

CAN MINDFUL DOCTORS TAKE BETTER CARE OF THEIR PATIENTS?

How mindfulness can benefit medical care beyond
serving as a clinical intervention for patients

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Abstract The potential of mindfulness as a clinical intervention is increasingly recognized, yet less attention has been paid to how mindfulness can contribute to medical care when cultivated by physicians. This paper examines how mindfulness in practitioners can alleviate three problems arising in contemporary medical care. Firstly, mindfulness could prevent flaws resulting from mindless medical practice by allowing practitioners to become more aware of their patients and their own cognitions. Secondly, mindfulness can alleviate the problem of chronic stress and burnout in medical practitioners, thereby enhancing their care of patients. Finally, mindfulness can contribute to improving patient-practitioner-relationships which often suffer in contemporary healthcare. In sum, mindfulness in practitioners holds great potential for medical care; hence mindfulness-programs for physicians should be implemented.

I Introduction

“In the context of medical practice, mindfulness has the potential to foster healing” (Dobkin, 2011). What is expressed in this quotation by Patricia Dobkin is increasingly recognized today and the application of mindfulness¹-based interventions for curing a wide range of diseases is becoming more and more common. Up to now, mindfulness has mainly gained popularity as an intervention for patients whilst potential benefits for medical care arising from the cultivation of mindfulness in practitioners have received less attention. Nevertheless, there is increasing theory and empirical research indicating that mindfulness in practitioners can equally contribute to medical care and foster healing. A more mindful medical practice could be especially important today, where medical care is oftentimes dictated by “time constraints, financial issues, and administrative burdens” (Epstein, 2003, p. 2). This paper aims to answer the question how mindfulness can benefit medical care beyond serving as a clinical intervention for patients.

In order to address this issue, the paper first considers how mindfulness has already contributed to medical care as a treatment for patients in order to provide a background for the following analysis. Then it examines to what extent mindfulness can benefit medical care beyond serving as a treatment for patients when cultivated by practitioners. Due to the limited scope of this essay it specifically focuses on three problems accompanying the issues of time pressure and economic necessities in medical care and assesses how mindfulness in practitioners can alleviate each of these. First, the problem of mindless medical practice, resulting from practitioners not being fully aware of both their patients as well as of their own cognitions is examined. Based upon this, it is illustrated that when practitioners adopt more mindful ways of practicing, their patient-care can be improved and medical errors can be avoided. Second, the problem of burnout and chronic stress in healthcare practitioners and its adverse impacts on medical care is introduced. It is examined how mindfulness in practitioners can provide a solution to this, thereby improving medical care in a second way. Finally, the central importance of the patient-practitioner relationship to patients’ healing processes and the problem of its deterioration in contemporary medical care is described. It is illustrated that mindfulness in practitioners can also mitigate this problem by enhancing the patient-practitioner relationship. Altogether, this paper

¹ Defined by John Kabat-Zinn as “moment-to-moment, non-judgmental awareness, cultivated by paying attention [...] in the present moment, and as non-reactively, as non-judgmentally, and as openheartedly as possible.” (Kabat-Zinn, 2015)

shows that mindfulness in practitioners in fact holds great potential to improve medical care by alleviating the above described problems. In the final section of this paper, recommendations regarding the implementation of mindfulness in practitioners are given. It should be noted that for the sake of this analysis, reference is not made to one specific mindfulness-based intervention, but to the cultivation and the state of mindfulness itself, which can be reached through different practices, including walking- or sitting meditations but also body-oriented practices such as yoga.

2 Mindfulness as a clinical intervention for patients

Even though the concept of mindfulness has been becoming more familiar to the western culture only since the 1970's, clinical interventions which aim to foster mindfulness in patients can be encountered with increasing frequency and are gaining popularity rapidly (Baer, 2003). The currently most well-known interventions based upon mindfulness training are Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT) (Baer, 2003). MBSR, developed by Jon Kabat-Zinn and others, was originally aimed at patients suffering from a range of chronic pain- and stress-related disorders but it is now also used in the supportive care of diseases such as cancer, heart disease or fibromyalgia (Gotink et al., 2015). MBCT, which is based upon the MBSR program, is employed for depressed patients as well as to treat anxiety or eating disorders (Baer, 2003; Gotink et al., 2015).

