

The Pulse

OF CATHOLIC MEDICINE



CATHOLIC
MEDICAL
ASSOCIATION

SPRING/SUMMER 2019 ISSUE 1

CLOSE TO THE EDGE OR OVER THE CLIFF?

Reflections of a
Wounded Healer

A New
CMA-Assisted
Paradigm for
Increasing
Happiness

& Reducing
Burnout

PLUS

**Pornography:
The New Drug**

**CMA Responds
to the Opioid Crisis**

**CMA & FOCUS Make
an Impact on the Next
Generation of Physicians**

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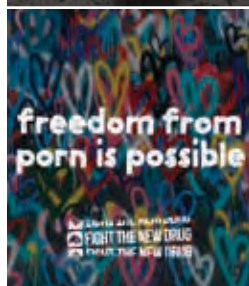
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DEAR CMA MEMBERS AND FRIENDS,

It is a privilege to serve as your president this year. I want to take this opportunity to thank you for your support of the CMA, and above all, for the loving care you provide your patients.

Through membership in the CMA, we will continue to foster a community of medical professionals who grow spiritually while providing care for others in our daily work. This sense of community begins at the guild level and is being strengthened on the state level in at least 30 states that now have state directors in place. On a national level our events, conferences and committees provide additional opportunities for community and spiritual growth. The Faith, Inspiration, Reason, and Education Committee – better known as FIRE – is one such committee. Under the leadership of Dr. Kathleen Raviele, the FIRE committee ensures our members have the tools needed to strengthen their prayer life with the purpose of deepening their relationship with God. Please be sure to keep an eye out for the FIRE email that is sent the first Friday of every month and contains powerful monthly reflections.

This year, the vision and mission of the CMA will be realized through the hard work of our various committees, who remain dedicated to introducing innovative ideas to propel our organization forward. One such example is the Student Section who undertook a bold initiative to reach out to pre-medical students at the FOCUS SEEK2019 Conference in January. Under the guidance of Dr. Thomas McGovern, and partnering with the National Association of Catholic Nurses, there was a tremendous response from attendees at the conference and we look forward to other future possibilities with FOCUS. You can read about it on pages 10 and 12.

As you will read on page 4, the outreach of our Opioid Task Force, headed by Dr. Cynthia Hunt, continues to strengthen our communities and tackle an epidemic that has swept our nation. This task force is part of the Health Care Policy Committee chaired by Dr. Steven White. I believe by putting our minds together, both medically and spiritually, we can combat this evil in our society.

We look forward to our Annual Education Conference in Nashville this September chaired by Dr. Michael Parker. We will be blessed with another opportunity to grow professionally and spiritually as one. The theme of this year's conference is *Physician Heal Thyself: Living a Fulfilled Life in Medicine*, which will focus on the crisis facing physicians and health care professionals who experience exhaustion due to spiritual, physical, financial and mental health demands along with ways to combat it. A preview can be found starting on page 6.

The exciting growth we will see this year is made possible by the strong foundation built by our previous leaders. I know we will continue to create positive change on the national level through our friendship with other like-minded leaders and organizations, such as Alliance Defending Freedom, Solidarity Healthshare, Napa Institute, American College of Pediatricians, Christian Medical and Dental Association, American Association of Pro-life Obstetricians and Gynecologists, and Christ Medicus Foundation. Above all, we will continue to advocate for the defense and dignity of every human life.

Again, I thank you for the tremendous privilege to serve as your president this year.

Sincerely,



John A. Schirger, M.D.

PRESIDENT



Avoiding Emotional and Spiritual Burnout in Our Trying Times

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The views and opinions expressed in this magazine are solely those of the authors and do not necessarily represent those of the CMA.



DEAR CMA MEMBERS AND FRIENDS,

We live in times that are very trying for faithful Catholics. Inside and outside of the Church we witness the encroachment of evil, moral error, and an evasion of moral responsibility as a cancer eating away at the foundation of the Judeo-Christian moral order, which is the bedrock of an authentic civilization. Everything seems turned upside down. It takes our breath away and makes us, perhaps, feel emotionally and spiritually burned out.

Just take, for example, the obsession with saving the world from climate change, while more heinous and egregious moral issues are trodden into the dust. Inside the Church we hear such a puzzling statement that we have more important things to address like protecting the environment rather than addressing how a predatory and homosexually active prelate could come to exercise utmost influence in the highest echelons of the Church. Outside the Church, we are aghast that through the murder weapon of the pen, in some instances through the signature of baptized Catholic politicians, legislation is signed into law that allows the slaughter of innocent children in the womb up to the time of birth, while some members of Congress run around crying that the sky is falling due to climate change and that our only salvation is to enact a Green New Deal. So many are alarmed that global warming is the greatest crisis facing humanity, but few fear the eternal fires of hell, where an even more intense “warming” is certainly something to dread, we would think. Multitudes, inside and outside of the Church, have lost their moral compass as to what matters the most. What good is it going to do to gain a world that is cooler while losing one’s soul in the process? It is alarming and upsetting that so many seem oblivious to the more important concern of one’s eternal salvation.

So, what are we to do? As members of the Catholic Medical Association, we are called to be witnesses to and practitioners of the moral law in our lives and in the vocation of medicine. We also need to remember that this battle is the Lord’s. Thinking that the battle depends all upon us easily leads to burnout. However, when we realize that we first depend upon the grace of our Lord to do what we can and that He alone can move hearts to bring about conversion, then we do not have to become exhausted when we do not seem to succeed in the battle. As St. Teresa of Calcutta would remind us: “God calls us to be faithful, not successful.”

So, what power do we have? We can pray and fast. Pray the Rosary daily. Pray the St. Michael Prayer daily. Fast at least once a week. Further, one prayer that I believe would be good for all of us to pray is the “Novena of Surrender to the Will of God” that was composed by the Italian priest Fr. Dolindo Ruotolo (1882-1970). It is a prayer that helps us, while never excusing us from doing our part, to realize that we need to surrender everything to Jesus if we are to avoid emotional and spiritual burnout. I hope you pray it.

May our Lord bless you,

Fr. Gutowski

Fr. Matthew J. Gutowski, STL

NATIONAL CHAPLAIN

CMA Responds to the Opioid Crisis

By
NADIA SMITH

THE DEVASTATION CAUSED BY THE OPIOID CRISIS LED THE PRESIDENT of the United States to declare a national public health emergency in 2017. This initiated a task force within the Department of Health and Human Services (HHS) to find a comprehensive solution. As part of that effort, HHS asked the Catholic Medical Association for assistance, especially in providing a Catholic medical perspective to this multifaceted crisis.

