

MY PATIENT, MYSELF; MYSELF, MY PATIENT:

Who's First in Your Life Leadership?

BY PAULA-JO (PJ) HUSACK, MA, LMFT, CGP

Remember Bill Cosby as Heathcliff Huxtable, MD; Obstetrics & Gynecology, of *The Cosby Show*? And Dr. Nick Riviera (aka Dr. Nick) of *The Simpsons*? Both of these characters took care of themselves, alongside their patient responsibilities. Dr. Huxtable put his family first and foremost, eventually moved his practice into the home. Dr. Nick, on the other hand, balanced his personal/professional responsibilities, “keeping the coroner away” from patients and cutting costs. Both physicians showed proactive leadership styles, in a profession built on reactive behaviors.

re•ac•tive *adjective* \rē-•ak-tiv\:

(1) done in response to a problem or situation: reacting to problems when they occur instead of doing something to prevent them. (2) the practice of Western medicine. (3) leadership style connoting action after the need or situation.

Proactive leadership in the practice of medicine is part of preventive primary care, especially in an integrative health model. It addresses patients' wholeness.

The tasks involved in your management of patients' health, even in specialties, is seen by the brain as “reactive.” These examples of proactive leadership through prevention are talked and walked in big strides today. Still, the brain receives the most “brain-training” “reactive” tasks. Add this to your education and training history and it's a well established brain “groove.” Finally, factor in your own personal lifepath history of reactive behaviors, whether they were by your design or your family's. This will show what your style is: proactive vs. reactive life leadership.

This article focuses on “reactive,” as it is the most prevalent. It is also the most challenging to pause, when trying to balance life. It's a major player in physicians' depression, anxiety, addictions, and burnout. So, let's be preventive,

“proactive,” right now. Come with me on your life leadership adventure. Take inventory:

How many years have you lived life in reactive mode? What years have had a balance of both? Brain studies show that flexing from one to the other in daily life over a month has significant positive impact. It's a big challenge; though we teach proactive tactics that are small, manageable, and accessible daily. That way, the sequence of the crazy-busy Bay Area life can have mental and physiological “breaks” in momentum. Physicians brains across specialties train for 40,000

hours; this is a conservative calculation. This includes undergrad, medical school, internship, and second/third-year residencies. By the time that “M.D.” is stitched on your clinic coat, your brain's “muscle memory” for fact-finding and problem-solving is set in cement, not Jell-o. That M.D. title is a gold-medal equivalent. Your brain has become automatic in this event-response cycle. Add

the average 59.6-hour work week today for “full-time” doctors. This does not measure the thought time when away from patient and administrative duties. It can seem impossible to cross from My Patient to MySelf on a regular basis, especially when you can't see a space large enough to accommodate your need. Whole-person, whole-life leadership teaches us to scale-down the size of our proactive time and to add repetitions. The resulting new brain-training will bring an easy fluidity in time.

Both newer and senior physicians, coming to me for assessment and treatment, have noted the bottom-line: For centuries, the practice of medicine has been reactive. That's just its design. Patients come in with problems. We're the healers, with the solutions; to make them well once more. “Or, I enlist the appropriate specialist to expand the players

For centuries, the practice of medicine has been reactive. That's just its design. Prevention education, which is a proactive brain process, is done less by the physicians and more by other health team members.

in this Game of Clue.” One reactive process segues to another: Meniscus torn? Limp to the Orthopod for the fix. Acne weeping? Grab a tissue—quick—and get to the Dermdoc. As a physician, you react to the presenting condition. Prevention education, which is a proactive brain process, is done less by the physicians and more by other health team members, as studies report.

The movement toward whole-person, whole-life wellness, supported by body-mind-spirit resources, has accelerated in this century. We can say West has now met East. Prevention actions cause our brains, which are “grooved” easily into reactive mode, to slam on the brakes and readjust to accommodate. It’s as though we have emerged in a foreign land for our brains. At first, it’s an uncomfortable change for brain-patterning, going from reactive to proactive, reactive to proactive, and back again. Then uncomfortable becomes comfortable, as the new behaviors and thought patterns settle in to the new “familiar.” What a dynamic switch from that classic Western medicine practice pattern.

“I’m not sure which came first: Caretaking in my family...even emotionally...or at the clinic 20 years ago. I just know it’s hard to get to MySelf and my needs.” Their concerns today are similar to those of the clients I saw at the beginning of my practice. This common comment has been repeated throughout my years in practice.

Even with healthcare systems changing to prevention modality, we’re still reactive-dominant. We’re card-carrying members of the animal kingdom, who are primally wired for fight-or-flight. Now, add living in the Bay Area. A silo of necessary lifestyle tasks awaits us. Achievement-oriented brains live here and want to stay here, particularly in the San Francisco/Peninsula corridor. The check-list of daily life is never completed. Plus, the absence of distinct seasons means that nature is not driving us to stay inside, relax and relate. Yet these are core to our brains’ successful, sustainable transitions from reactive to proactive, reactive to proactive. Our career cultures promote work without limits; not rest and

rejuvenation. We work after work, even though we say we’re at home. We “work” at getting to the gym or doing our yoga classes. We “work” at our kids’ schools, sports, camps. We work on the house and around the house. We work at getting an overnight away with just the two of us. Our San Francisco/Peninsula sociological history points to lots of adrenalin-based work here.