Regarding the mode of action of such interventions, several mechanisms are proposed. Generally, mindfulness-based interventions allow patients to adopt a more active role in their own healing process (Gotink et al., 2015). Specific mechanisms through which mindfulness can foster healing include patients' exposure to their own experiences and emotions, including pain, anxiety or stress (Shapiro, Carlson, Astin, & Freedman, 2006): as patients become able to observe these sensations non-judgmentally, desensitization can occur and distress and emotional reactivity in response to such sensations can be reduced (Baer, 2003). Moreover, mindfulness can induce cognitive change in patients (Baer, 2003): through becoming aware that their pain- and anxiety-related thoughts are not more than thoughts, the importance of these can be reconsidered. This also entails acceptance of states such as pain or panic which can alleviate patients' suffering from these conditions (Baer, 2003). Finally, self-management is another mechanism through which mindfulness-based interventions can contribute to patients' well-being (Baer, 2003). As patients learn to observe their inner pro-

cesses more attentively and hence to recognize potentially occurring problems such as a depressive relapse or panic attacks earlier, they can make better use of their coping skills and avoid responding with automatic maladaptive habits (Shapiro et al., 2006). Notably, these exact mechanisms through which mindfulness can alleviate patients' suffering are still mainly described and substantiated theoretically but still need to be verified empirically.

Nevertheless, even though their exact mode of action still needs to be further substantiated, a growing body of empirical research already documents the effectiveness of mindfulness-based interventions in a wide range of clinical conditions (Baer, 2003). Beyond that, such interventions are usually well-accepted, rated highly among participants, and hence show good compliance rates (Baer, 2003). As mindfulness-based interventions are unlikely to have dangerous side-effects and are even shown to improve stress-levels and health in non-clinical populations, they also have a great potential to be employed in preventative care (Gotink et al., 2015). Altogether, it can be seen that mindfulness-based interventions which allow patients to become active agents in their own healing process have, in fact, already greatly contributed to medical care by providing effective treatments for a variety of clinical conditions.

3 How mindfulness in practitioners can improve medical care

As outlined above, clinical interventions based upon mindfulness-training are becoming increasingly accepted and integrated into medical care. Yet, the aim of this paper is to show that beyond providing a way to heal the patient directly, mindfulness can also indirectly, by affecting the practitioner, greatly contribute to medical care. More specifically, mindfulness in practitioners could alleviate three important problems arising in the contemporary medical system. In the following, each of the three problems outlined in the introduction is described, followed by an analysis of how mindfulness in practitioners can contribute to mitigate the respective problem. It should be noted that although all of these problems are interlinked, for the purpose of this paper they are analyzed separately.

3.1.1 The problem of mindless medical practice

In the current medical system, where time constraints, economic necessities, and resulting stress are highly prevalent, practitioners often adopt a rather mindless medical practice, as they might feel that they have no time to entirely be in the present moment and to extensively listen to patients and their needs (Epstein, 2003). This can for example manifest in multitasking in order to try to use time

more efficiently (Epstein, 2003). However, considering the definition of mindfulness provided in the introduction of this paper, multitasking is evidently quite the opposite of a mindful practice as it entails performing several tasks simultaneously without completely focusing and being fully aware of any of them. This can be particularly harmful in the medical field where diminished attention on one task can have severe consequences for a person's well-being and even life (Skerrett, 2012).

The reason why such a mindless medical practice can be especially harmful is that it entails that practitioners are not fully aware of their patients as well as of their own cognitions (Epstein, 2003). Thereby, they may not recognize subtle signs which can yield important information about patients and their situation, but rather let themselves be guided by cognitive biases and automatic thinking patterns (Epstein, 2003; Sibinga & Wu, 2010). Being mindless and unaware of their own cognitions, practitioners may in turn not realize that they are acting according to such biases and not fully paying attention to the individual patient (Sibinga & Wu, 2010).

The consequences of such mindless medical practice are alarming: it is reported that cognitive biases, resulting from unawareness of one's own cognitive processes constitute one of the main causes for erroneous medical diagnoses (Croskerry, 2013). Such wrongful diagnoses and resulting unwarranted treatments or mal-medication can in turn have severe adverse impacts on patients (Sibinga & Wu, 2010). Altogether, it can be seen that if practitioners exert a mindless medical practice, entailing diminished attention for the patient as well as for their own automatic thinking patterns, this can have several harmful impacts on patients. Regarding these adverse consequences of mindless medical care, it becomes evident that a more mindful way of practicing can contribute greatly to effective and satisfying medical encounters.

3.1.2 How mindfulness can prevent the shortcomings of mindless medical practice

In the following, it is assessed how cultivating mindfulness in medical practitioners can help to avoid the above described flaws resulting from mindless medical practice is assessed. In recently published literature, several ways through which mindfulness in practitioners can contribute to improve medical practice are described. Due to the limited scope of this paper, four mechanisms as proposed by Epstein (2003) are discussed here.