Under the leadership of Dr. Cynthia Hunt, Chief of Psychiatry at the Community Hospital of the Monterey Peninsula and CMA Regional Director, the CMA initiated its own task force to further evaluate the crisis and provide recommendations on how to deal with this health emergency on the front lines.

The task force, under the patronage of Our Lady of Lourdes, consists of clergy and professionals in medicine, mental health, social work and ethics. Its focus is to work with a number of dioceses and communities that have taken a lead in this fight in order to coordinate efforts in establishing increased programs with “models of best practices” in biological, psychological, social and spiritual healing.

“It has been a privilege to work with HHS through its Faith and Opportunity Division,” Dr Hunt said. “We have been blessed with expertise, prayerful intercession and zeal for the healing of individuals who suffer in this way.”

According to the Center for Disease Control, drug overdose killed more than 72,000 Americans in 2017, a record high and a 10 percent jump from the previous year. The vast majority of those deaths were opioid-related due mainly to prescription misuse, but also to synthetics like fentanyl or illicit opioids like heroin. More people died from opioid overdoses in 2017 than the combined total deaths caused from AIDS, car accidents and gun violence in the same year.

The opioid crisis has come in three waves over the past three decades according to the National Capital Poison Center, the independent, private, nonprofit organization that runs the national poison control hotline.

The first wave began in 1991 when a sharp increase in the prescribing of opioid medications for pain led to an increase in deaths involving overdose. It was during this time that the National Capital Poison Center says pharma-



ceutical companies and medical societies began promoting the use of opioids in patients with non-cancer related pain while claiming that the risk of addiction was very low. By 1999, for the first time, the vast majority — 86% — of opioid prescriptions were for chronic pain. Communities where these drugs were liberally prescribed were also the first places to experience increased opioid abuse, according to the Center.

“In the beginning of this increase in opioid prescribing, pain was promoted as the ‘fifth vital sign,’” Dr. Hunt explained. “As physicians, we were required to take an additional 12 units of CME in pain management to safely but effectively utilize opioid narcotics. Unfortunately, there was a definite misunderstanding about the addictive nature, which can be traced back to a Letter to the Editor in the *New England Journal of Medicine* in 1980 that was used for justification in promoting opioids for chronic pain.”

The second wave began around 2010 with a rapid increase in deaths from heroin use. As it became harder to get prescription opioid medication — the initial effort at regulation made after the first wave — many users began turning to heroin, which was widely available and cheap, but also deadly. The Center states that deaths related to heroin overdose increased by 286% from 2002 to 2013, and approximately 80% of heroin users admitted to misusing prescription opioids before turning to heroin.

The current wave of the epidemic began in 2013, with the rise of synthetic opioid-related deaths spiking in 2017, the Center noted. The recent increase due specifically to fentanyl overdose deaths has also been linked to illicitly manufactured fentanyl, particularly from China and Mexico.

In 2016 the CDC released comprehensive guidelines for prescribing opioids for chronic pain, recommending non-opioid treatments as the first step for treatment not related to cancer treatment, palliative or end-of-life care. Further the CDC recommended that opioid medications should only be added after careful assessment of pain control and followed by regular evaluations of their continued need.

These recommendations were met with some push back from pharmaceutical companies according to the U.S. Senate Committee on Homeland Security and Government Affairs. They found that the pharmaceutical companies used lobbying and advocacy groups to attempt to stop measures to restrict overprescribing, to undermine the CDC guidelines, and to block attempts to hold prescribers and pharmaceutical companies accountable. In fact, the Committee released an investigative report in February 2018 exposing the financial ties between opioid manufacturers, patient advocacy groups, and medical professional societies

that all stood to lose money from the changes.

President Trump called for the Attorney General last year to pursue legal action against those pharmaceutical companies behind the false and deceptive misinformation about the safety of opioid medication. The move would bring criminal enforcement and would join the multiple opioid-related lawsuits that have been filed against pharmaceutical companies and its individual leadership, as well as retail pharmacies and dispensaries by cities, counties, state’s attorneys generals and even the Native American tribal councils. The President has also set forth the goal of reducing opioid prescriptions to one-third by 2020.

But the solution goes further than lawsuits and government regulation of prescriptions according to HHS Secretary Alex M. Azar II. He highlighted the main points of the government’s comprehensive approach during his address to the National Governors Association last year. It includes gathering more data on the epidemic; increasing research on pain and addiction with a focus on developing non-addictive pain medication; improving the promotion of healthy, evidence-based methods of pain management; increasing the development and production of overdose reversing drugs like naloxone and making them readily available; and providing more comprehensive prevention, treatment and recovery services with special attention to medication-assisted treatment for survivors of overdose.

He also emphasized federal funding available for state use, particularly vouchers, which allows the use of the funds for proven services from faith-based providers.

“Americans of faith have taken a leading role in the compassionate approach we need to take to this crisis,” he said. “And we’re eager to support their work however we can.”

It is in this area that the CMA hopes to make an impact as it works to coordinate faith-based providers to offer the most holistic approach in healing individuals with opioid addiction.

“The ultimate goal is healing and wholeness biologically, emotionally and spiritually,” Dr. Hunt said. “Concurrent with the healing of the addiction, there needs to be emphasis on the psychological and social issues involved, including support for the families and community affected. Spiritual healing is of utmost importance. We can help increase the understanding of the deep love that God has for each individual and invite him or her into a more intimate relationship with Him. We can also assist others in understanding the value of redemptive suffering. Our Lord is the ‘Divine Physician’ and as members of the Catholic Medical Association we desire to bring His love and compassion to those who suffer in this crisis.”

A New CMA-Assisted Paradigm for Increasing Happiness and Reducing Burnout

By
NADIA SMITH

MEMBERSHIP IN THE CATHOLIC MEDICAL ASSOCIATION is one way to combat physician burnout. That’s according to board member Thomas McGovern, M.D., who says the CMA provides what physicians need to find joy in their profession: purpose, a measure for providing quality care, relationships, and a sense of calling.

As a preview to the 2019 Annual Educational Conference on physician burnout, Dr. McGovern spoke at last year’s conference in a talk titled “PQRS — A New CMA-Assisted Paradigm for Increasing Physician Happiness and Reducing Physician Burnout [CMA 101].”

In his presentation, he cited a recent New England Journal of Medicine Catalyst survey of more than 800 practicing physicians who overwhelmingly believe burnout is a serious problem in their organizations. When asked the reasons for the burnout, two main ones were reported: an increased demand for administrative tasks which means less patient care and less peer interaction, as well as a lack of respect and loss of autonomy.