Our environment is hyper-stimulated; we are; our kids are. We say we do less than our neighbors, yet it’s still too, too much. There’s a gross imbalance of work, play, rest, relaxation. A physicians’ lifestyle study of 2012 showed 48% percent of all physicians in America take only a total of two to four weeks off a year, whether in private or organizational practice; whether working two years or twenty. Yet, 25% of internists and primary-care physicians are still only taking one to two weeks off a year. Could work-related thoughts be more prevalent within primary care, because of its intimate patient relationships and variety of problem-solving? There’s more “brain time” after the jacket is hung up for the day? In San Mateo County, the hours spent in administrative work adds 10-20% to the physicians’ work week; much more than this when they’re in a learning curve.

Twenty-five percent of internists and PCPs are still only taking one to two weeks off a year. Could work-related thoughts be more prevalent within primary care, because of its intimate patient relationships and variety of problem-solving? There’s more “brain time” after the jacket is hung up for the day?

There’s less time on all fronts. How can a life leadership commitment model be learned, practiced, and

sustained? It can be, with focus, practice, and guidance. You already have that excellent skill set. The timing is right for a proactive choice. There’s ease in your choosing, instead of a health threat making it for you.

To Darwin, two-legged creatures with medical degrees today, have ancestors that emerged from water way back. To spiritual deities, human beings came through birth or miracles. Human beings are primal, reactive members of the animal kingdom, wired to fight or flight. Succeeding through the long road to become a physician develops left-brain, logic even more. The reactive dominance can be balanced by learning the science and art of interruption. Stop the familiar “groove.” “Install” a pause

and proactive thought or behavior. Yes, there will be a return to the reactivity. Over time, though, you'll notice a powerful change. The need for increased awareness and oversight of our emotions, body sensations, and senses is imperative for our whole life leadership. Right-brain development balances intellectual, logical left-brain dominance. We can be more confident at the controls of our whole-person, whole-life management.

The game plan seems simple: *My Patient, MySelf* becomes *MySelf, My Patient*; *My Patient, MySelf*; *MySelf, My Patient*...Give it movement. Place it on a circular model; not the classic, all-or-nothing linear model. The circle never ends until we do. That's the idea.

The 400+ physicians I've known through coaching, counseling, and workshop trainings knew the urgency for change and wanted it. One woman physician, who was recovering from life-threatening illness, said, "We're trained in answers, solutions from baselines we know. Life leadership is just plain on another planet from medicine and my multi-tasking mommy role...but it's a necessity to both, now." A physician new to California and to the University medicine scene, and the first in his extended family to take the education leap, came in when his blood pressure hit the top of Coit Tower, and stayed. His extended family had overseen his life leadership, as they worked to put him through medical school and he worked to add scholarship monies. Life leadership? He interpreted that getting the title would bring life leadership; with his future wife and extended family adding to it for him. He has learned his own life oversight is core. It's key.

With time, attention and training, *My Patient, MySelf* circles to *MySelf, My Patient*. Your proactive approach brings ownership to life quality: yours. Let's take your thoughts a few more steps forward to action. Check out these primary life elements, which comprise your professional and personal, whole-life experience:

1. Environment: personal spaces, such as home, car, office, yard, etc.
2. Family of origin: the one into which you were born
3. Extended family: through marriage or partnership
4. Family of choice: the one you have created
5. Finance/money
6. Individuality/autonomy
7. Job/career
8. Love/intimacy
9. Parenting

10. Physical: health, diet, exercise
11. Purpose: life meaning
12. Sexuality
13. Social
14. Spirituality

When have you last updated the status of your primary life elements?

With which elements are you currently reactive? Proactive? Both? With which elements are you detached or passive, hoping an issue within will go away? Or, inattentive, knowing the issue is there but not allocating time to it? Some of these decisions can impinge on your long-term wellness plans. This is where the discipline of whole-life leadership enters center stage. Its construct interrupts our brain's well-trained, reactive repetitions. It trains us to take action, at least through conscious awareness; to go "toward" ourselves, instead of "out there in the world," away from ourselves. This change alone launches new brain repetitions, slow and unnatural at first. Finally, effective self attachment and awareness is formed. It becomes the "new familiar." It's easier to recognize our innermost wants and needs. It lays track for the life balance that's missing. When we're balanced, our productivity increases and sustains. It pays off both personally and professionally.

pro. ak. tiv *adjective* \pro-•ak-tiv\
(1) of a person, policy, or action creating or controlling a situation by causing something to happen rather than responding to it after it has happened. (2) leadership style connoting planned, purposeful action before the need or situation dictates. (3) farsightedness.

(1) of a person, policy, or action creating or controlling a situation by causing something to happen rather than responding to it after it has happened. (2) leadership style connoting planned, purposeful action before the need or situation dictates. (3) farsightedness.

So, is it: *MySelf, My Patient, MySelf, My Patient, MySelf*... are you ready for your life leadership change? ■

About the Author

Paula-Jo (PJ) Husack, MA, LMFT, CGP, is a Licensed Marriage & Family Therapist. She is also a certified EMDR Therapist; and one of an international network of providers, trained to use EMDR for performance enhancement. She sees individuals, couples, families, work teams and performing groups. Her practice is a resource library for the range of life's situations.