Firstly, it is empirically substantiated that mindfulness can allow practitioners to more attentively observe themselves as well as patients and their problems (Beach et al., 2013). Thereby, they can on the one hand become more aware of the individual patient and subtle cues that might be delivered within the inter-

action. On the other hand, a greater self-awareness also allows practitioners to observe their own cognitions more attentively (Epstein, 2003). By engaging in such metacognition, they can become alert to their own cognitive biases which may guide them to mindless, premature, and hence often erroneous diagnoses (Croskerry, 2013; Sibinga & Wu, 2010). Secondly, greater presence, entailing non-distracted concentration on the present task is reported as another habit going along with increased mindfulness (Dobkin, 2011; Epstein, 2003). Thereby, the medical flaws arising from multitasking can be avoided: by promoting an increased concentration on the current patient, mindfulness can help to prevent medical errors or a patient's feeling of being misunderstood. Two other proposed mechanisms through which mindfulness can benefit practitioner's care for their patients are 'critical curiosity' and 'beginner's mind' (Epstein, 2003). This entails approaching both new and well-known patients openly without being caught in one's previous automatic assumptions and thinking patterns (Epstein, 2003). It can allow practitioners to be open to several aspects that might play a role in a patient's suffering and disease, thus avoiding prematurely putting patients into categories and not doing justice to their individual condition (Sibinga & Wu, 2010).

In sum, if clinicians adopt a more mindful way of practicing they can become more attentive to their own cognitions as well as to their patients and approach clinical encounters openly and in an unbiased manner. Thereby patients can be diagnosed and treated more accurately and many medical flaws such as medication errors or erroneous diagnoses can be avoided. However, even though these benefits of mindfulness in practitioners are theoretically well-substantiated and can be illustrated by several examples, a substantial body of empirical research documenting the direct effects of a mindful medical practice on patient outcomes is still lacking today (Beach et al., 2013). Therefore, further research in this area is of primary importance.

3.2.1 The problem of burnout and chronic stress in practitioners

A second problem resulting from prevalent stress in the medical system which can be alleviated by mindfulness is that practitioners are greatly affected by the strenuous working conditions in their health and overall well-being (Shapiro, Astin, Bishop, & Cordova, 2005). This manifests itself in extremely high prevalence rates of chronic stress, burnout and other stress-related disorders amongst medical practitioners, ranging up to 60% (Halbesleben & Rathert, 2008). This prevalent stress is usually rooted in the intense medical training (Van den Brink, E., 2015). As a consequence of this, medical practitioners frequently adopt highly self-critical and self-sacrificing attitudes (Irving, Dobkin, and Park, 2009).

Moreover, they often adapt to the high pressures by hardly practicing any self-care activities and by sacrificing their personal to their professional interests (Dobkin, 2011; Irving, Dobkin, & Park, 2009). In other words, such unhealthy practitioners are being mindless of their own needs and well-being.

Importantly, beyond negatively affecting practitioners themselves, their diminished well-being also has several negative impacts on medical care: burnout and stress are reported to decrease practitioners' concentration and attention for the patient and thus to increase the likelihood of medical malpractice such as medication errors (Krasner et al., 2009; Shanafelt, 2009). Moreover, as burnout is characterized by symptoms of emotional exhaustion and depersonalization, burned out or chronically stressed practitioners are reported to communicate less effectively and empathetically with their patients (Irving et al., 2009; Shanafelt, 2009; Shapiro et al., 2005). This in turn manifests in decreased patient satisfaction and trust in their physician, in diminished adherence to medication, and finally in decreased patient outcomes such as recovery time from illness (Halbesleben & Rathert, 2008; Krasner et al., 2009). Altogether, it can be seen that the prevalent stress in the medical sector has severe impacts on the well-being of medical practitioners and thereby also on the quality of their patient care. Thus it becomes evident that interventions to improve the well-being of practitioners are of central relevance to medical care.