“I didn’t train until the age of 36 to have some micro managing prima donna in some large corporation cubicle tell me what to do and I don’t think you did either,” Dr. McGovern told his audience. “But because of the micromanagement, we again lose more time proving that a medicine or a medical test is needed or not. We lose time with our patients face-to-face and lose time with our peers with whom we could commiserate and get ideas.”

As medicine in general moves more toward a corporate model, government gives financial incentives to health care facilities, hospitals, clinics, and medical practices to encourage physicians to be more efficient. Part of that strategy is to introduce electronic health records (EHRs). Dr. McGovern cited another recent study by Kaiser Permanente, the American integrated managed care consortium based in Oakland, California, which reviewed 31 million EHR entries that accounted for 2.8 million patient visits.

“That means 11 notes per patient,” Dr. McGovern exclaimed. “Who’s the patient? The computer or the person? This is a system problem. EHR adoption is going up like

crazy. In 2009, the government gave incentives to implement this “helpful” system. What is the result? Longer work hours while quality of care suffers and notes become longer and more meaningless.”

To boot, even though the government offers financial incentives to institute EHRs, money is not a driving force for physicians. However, these government mandates put pressure on physicians to be compliant in order to keep their jobs, he said. This misguided approach is literally “sucking the life out of physicians,” he added. “Currently the epidemic of physician burnout is devouring the soul of medicine and is not sustainable.”

In burnout, physicians are exhausted physically, mentally and/or emotionally. They are cynical and have lost their sense of purpose and sense of accomplishment. But Dr. McGovern takes the acronym of the former government PQRS reporting system and gives it a new twist to show how the CMA can help physician burnout. When PQRS stands for Purpose, Quality Care, Relationships and Sense of Calling — all qualities that physicians report bring joy to their profession — one can see how.

Purpose: The CMA defines its membership’s purpose as “upholding the principles of the Catholic faith in the science and practice of medicine.”

Quality Care: The CMA calls its members to the highest standard of care by “imitating Jesus Christ, the ultimate healer” in the practice of medicine.

Relationships: The CMA is a community of health care professionals with shared vision, mission and values.

Sense of Calling: The CMA helps members understand that Jesus Christ is the one that does the calling to medicine. And the CMA chartered guilds are meant to help physicians consider their responsibilities to God in their profession.

For these reasons, the CMA is a place where Catholic health care professionals, particularly physicians, can find the support they need while growing in their faith.

“Can CMA improve your PQRS?” Dr. McGovern asked. “Yes, yes, it can!”

This year’s educational conference, to be held at the Gaylord Opryland Hotel September 26-28, will feature speakers that not only will address the crisis of physician and health care worker burnout and the spiritual, physical, financial and mental health consequences, but also provide solutions. Dr. McGovern will be one of those featured speakers.



PHOTO BY KEVIN BARTRAM

Close to the edge or over the cliff? Reflections of a wounded healer

By
ROBERT MOTLEY, M.D., M.H.C.D.S.,
Philadelphia Guild Member

WHEN THE FIRST ARTICLES ABOUT BURNOUT surfaced a few years ago, I thought I would be immune to that phenomenon. I enjoyed my work, I have a healthy marriage, a loving family, and I have been committed to personal spiritual development and to my parish community. However, what I've come to learn is that no one is immune! Despite the risks that come with self-disclosure, I'm trusting the Lord that sharing my experiences and reflections will give others the courage to name it for themselves and to understand that there is a way through the "bitter valley" on the way to a "place of springs" (Psalm 84:6).

According to the Patient Safety Network: "Burnout is a syndrome characterized by emotional exhaustion that results in depersonalization and decreased personal accomplishment at work. The emotionally exhausted clinician is overwhelmed by work to the point of feeling fatigued, unable to face the demands of the job, and unable to engage with others. The burned-out clinician may develop a sense of cynical detachment from work and view people—especially patients—as objects. Fatigue, exhaustion, and detachment coalesce such that clinicians no longer feel effective at work because they have lost a sense of their ability to contribute meaningfully."

As I reflect on my more than 30 years in medicine, I've realized that the seeds of burnout are sown early. The selection process for medical school admission attracts students who are other-centered, detail-oriented, achievement focused, and self-sacrificing. My medical school and residency training were characterized by hard work, long hours and not a whole lot of down time for personal reflection and recreation. Even Jesus took breaks to pray and to get away from the crowds!

The pattern frequently continues in the first several years of clinical practice. High achieving doctors (and other health professionals) often want to establish themselves and earn the respect of their patients and peers. The learning curve remains steep at a time when family life gets busier and time demands continue to grow. The tension mounts



between professional duties and time for family, friends and self-care. The seeds of burnout grow roots.

As the years progress, we ride the ups and downs of our lives and those of our patients. What we sometimes don't realize is the emotional impact of our daily experiences. The pace of medical practice has also accelerated, leaving less time for the learning that comes from stepping back to process our experiences and to see things in perspective. Like a car that is always in motion, we rack up the mileage and don't always rotate the tires and change the oil. We can become addicted to our good reputations and invitations to take on more highly visible responsibilities. While all well-intentioned, this is really pride at work.

Early in my career, I worked in a group that seemed idyllic at first. I had joined my brother in a multi-specialty group practice, and I was chosen to start up a new office site — a fun challenge. What I missed was that some of the doctors were more focused on patient volume and financial performance than they were on patient relationships and quality improvement. Tensions gradually mounted over a four-year period, then exploded in a flurry of one-sided discussions and decisions made in secret. The group had not invested in the interpersonal training and facilitation needed to accommodate the growing pains facing the practice.

Instead, there were raised voices and ultimatums — stress! As a young physician, it was hard to leave a good paying job when my wife and I had 5 young children at home and a mortgage to pay. This was my first prolonged experience of conflict. While it did not lead to burnout, it was a time of

continued on p20



Pornography: The New Drug

By
ALFONSO OLIVA, M.D., F.A.C.S.
Past President, Spokane-Coeur d'Alene Guild

Despite frigid temperatures and near record-breaking snowfall, a sold-out crowd of over 500 people gathered at the Hemingson Center on the Gonzaga University campus in Spokane, Washington, on Saturday, February 23, for the CMA Guild Conference on Pornography.

Organized by the Spokane-Coeur d'Alene Guild in collaboration with the university, leading experts from throughout the country gathered for a daylong conference on the consequences of pornography. Speakers covered its effect on the brain, its impact on intimate relationships, and its direct ties to the horrors of child sexual abuse, sexual violence against women, and human sex trafficking. The latter part of the afternoon was devoted to effective therapies.

The conference was attended by college students, medical professionals and individuals from various religious backgrounds. His Excellency Bishop Thomas Daly also attended the conference, and has been a strong supporter. All attendees received a book produced by the National Center on Sexual Exploitation (NCOSE) detailing the published peer-

reviewed data that supports the premise that pornography is a public health crisis.

