You Have to Know How to Shudder

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I do not remember when I first heard that phrase but I do remember the patient who showed me it was true. His cancer had metastasized to his spinal cord leaving him a paraplegic. His pain was controlled with an epidural morphine pump. Lack of visceral metastases kept him here for many months. Ultimately he was able to finish his book and live to see the galley proofs.

I would visit him at home. We would talk about his comfort level (“good”), his mood (“I’m coping”), and his writing (“coming along”). Periodically he would shudder. His whole body would shake, including his legs and lower torso below the level of spinal cord damage.

My first thought was that he was having a seizure. But no, the conversation went on without interruption. It might be spasticity from the cord damage; no, his arms trembled as much as his legs. One by one I considered and dismissed all the medical explanations I could imagine.

I asked him what was happening, what he felt. He was completely aware of everything; he knew his body was shuddering. It didn’t bother him—except to make writing harder. He did not feel afraid. He could not control or stop it, but did not feel out of control. In spite of—or defiance of—his impending death, his paralysis and his unobtainable dreams, he was not afraid, resentful, or depressed. He was simply shuddering.

Somewhat after he died I came across an etymological fact. In the Hebrew Testament the root word that was either translated as “fear” or “awe” really meant “to tremble when encountering a force.”

How honest that is, to go directly to our response to life without filtering it through our fears or mental constructions of what it might be! Yet, how often can we simply experience life without denying it, filtering it, or attempting to make it fit into our preconceived notions?

As physicians we are exposed to the rawness of human suffering daily. It can be as mundane as the limits arthritic knees place on walking or as profound as the implications of a young mother whose life is cut short by breast cancer. How do we respond to those events? Do we tremble in awe at the expression of Nature? Do we distance ourselves from human experience by viewing it as a problem to solve? Do we separate ourselves from our shared human suffering by refusing to experience our own pain?

A century ago William Osler wrote the essay “Aequanimitas.” He felt that physicians should appear imperturbable even if they could not be unmoved by their patients’ illness. Such a role model persists long after it has become self-defeating. Patients no longer demand it. Physicians can no longer sustain it without injuring the very core of what Osler wanted to promote: the physician himself or herself as the instrument of healing.

Equanimity—the ability to be balanced and open regardless of circumstances—remains at the center. The task is not to be dispassionate. Rather it is to experience deep feelings, even passion, without losing one’s center of balance.

Balance is difficult to maintain. There are so many things that pull us off balance: the desire to please our patients or the people whose approval we seek; the fear of being blamed; worry about not living up to our own or another’s expectations; the fear of causing harm; the desire to...
be praised by others or worse, fear of losing their respect.

Being open is even harder. How can we be open to all the events around us, much less our own feelings! Is it really possible to be unmoved by patients frightened by the diagnosis of cancer—particularly when we see our own selves reflected in their eyes? How can we hope to find equanimity amidst the battle to meet our own needs and to serve others?

The answer is simple, but not easy. You cannot remain open or balanced all the time. You can, however, learn to find the center again. Finding it is a process. You must recognize when you are there, and what pulls you away.

You know you are balanced by the feeling of ease. There is a sense that things are right exactly the way they are, whether you like it or not, and you are content in knowing that this is true.

You know you are off balance by the way you react to events: feeling angry at what is happening; insisting you are right even when you have doubts; wanting to do more than you really can.

Being open—not just to others’ pain but to our own—is the most difficult of all. Our very biology causes us to turn away from pain, much as we pull our hands from the fire. Our training specifies that we try to take away our patients’ pains.

It takes great courage to remain open to pain. The temptation is to shut down, to avoid seeing it altogether. Yet how can we understand what is needed to alleviate our patients’ suffering if we cannot know it for what it is? Moreover, how can we heal ourselves if we do not know where we hurt and what draws us away from our own centers?

We have to learn how to shudder, to tremble in the presence of a force, without turning away. Regardless of our own skills, regardless of the power of our technology, we will face the inevitability of death and suffering, circumstances beyond our control. Will we react by withdrawing or putting a white-coated barrier between us and the patient? Or will we have the heart and the humility to face our limits and stand in awe of what presents itself to us?

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