3.2.2 How mindfulness can alleviate the problem of burnout and chronic stress in practitioners

Regarding the problem of chronic stress and burnout in practitioners and its adverse impacts on the quality of medical care, promoting mindfulness in practitioners is of great value. Mindfulness-based interventions such as MBSR have been shown to significantly decrease rates of stress and burnout among both healthcare practitioners and medical students (Irving et al., 2009; Shanafelt, 2009; Shapiro et al., 2005). These positive effects might manifest through different mechanisms. Firstly, by cultivating mindfulness and thereby becoming more aware of the current moment and their own thoughts and feelings, practitioners can learn to become more attentive to the presence of stress in the workplace and to their habitual reaction to it (Krasner et al., 2009). Thereby, they can actively influence this stress reaction, resulting in lower perceived stress (Shapiro et al., 2005). Moreover, it is described that mindfulness-based interventions allow practitioners to become less self-critical and more self-compassionate by non-judgmentally accepting their own thoughts and feelings (Shapiro et al., 2005). Furthermore, practitioners are reported to become more open to practice self-care activities which further contributes to their well-being (Dobkin, 2011).

Similar to the adverse effects of practitioners' chronic stress and burnout on their patients, such improvements in practitioners' health and well-being equally influence patient outcomes: when being less affected by stressors and enabled to respond differently to these, practitioners can better concentrate on their patients (Jones et al., 1988). Thereby, medical malpractice and medication errors can finally be reduced and practitioners can take better care of their patients (Dobkin, 2011; Jones et al., 1988). Beyond that, by becoming more self-accepting and self-compassionate through mindfulness, practitioners can in turn also react more empathetically to their patients and assess them in a less critical manner which is of great importance to the process of healing (Dobkin, 2011; Krasner et al., 2009). In sum, a second way in which mindfulness in healthcare practitioners can improve medical care is by allowing practitioners to become healthier and less stressed themselves which is of central importance to the quality of medical care. Or, as stated by Beach, "[i]n an era in which many physicians suffer professional burnout, mindful practice may be the way in which physicians not only heal themselves, but heal their patients as well" (2013, p.427).

3.3.1 The problem of a deteriorating patient-practitioner relationship

A third problem of contemporary medical care that can be alleviated by mindfulness in practitioners is the degradation of the patient-practitioner relationship. This relationship is known to be of primary importance for patient satisfaction as well as for their healing process (Halbesleben & Rathert, 2008; Van den Brink, E., 2015). It is reported to centrally affect patients' compliance to a certain treatment and thereby also their recovery time (Halbesleben & Rathert, 2008). It is even stated that the patient-practitioner relationship as a "powerful medical tool" (Beach et al., 2013, p. 427) may sometimes be of greater importance to a patient's healing process than a clinical intervention itself (Beach et al., 2013). Nevertheless, in our current medical system, this relationship often falls short and treatment is frequently rather focused on technical efficacy (Frances, 2014). Moreover, both the above discussed problems of mindless medical practice and unhealthy, stressed practitioners adversely affect the patient-practitioner relationship.

Firstly, burnout and chronic stress not only affect practitioners themselves and the quality of medical care, but also their patient-relationships. As examined above, burnout is accompanied by emotional exhaustion and depersonalization. This entails that such unhealthy doctors are less empathetic and spend fewer resources on developing a relationship with their patients but rather withdraw from it (Halbesleben & Rathert, 2008; Shanafelt, 2009). Thereby, this relationship evidently suffers. Secondly, whenever practitioners generally engage in mindless medical practice, this can adversely affect the relationship to their patients:

when practitioners are unaware of themselves and their patients and rushing to diagnoses as being guided by automotive cognitive patterns, patients may often feel unheard and not properly cared for (Frances, 2014). Another example of how mindless medical practice can harm the patient-practitioner relationship is the case of multitasking, which is plausibly illustrated by Epstein (2003). He describes a physician engaging in multitasking by conducting an intimate physical examination - a situation in which the patient is vulnerable and insecure - while simultaneously trying to elicit highly sensitive information from the patient (Epstein, 2003). This situation is deeply uncomfortable for the patient and is likely to create distance between the two parties rather than establishing an empathetic relationship. Altogether, it can be seen that both mindless medical practice as well as burnout and chronic stress in practitioners impair the patient-practitioner relationship. Regarding the central importance of a well-functioning and meaningful patient-practitioner relationship for a patient's healing process it is of great relevance to counteract its deterioration.

3.3.2 How mindfulness can contribute to improve the patient-practitioner relationship

Considering the above outlined degradations of the patient-practitioner relationship, mindfulness can render a central contribution by allowing this relationship to develop as a 'safe space' of trust and mutual awareness in which healing can occur (Dobkin, 2011). Mindfulness can enrich the patient-practitioner relationship in several ways. First of all, mindfulness can improve practitioners' well-being in the first place, which is central to establishing more meaningful relationships with their patients (Dobkin, 2011). As mindfulness allows practitioners to become less self-critical and more self-compassionate, they can in turn also accept their patients and their suffering more non-judgmentally and appreciate the patient in a deeper way (Dobkin, 2009; Van den Brink, E., 2015). Thereby, more compassion and empathy between the two parties is created (Beach et al., 2013), which clearly enhances their relationship. Moreover, by becoming healthier again, practitioners may be less likely to withdraw from relationships with their patients and devote more resources towards these again (Krasner et al., 2009).