The conference began with Dr. Donald Hilton, a neurosurgeon from San Antonio, Texas, who discussed the effects of pornography on the developing brain. Dr. Hilton explained that learning and behavior can in fact change brain structure, and that addictions, whether it be to food, sex, the internet, or pornography, have been shown in virtually every study to result in shrinkage and abnormality in the reward (nucleus accumbens) and judgement (prefrontal cortex) centers. MRI data from the Max Plank Institute in Germany documents these changes along with impairment in connectivity with the frontal cortex areas of judgement and control.

Gail Dines, Ph.D., professor emerita of sociology and women's studies at Wheelock College and author of *Pornland: How Porn has Hijacked Our Sexuality*, spoke next. Dines, who is also the president and CEO of Culture Reframed, has studied the effects of porn for nearly 30 years. She impressed on the audience that mainstream pornography, which comes up within seconds of a Google search, is cruel, abusive, violent, and free. She explained that the average age of first exposure to porn is eleven years old, and that the child will be "catapulted into a world of sexual cruelty and brutality, where women are subject to body-punishing sex and called vile names." Never before has a generation of children been raised on hardcore porn. According to Dines, the consequences for our culture

include boys who will grow to be men that view women as disposable objects and themselves as predators; and girls who grow to be women that see themselves as victims as dictated by the porn/entertainment industry. Dines stressed that this will significantly shape the adolescent sexual arousal template. She gave a second lecture on the direct link between human sex trafficking and pornography. She emphasized that we will never be rid of sex trafficking unless we eliminate pornography.

The topic of sex trafficking was continued by Patrick Trueman, president and CEO of NCOSE. Trueman was also the chief of the Child Exploitation and Obscenity Section within the Criminal Division of the U.S. Department of Justice. Trueman explained that in the real world pornography, prostitution and sex trafficking are one and the same. More than 80% of women in the sex industry are under a pimp's control, which is the definition of sex trafficking. Furthermore, pornography meets the legal definition of trafficking if the pornographer "recruits, entices, or obtains women for the purpose of photographing live commercial sex acts." NCOSE targets companies that promote pornography in their "Dirty Dozen" list. The Hilton Corporation, for example, has stopped providing porn in all of their hotel rooms under pressure from NCOSE.

The discussion of sex trafficking then turned to what is happening in the local community of Spokane with Aaron Tilbury,

who founded the Jonah Project, an organization that rescues and houses women and children trafficked in our community.

Clay Olsen, the founder of Fight the New Drug, a youth movement dedicated to raising awareness of sexual exploitation, spoke frankly to the youth in the audience about relationships. Famous for the group's billboards, "Porn Kills Love, Fight for Love," Olsen presented real life examples through vignettes about young people enslaved by pornography, the devastation to their loved ones and families, and the tough road in extricating themselves from the "new drug."

The remainder of the afternoon was devoted to exploring therapeutic solutions. Stefanie Carnes, Ph.D., president of the International Institute for Trauma and Addiction Professionals, and author of *Mending a Shattered Heart: A Guide for Partners of Sex Addicts*, lectured on compulsive and addictive sexual behavior. She discussed the difference between addictive and compulsive behavior, their diagnosis, and the implications for treatment. She then led a panel discussion with five local licensed mental health counselors and certified sexual addiction therapists on a variety of questions from the audience. Many questions concerned personal struggles with porn addiction. The panel ended with assurances that recovery and sexual health are possible.

The conference was videotaped, and it will be uploaded to the CMA YouTube page soon.





2019 Medical Student and Resident Boot Camp

June 9-16, 2019, at the University of St. Mary of the Lake (Mundelein Seminary), Mundelein, Illinois. Boot Camp is a several-day intensive formation experience of prayer, study, practical training, and mentoring with leading Catholic Medical Association physicians, priests, and moral theologians. To register visit: cathmed.org/events/medical-student-boot-camp



A New Alliance: CMA & FOCUS Unite to Make an Impact on the Next Generation of Physicians

By
THOMAS MCGOVERN, M.D.

The CMA and the Fellowship of Catholic University Students, more widely known as FOCUS, have become new allies, and that partnership is connecting hundreds of pre-medical students to the CMA.

CMA members interacted with hundreds of eager pre-medical and other health pre-professional students who attended FOCUS' SEEK2019 conference at the Indiana Convention Center in Indianapolis January 3–7.

CMA committee members spent 11 months preparing an outreach to pre-medical students for the purpose of giving them hope and practical assistance in navigating the complicated — and sometimes grueling — path to becoming physicians in a world that often challenges their views. CMA initiated this outreach by attending the biannual Seek

conference, where more than 17,000 people participated including nearly 12,000 Catholic college students.

Top-name Catholic speakers included Fr. Mike Schmitz, Leah Darrow, Jason Evert, and Jennifer Fulwiler. Masses included a procession of approximately 500 priests. In between Mass and speaker presentations, thousands of attendees filled the conference space called Mission Way where 200 apostolates displayed their booths. The CMA Booth stood out thanks to “Anatomy-Man,” an eye-catching gross anatomy tool courtesy of CMA medical student Elaine Bilbily and the University of Kentucky anatomy department. The CMA also shared its booth with members of the National Association of Catholic Nurses who offered free membership to interested nursing students.

Three CMA doctors gave approximately 40 mock medical school admissions interviews to help students prepare for the interview process in a friendly, low stress environment while providing practical tips. Each participant received a sturdy, navy blue, CMA-logo-bearing thermos.

All those who stopped by the both received a beautiful Saint Luke Holy card with the CMA motto/vision statement and three links on the back to the CMA-SS Facebook



CMA Mentors

During 2019, initiatives are underway to formalize and strengthen connections between willing physician mentors and students who want them as role models, sounding boards, and doctors to shadow. Please let the CMA office know if you are willing to be a mentor by emailing info@cathmed.org with Mentor in the heading.



Page, the “Doctor, Doctor” podcast, and the sign-up page for Boot Camp, as well as anatomically correct heart shaped stress balls with the coronary arteries.

Those students who signed up for the CMA-SS Facebook page and the “Doctor, Doctor” podcast also received navy blue winter beanies with the CMA logo. Students also received a chapter from *Catholic Witness to Healthcare* written by an anonymous medical student about navigating medical school as a Catholic. Finally, the Alliance for Defending Freedom provided hundreds of copies of their booklet, *A Legal Guide for Medical Professionals*.

The CMA collected contact information from more than 200 pre-medical and current medical students, who repeatedly said either, “I didn’t even know the CMA existed, but I’m glad it does,” or “I’ve heard of the CMA, but I didn’t know you were offering anything for students.” Attendees were highly interested in the Medical Student and Resident Boot Camp, the MedCon 2019 Conference, and CMA physician mentorship.

