her as immunocompromised apart from her age, yet she was hospitalized three times in the last year for a severe pneumonia. While she does not have asthma and has never smoked, she struggles with the grief of her husband's passing two years ago. She worries about her daughter with breast cancer and often tries to help by taking care of the grandchildren. She never got sick like this before her husband's death, and she has always failed first line antibiotics whenever I have prescribed them. So, when Mrs. X comes to my office with a deep, wet cough and the familiar chest pain, we throw away the guidelines and go straight to second line antibiotics because, for whatever reason, this is what works for her. This is her guideline that we created together through shared experience.

Finally, I started to innovate and get creative with how I practised medicine, something I previously thought to be forbidden. For example, I remember seeing an older woman with occipital neuralgia. The shooting headaches robbed her of time with family and knitting hats with her friends. When I discussed the usual treatment of occipital nerve blocks, she said she was deathly afraid of needles and asked if there was anything else we could try. I thought about it for several moments and suggested a trial of topical Xylocaine cream. I found nothing about it in my quick literature search at the time, but biologically it sounded plausible. I explained my reasoning and that I had no idea if it would work, but that given the low risk of danger to the patient, I figured it was worth a shot. Low and behold, it worked! She had relief and stopped needing it after two or three applications. A few weeks later I had another patient come to me for the same issue, except this time I did not have the necessary materials to complete an occipital nerve block. I proposed the cream with the same disclaimer, and she too wanted to try it. And once again, it worked. She came back to me several months later saying how empowering it was to manage her condition when it arose without having to go to the doctor for an injection. As she is a caregiver, leaving her mother alone was next to impossible. Something as simple as a cream made a profound difference in this woman's life.

You can gather all the knowledge in the world and never be wise. Wisdom is not simply a collection of guidelines and facts; it is not memorizing diagnoses and algorithms. It comes from practice; from failure and subsequent growth, and most importantly from trusting yourself. Immerse yourself in the trials and tribulations of this amazing career and allow yourself to create your own guidelines. One diagnosis at a time, one treatment at a time, one patient at a time. ■

## **Biographical note**

Dr. Laura Sang is a family physician with a passion for writing and health advocacy, currently practising in the lower Laurentians. She completed her medical training and a Master of Science in Public Health at McGill University. Additionally, she dabbles in freelance medical journalism. Her TV, radio, and print news appearances can be found on CBC and other news outlets. Outside of medicine, she can be found hiking in the woods with her husband and dog or curled up inside with a hot cup of tea.