Beyond improving patient-practitioner relationships through allowing physicians to become healthier themselves, mindfulness also contributes to this relationship by allowing practitioners to refrain from mindless medical practice and to avoid its adverse impacts on their patient-relationships. As practitioners become more mindful and thus more attentive to patients and their needs, the communication between the two parties is enhanced. For instance, psychosocial issues, as well as the patient's personal experience gain a more important role

within the communication (Krasner et al., 2009). Furthermore, by being more aware of patients, the physician may appreciate their suffering in a more fundamental way, whereby greater understanding and an enhanced emotional atmosphere is established (Beach et al., 2013). Overall, it has been found that as physicians become more mindful and thus show increased interpersonal awareness and perspective taking, the patient-practitioner-interaction becomes less dominated by the practitioner and more patient-centered (Beach et al., 2013; Krasner et al., 2009). This is essential to a good relationship between the two parties.

Finally, as practitioners become more mindful, their patient-relationships can also gain a fundamentally different form as they can change their perception of the patient from a treatable object to a suffering being, who is capable of taking an active role in the own healing process (Kabat-Zinn, 2000). As mindful practitioners are shown to adopt more patient-centered behaviors, they can also encourage patients to explore their own suffering more intensely and empower them to in fact become active agents in their own healing process (Beach et al., 2013; Dobkin, 2009). Thereby, the traditional roles of patient and practitioner can be shifted towards a more participatory medicine in which patients themselves play an active role, such that a “genuine partnership [is established] which truly honors the patient as a unique individual with a unique universe of felt experience, relationships, and meaning” (Kabat-Zinn, 2000, p. 239). Such a participatory medicine and the underlying shift in the patient’s position can be central to successful healing (Dobkin, 2009; Frances, 2014). Altogether, mindfulness in practitioners can enhance their patient-relationships in several regards and thus contribute to medical care in a third way.

4 Recommendations

Regarding the above described potential that mindfulness holds for medical care also when cultivated by practitioners, it appears imperative to take measures to promote greater mindfulness in practitioners. Nevertheless, despite these evident benefits, it is sometimes put forward that there might be no time for mindfulness within the fast-paced medical system and that fostering mindfulness in practitioners is not feasible as it would cause them to spend much more time with each individual patient (Dobkin, 2011). This however disregards the fact that mindful practice does not necessarily entail spending more time with patients but primarily to make better use of the time spent with them by being more attentive and focused. Thus, as practitioners become more mindful, medical encounters can in fact become both more effective and more satisfying. Therefore, even though

a small number of mindfulness-education programs designed especially for medical practitioners already exists, increasing focus should be put on developing such programs and incorporating them in several different sectors of healthcare. Notably, it would be important to centrally implement such offers for practitioners into the healthcare system. Otherwise they might often hesitate to voluntarily spend their constrained free time by participating in mindfulness programs. Moreover, such programs might be integrated already early in medical education. This can allow medical practitioners to adopt more mindful ways of caring for both themselves as well as for their patients already at the outset of their career. Implementing such interventions which foster mindfulness in practitioners would provide a highly valuable contribution to medical care, making it more effective, satisfying, and holistic.

5 Conclusion

Overall, it has been illustrated that mindfulness can provide a valuable and effective intervention for patients in various clinical conditions and that it can, beyond that, mitigate three central problems of contemporary medical care if cultivated by practitioners. By becoming more attentive to their own cognitions as well as to their patients, practitioners can avoid medical flaws resulting from a mindless medical practice and diagnose and treat their patients more accurately. Moreover, mindfulness can help practitioners who are suffering from burn-out and chronic stress to become healthier themselves and thus to take better care of their patients in turn. Finally, mindfulness in practitioners can counteract deteriorations of the patient-practitioner relationship: as practitioners become healthier and more self-compassionate, they can establish more meaningful and empathetic relationships with their patients. Furthermore, as practitioners show greater mindfulness and awareness of their patients, they adopt a more patient-centered practice. This finally allows the patient-practitioner-relationship to shift to a fundamentally different level such that the patient obtains a more participatory role. In sum, if practitioners become more mindful, this can make medical encounters both more effective as well as more satisfying. Therefore, the implementation of programs designed to foster mindfulness in practitioners could greatly enrich medical care.

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