Additionally, FOCUS has requested the help of the CMA on two big initiatives. First, fulfilling a dream hatched at the Convocation of Catholic Leaders in Orlando

in July 2017, FOCUS asked the CMA to provide mentors for their new Integrated Leadership Initiative as part of their three-pronged approach to forming pre-professional students. Local CMA mentors would be connected with students at one of the 140+ FOCUS college campuses. Secondly, the director of missions for FOCUS, Dominic Paolucci, asked if the CMA could provide mentors for these trips. He oversees 145 mission trips annually, of which 6 are medical missions. FOCUS intentionally forms student participants while on the 9-day mission trip and wants physicians who will augment that by participating in spiritual formation with the students and serving as mentors.

Next the CMA plans to attend FOCUS’ biannual Student Leadership Summit in Phoenix in early 2020. That summit is expected to have half the attendance of SEEK, but all attendees will be campus leaders who will receive leadership training for work on campuses around the country.

The alliance with FOCUS is already proving to be fruitful and has introduced the CMA to the next generation of health care professionals.

CALLED TO MEDICINE

CMA Reaches Pre-Med Students



By
PAUL DAY, M.D.

IT WAS STANDING ROOM ONLY. MORE THAN 300 students filled the room where six CMA members presented during a breakout session at the wildly popular SEEK2019 conference put on by the Fellowship of Catholic University Students (FOCUS).

The conference drew nearly 12,000 undergraduate students from around the country to the Indiana Convention Center in Indianapolis Jan. 3-7. Students had the option of going to different breakout sessions during their lunch and one of those breakouts was hosted by the CMA, titled “Called to Medicine – Your Battle Plan for Joy.” To say that there was significant interest is an understatement: hundreds of students filled the seats and an overwhelming number of questions were submitted during the Q&A session.

CMA Board Member Dr. Thomas McGovern kicked off the session with an overview of his journey through medical school. He outlined navigating difficult ethical situations and interacting with peers of different mindsets. He highlighted how remaining true to Christ’s teachings on the dignity of life led him down a path to finding joy in medicine as a dermatologist and Moh’s surgeon.



Then a panel discussion ensued with Drs. Paul and Amber Day, Dr. Mikey Padilla, Elaine Bilbily (MS4), and Christina Freeman, RN.

Paul Day discussed how authentic friendships in the CMA’s student section gave him hope and guidance during his training to practice medicine authentically as a Catholic physician.

Amber Day highlighted a CMA mentor, Dr. Bill Perez and his family, and how their example and friendship helped her experience joy during her time as a medical student.

Padilla shared that his earliest inspirations to practice medicine came from his family practicing works of mercy, and how that example of compassion and attention to the human person has guided his journey in medicine.

Bilbily talked about how her faith, bolstered by the CMA, gave her courage to seek out opportunities for evangelization on the wards, over a cup of coffee, or in the midst of caring for patients.

Freeman gave particular examples of how Christ has worked through her to provide comfort during patients’ most difficult times in the ICU, including at the time of death.

The torrent of questions that followed ranged from living out faith in medicine, praying with patients, balancing family and career, and handling difficult ethical situations during training.

“I had no idea about the CMA and how much they can help me during my training as a medical student,” said one pre-medical student. Another added, “This gives me hope that I can live out my faith in medicine.”

And yet another one said, “This was the best session I’ve been to at the conference — it was so impactful and relevant to me as a pre-medical student, and I am so grateful.”

The future looks bright for the Catholic Medical Association and its partnership with FOCUS to fulfill its goal of reaching as many pre-medical students as possible.

Overcoming Burnout by a Simple Practice of Faith

By
DAVID WELLS, M.D.

Burnout is a term that is flying around hospital systems and medical training programs lately. The concept it describes is an important one. Physicians, both in practice and in residence, deal with mounting work-related frustrations leading to undue stress and anxiety that can become overwhelming and make appealing the idea of abandoning medicine.

Those in practice struggle with hospital administrators and insurance companies who seem to place profit over patient care, administrators who do not seem to understand the concept of valuing their staff or fail to show it in tangible ways, a schedule that can be overly demanding, and patients and a culture that at times seem no longer to appreciate or respect the physician's role and may think of the physician as merely a means to provide whatever ends they desire.

The stresses of residents differ somewhat; a resident's level of control over his or her daily routine, expected duties, and the manner in which these are carried out may be minimal. This lack of control is often accompanied by burdensome expectations and at times harsh criticism from supervising physicians who may treat the resident as a servant rather than an apprentice. These issues combined with long hours, frequent call, and low compensation can lead to building stress and regret.

Personally, I certainly deal with stress and, yes, plenty of it is work-related; but I feel blessed that I have been spared from burnout. I serve as a cardiothoracic surgery resident, and yes the schedule is demanding, the day

to day routine is challenging, and the expectations of me from my supervisors are significant. My home life is wonderful but not worry free. My wife and I have 8 children, she certainly works harder than me, but we both face additional stress at home. It is not infrequent that I am asked about burnout by other physicians, residents, and medical students. Some find it hard to believe that I do not describe myself as burnt out.

I do not have a magic bullet or brilliant advice to share with anyone to prevent or reduce stress. But I am happy to share some insights as to why I feel I avoid becoming unduly stressed.

I believe we have to combat burnout in the smallest of ways and on a daily basis. This is best accomplished by a very ordinary practice of our faith. When we approach each day thinking of who we are outside of medicine, why we serve in medicine, and whom we represent in our service, our perspective is changed. We remind ourselves that as Catholics, the encounters we have each day are encounters with Christ: Christ in our patients, Christ in our coworkers, Christ in those administrators seemingly aloof to the things that really matter. In turn, we are also to represent Christ and share Him with them.

With prayerful daily reminders of these simple truths, we begin to interpret the daily frustrations differently. We recognize these frustrations as merely obstacles to our ministry, obstacles to our charity, obstacles that seem more trivial as we recall Christ's love for us and recall our role to share His love with all those we encounter. Obstacles that, when framed in this light, can be easily overcome. Remember this, "Do not be overcome by evil, but overcome evil with good."

That said, I look forward to the upcoming CMA conference in Nashville. I know the CMA will certainly approach the topic in the right light and provide good resources to avoid or overcome burnout.

Sr. Hanna Klaus, M.D.

Catholic Physician Empowering Teens to Own Their Sexuality

By

ELIZABETH NGUYEN

SR. HANNA KLAUS, M.D. IS A LEGEND IN THE NATURAL Family Planning world. At age 90, she still combs through the latest research on the effects of hormonal birth control on women, writes articles, gives lectures, and oversees training sessions for Teen STAR, a program she created to educate young people about their sexuality. The Teen STAR program, which stands for “Sexuality Teaching in the context of Adult Responsibility” currently operates in 34 countries throughout the world, including the United States.

She is also a legend within the CMA. Sr. Hanna has been a member since 1960, making her the longest standing female member of the CMA. She has spoken at numerous CMA conferences and has had several articles published in the *Linacre Quarterly*.

Born in 1928 into a Jewish family in Austria, Sr. Hanna had to leave her homeland with her parents at the age of 12. They settled in Louisville, Kentucky, where she eventually entered medical school at the University of Louisville. During her years of residency at Massachusetts General Hospital, she began to wonder about other aspects of her learning that had not been addressed.

“Frankly, I just needed to know a number of things. It was really a question of whether truth was absolute or relative, personal or impersonal, objective or subjective,” Sr. Hanna recalled. “I took this course in Problems in Western Philosophy at Harvard. I came to see how many different ways people have of looking at truth. Ultimately, after having checked the documents of the Reformation to the extent that I was able to do it, reading books, and doing a lot of praying, I came to see that truth was both absolute and personal and was in the person of Jesus Christ, who proved that He was the Way, the Truth, and the Life by His own life, death, and resurrection. Then I was able to enter the Catholic Church.”

Sr. Hanna said that one of the women who was her baptismal sponsor brought her to a cenacle for some cat-

echetical classes. She was referred to spiritual direction from there. Her spiritual director saw that she was already giving her whole life to the Lord according to her own capabilities, so he suggested that she might want to take a temporary vow of chastity.

Around this time, she received a brochure about the Medical Mission Sisters and simultaneously realized that her work in pathology was not where she was being called.

“I was more of a people person, so I switched to OB-GYN, went to St. Louis, and began working with the people of the cenacle. They helped me get a director, the first one and I didn’t really do very well, but then the next one was Bishop Helmsing, at that time an auxiliary bishop, and he helped me work out my vocation.”

Her time in formation was followed by a few years of service in a region of Pakistan which is now in India. She then returned to St. Louis where she began to realize what her life’s work would be.

“When I was responsible for the obstetrical care of fifteen pregnant teens in the ‘70s, it was a constant challenge to persuade our physicians in training to ask the young mother how she was planning to handle her sexuality after her baby was born,” Sr. Hanna said at a 2017 Catholic women’s symposium on health care considerations among the poor.

Because Sr. Hanna witnessed this tendency to bypass conversations about the activities that brought the young women into the maternity ward and conclude that contraceptives were needed because of the assumed inevitability of a subsequent pregnancy, she wondered about how she could approach this disconnect.

“My idea for Teen STAR came from John Billings at the second Billings meeting,” Sr. Hanna said.

She had been introduced to the founders of the Billings Ovulation Method of NFP, Drs. John and Evelyn Billings, in Sydney, Australia in 1973. After that meeting, Sr. Hanna brought the method back to the United States and began teaching it in the Midwest, where the program began to flourish.

“In that second meeting in 1978, John [Billings] asked

Sr. Hanna Klaus, M.D., is presented with the U.S. Conference of Catholic Bishops' "People of Life" award by the late Cardinal Francis George during an award ceremony in 2010.



me if I would do something with the kids because nobody was looking at them.”

Over the next few decades and with the help of some experienced teachers, Sr. Hanna developed a method of teaching Billings to teens in a way that was medically accurate and pedagogically effective.

“In 1979, we were having conversations, and Eunice Shriver of the Kennedy Foundation was persuaded to give us a grant to do research teaching the girls [the Billings method] to see what would happen,” recalled Sr. Hanna. “We started that officially in 1980, finished in ’85, and found that we had not caused an epidemic of teen pregnancy, so then we began to train teachers.”

Since the program was new, they had to gather the research as they went. At first the lack of statistical research was a challenge to promoting this way of teaching young people about their sexuality.

“There were a lot of misunderstandings in the beginning. Many people thought that we were giving young people the tools to engage in promiscuous behavior even though that’s not what we were doing at all,” Sr. Hanna said.

Eventually, their research was able to back up what they had been observing as the teachers presented the information to the teens in the classrooms and with one-on-one follow-up sessions. Namely, education about their bodies gave the teens a greater understanding about the meaning of human sexuality and respect for the practice of postponing

sexual activity until marriage.

“We found that half of the teens that were already engaging in sexual activity stopped after going through the program,” said Sr. Hanna. “Once they came to understand themselves, they viewed themselves differently. They began to realize there was a great deal more to the sexual act than just the moment, so they were willing to wait until they could experience the fullness of it, which is within a committed relationship called marriage, when there’s permanence,” she said.

The convergence of the *Humanae Vitae* Encyclical along with the research of John and Evelyn Billings and others who were researching fertility, and even her own inspiration to found Teen STAR was what Sr. Hanna described as the “Lord’s way of working.” Sr. Hanna reflected that she started Teen STAR primarily because she was so distraught about all the abortions that were happening after *Roe v. Wade* was decided.

“The best way to avoid abortion is to prevent the crisis pregnancy. You do that by making behavioral choices,” said Sr. Hanna. “What’s so wonderful is to see these young people begin to own their bodies in a sense, begin to own their potential and realize when it’s appropriate to act.”

Sr. Hanna said that her hope for the future is that more people will recognize the importance of teaching young people to “integrate the possession of their own fertility into their self-understanding.”



PHOTOS BY MARC SALVATORE

2019 Sacred Liturgy Conference The Loving Waters of the Eucharist

By
LYNN BISSONNETTE-PITRE, M.D.

The question has been asked many times: Why a liturgy conference?

It all began in the '90s with a cenacle that my husband Tom and I hosted in our home. As a cenacle we gathered monthly for prayer and study under the leadership of a Benedictine monk from Mount Angel Abbey. We perused the encyclicals of Pope John Paul II, who at the time was our pope, the encyclicals of Pope Pius X, Pius XII, and the writings of then Cardinal Ratzinger.

Through this extensive study it became clear that the liturgy of the Eucharist should have a profound healing and transformative effect upon us because the liturgy is supranatural.

"It's not made by human hands. It is cosmic. It is already there. We enter into the liturgy of heaven," notes then Cardinal Ratzinger in his 1997 book, *A New Song for the Lord*.

The liturgy is the "place" opened to us by the Lord for communing with the Eternal Triune God. Through the liturgy we enter contemplation in the depth of our soul where the Lord dwells. We are transfigured by His grace from glory to glory

into His likeness.

As Cardinal Sarah said in his book *Silence*, "the real inner event of the liturgy is being touched by the eternal."

For this to occur the liturgy must be beautiful. The intrinsic mystical beauty of the liturgy is Christ Himself and His love for us. All aspects of the liturgy — the vestments, the processions, the art, architecture and especially the sacred music must be well-ordered and beautiful according to tradition so to orient our faculties to the presence of the Lord.

When Cardinal Ratzinger ascended to the throne of Peter in 2005, several of us left the Cathedral Choir to form a Gregorian Schola known as Cantus Angelorum. We studied Gregorian chant and sought to answer the question: "Why has every papal encyclical and every church document on the subject of sacred music from Pope Clement to the present specified that Gregorian chant be the number one choice for sacred music of the liturgy?" What we learned was exactly what the monastic fathers of the Church taught: the Gregorian liturgy leads to the development of virtues. The ancient and profound wisdom of the Gregorian liturgy heals and transforms.

In 2012 Fr. Pius invited me to give a weekend retreat at



Mount Angel Abbey. The title of the retreat was, *Gregorian Chant and Iconography – Essentials or Accessories of the Roman Liturgy?* The retreat was revelatory for many of the participants and resulted in invitations to give seminars and workshops on the Gregorian liturgy. This was the beginning of The Sacred Liturgy Conference sponsored by Schola Cantus Angelorum. I structured the conferences with lectures, workshops and Gregorian liturgies. The lectures elucidated the deep and rich meaning of the Latin Gregorian liturgy. The workshops taught the participants how to chant the Ordinary of the liturgy. The four Sung Gregorian liturgies included both forms of the Roman Rite and the Dominican Rite.

In the first years to keep costs at a bare minimum I gave all the lectures, all the workshops, and directed and sang with Schola Cantus Angelorum for the liturgies. By 2015 the format was expanded to include biblical, theological, philosophical, canonical and pastoral scholars giving lectures from their perspective on the yearly theme of the conference. In 2017 the faculty included Cardinal Raymond Burke; Archbishop Alexander Sample; Bishop Robert Vasa; Fr. Gerard Saguto, FSSP; Fr. Vincent Kelber, OP; and many others who together presented twelve lectures on the conference theme, *The Call of the Bridegroom*.

In 2018 the theme was *The Transfiguration in the Eucharist*

and the conference featured Fr. Cassian Folsom, OSB of Norcia, Italy; Bishop Athanasius Schneider of Astana, Kazakhstan; and Msgr Andrew Wadsworth of ICEL.

The 2019 theme is *The Living Water of the Eucharist*. The faculty includes: Professor Peter Kwasniewski; Archbishop Salvatore Cordileone; Cardinal Zen; Msgr. Andrew Wadsworth; Fr. Gabriel Mosher, OP; and many others. The 12 conference lectures will be at the Hemmingson Center at Gonzaga University May 28-31. Of the four beautiful Gregorian liturgies, two will be celebrated at the Cathedral of Our Lady of Lourdes and two at St Aloysius. Sung Gregorian Lauds, workshops on Gregorian chant, classes on the celebration of the extraordinary form of the Roman Rite, and a Marian liturgical Procession will round out the conference.

The Sacred Liturgy Conference has become the largest conference on liturgy in North America with over 400 participants representing 50 states and five foreign countries. Bishop Athanasius Schneider was very impressed with the 2018 conference and exclaimed, "It was like a Springtime in the Church." Many participants return every year to drink deeply from this life-giving fountain.

For more information go to www.SacredLiturgyConference.org.



Witnessing to Courage and Perseverance on the Battlefield of Medicine

By
NADIA SMITH

The Florida Guilds of the Catholic Medical Association gathered together for their 4th annual Retreat and Bioethics and Legislative Conference at Our Lady of Perpetual Help Retreat and Spirituality Center in Venice, Florida Feb. 8–10.

Members representing CMA guilds throughout Florida heard inspiring presentations during the conference, which was moderated by Father Scott Francis Binet, M.D., a family physician and Region V Co-Director of the CMA.

“It was a blessed time of fellowship and learning together as we continue to build up the Florida CMA team and strengthen ties with allies from other like-minded organizations who attended this conference and are supportive of our work,” said Dr. Diane Gowski, Florida State Director of the CMA.

Lead speaker was pediatrician Michelle Cretella, M.D., Executive Director of the American College of Pediatricians, who spoke about the harm being done to children with gender dysphoria.

The Saturday morning session included family physician

Robert Motley, M.D., a Philadelphia CMA guild member who spoke on navigating doctor-patient conflicts with courage, honesty and compassion; and neurosurgeon Richard Rowe, M.D., Georgia State Director of the CMA, who addressed the bioethical issue of brain death along with Father John Johnson, the chaplain of the St. Kolbe Guild in Macon, Georgia.

Additional presenters for the Saturday afternoon session included Sr. Renee Mirkes, OSF, Ph.D., the Ethics Director for the Center for NaProEthics of the Pope Paul VI Institute in Omaha, who addressed the ethical considerations of INVO; Gynecologist Dr. Anthony Dardano, Vice President of Palm Beach Physicians Guild, who spoke on dealing with the cultural shifts that conflict with Catholic ethics. Additionally, Jan G. Halisky, Florida Right to Life Vice President for Legislative Affairs and Marco Paredes, Jr., Associate Director for Health at the Florida Conference of Catholic Bishops gave state legislative updates. Attendees engaged in an informative question and answer session with their guest speakers. On Sunday, allergist Dr. Wayne Phillips, Tampa Bay Guild member, presented impressive scientific evidence for The Shroud of Turin.

Members were also spiritually refreshed through daily Mass, morning and evening prayer, and group recitation of the Holy Rosary and the Divine Mercy Chaplet.

Leadership Training Meeting: “The Future is Now: Carpe Diem!”

If you are a state director, guild president, officer of your guild, thinking about a leadership position in the guild, or thinking about forming a guild, then this meeting is especially for you, and we encourage you to sign up ASAP. It will provide you with the tools and skills necessary to further expand your guild. In addition, any CMA member who wants to become more engaged and effective in the CMA locally, regionally, or nationally is invited to attend as well. The Medical Student and Resident Boot Camp will run the same week and some events will be combined.

When: June 13-16, 2019

Where: The University of Saint Mary of the Lake, Mundelein Seminary

For more information: cathmed.org/events/ltm





KENTUCKY

According to Guild President William Wehrman, M.D., the Sts. Teresa of Calcutta and Faustina Guild of Covington, Kentucky held their first retreat weekend Feb. 8–10 at the St. Anne Retreat Center in Melbourne, Kentucky. To the president’s knowledge, it was the first retreat for physicians and health care workers in the area. Nearly 20 attendees were directed through the weekend retreat by Father Jim Kelleher, SOLT, who helped the physicians and health care professionals see their Christ-centered mission and gave them practical ways to evangelize through medicine while staying focused on the calling. He also

reminded the attendees that ultimately it is God who provides healing and that they must rely on Him in the care of their patients. The retreat included time to learn, pray, and share, as well as opportunities for fun in a peaceful setting.

“It was a beautiful weekend,” Dr. Wehrman said. “It was grace-filled and I am confident its success is attributable to many prayers.”

OKLAHOMA

According to Guild President Joseph Eble, the Sts Molla and Moscati Guild of Tulsa, Oklahoma is expecting another great year that mirrors the success of last year. Members enjoyed numerous outstanding events during 2018, including a half-day retreat with Bishop Emeritus Edward J. Slattery as well as a presentation by Fr. Sean O’Brien on “Changing the Body Unnecessarily: What does the Church Say?” His talk was also recently published in *The National Catholic Bioethics Quarterly*. The Guild kicked off 2019 with its 5th annual White Mass on Saturday, February 2, which was followed by a lavish reception sponsored by the Saint Francis Health System. The Mass was held at Saint Francis Hospital in Tulsa. Bishop David A. Konderla was the principal celebrant, and the Religious Sisters of Mercy provided the music for the Mass. Over 50 physicians and their spouses were in attendance.



PHOTO BY SAINT FRANCIS HEALTH SYSTEM



KANSAS

According to Guild President Lisa Gilbert, M.D., the Wichita St Gianna Guild has been very fortunate to have the frequent guidance and spiritual support of their bishop, the Most Rev. Carl Kemme, who celebrated the annual White Mass on October 21 at the Chapel of the Sorrowful Mother. The chapel is located at Ascension Via Christi St. Francis Hospital. The Mass was followed by a luncheon and award ceremony hosted by the hospital. The

Guild has also been meeting on the third Saturday of every month for Mass, followed by a scholarly discussion group and breakfast. The meetings have been drawing a good mix of students, residents and community physicians under the guidance of their faithful chaplain, Fr Joseph Tatro. Several members have been published in the *Linacre Quarterly* and the *National Catholic Bioethics Quarterly*, and one was interviewed several times for the podcast “Doctor, Doctor.” In March the Guild also began hosting a monthly movie series.

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emotional and spiritual turmoil. I hung in there, making a concerted effort to be fully present in the moment with patients despite the ongoing tensions, praying that the Holy Spirit would help me discern whether to stay or to “seek other shores,” and gaining more insight into how culture influences organizations — for better or worse. After years of trying to work with the situation, I came to understand that I needed to change practices. Stepping out to explore those opportunities taught me flexibility and that change wasn’t something to be feared. With support and encouragement from my spouse and a like-minded partner in the practice, we left the group to establish our own practice.

In a more recent flashpoint, I had been promoted to a leadership position, taking on a department that was not performing well. I had earned an excellent reputation as a clinician-leader in that particular health system, and I had gone back to school to be ready for this opportunity. I was excited by the challenge to make a difference. What I didn’t know was that there were both organizational and relational issues that existed with this department for years — long-standing patterns of dysfunction. It didn’t take long for me to feel caught in the middle, with high levels of accountability but little autonomy or decision-making power. It was a complex milieu where goodwill was not always reciprocated. The harder I tried, the less it seemed I was appreciated. After two years, discouragement led to detachment. Then, a perfect storm of events. Within a three-month period of time, my brother died, my “right hand” teammate left to take another job, I had a major health scare, a run-in with my boss, and one of my close colleagues had criminal charges brought against him, from which it took a year and a half for him to be exonerated. Detachment turned to depression — poor sleep, a sense of loss and pessimism, trouble concentrating, feeling emotionally drained. Burnout!

Weathering the storms: lessons learned

As I look back now, each career low happened at a time when I was already growing in my faith. I was praying daily, going to our parish adoration chapel for a holy hour each week, mentoring Catholic med students, and sharing my faith with those patients who were open to it. Each episode was a time of purification, of wading deeper into the waters of uncertainty, learning to “trust and obey” — words an elderly patient once shared with me as she faced great difficulty. Along with the spiritual journey, these experiences taught me so much about myself, my tendencies, and how I needed to change aspects of my life — and my expectations.

Here are some insights that others may find helpful. None came in a flash — they emerged over the course of months, and the process was uncomfortable. I was being

schooled by the Master Physician in the quiet and in the words of some of his faithful followers. Their words of wisdom helped guide me in parallel with the emerging body of literature on facing conflict and combating burnout.

1) If you are not taking care of yourself, you’re not much help to others: I had to realize that I needed to create stronger boundaries between work and time for self and loved ones. Too much work, whether driven by personal responsibility, finances or the need for achievement and recognition, is not a sustainable lifestyle and leads to a crabby doctor. I highly recommend Richard Swenson’s book, *Margin*. It was a gift from one of my very experienced nurses. Jesus loves us so much He puts caring people in our path.

2) Nurturing healthy relationships — both formal and informal — matters. Tuning in regularly to those whom you trust for help with processing your experiences and gaining context is like an immunization against burnout. Being willing to ask for help and honest feedback takes courage. Two books I’d recommend are *The Speed of Trust* by Stephen Covey and *Divine Mercy in My Soul: The Diary of Maria Faustina Kowalska*.

3) Blend discernment with humility: get the help you need. I was fortunate to have four pillars of support while I got my house in order. Placing myself in the patient role, I trusted my personal physician to do his job — and to follow his plan of care. I relied heavily on advice from my spouse and my spiritual director. Both knew my tendencies well enough to help me get “unstuck” by reframing the challenges I faced in ways that created more options and flexibility. I also stayed connected with two colleagues who had shared some of their own struggles with me — it was their turn to be a sounding board and to provide encouragement.

4) Conflicts and complexity: “It never was about you and them anyway.” St. Teresa of Calcutta’s “Do it Anyway” prayer really puts our struggles in perspective. Medicine is no longer a “captain of the ship” model — it’s a team sport. The practice setting is still about doctor and patient — and it’s also a complex adaptive system with many moving parts. Many of us have been used to being in charge. We take on too much of the responsibility for the success or failure of our patients’ outcomes. Trust God. Trust the power of the team. Empower the patient. It was very liberating for me to start engaging patients in shared decision-making, especially in situations that weren’t life and death. Turns out, many of them know what’s best for them!

The truth is that we are all wounded healers. We’re human! Only by growing in our own self-awareness and being attentive to the observations of those who love us, including Him, can we acknowledge the feelings that we’ve been conditioned to partition and start the journey toward healing and resilience.

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