

To lose one's composure – a
necessary element to develop
professional identity - not only in
cancer care?

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Imagine the following situation

- You are a 4th year student
- The topic of the course is Breaking Bad News
- You have learned basic elements of patient-centred communication
 - Theoretical concept (year 1)
 - Identification of techniques (year 2)
 - Application with real patients in different settings (year 3), etc.
- BBN: Small group teaching with a communication expert and an oncologist/hematologist

You volunteer for the patient and read this instruction

You are living with your partner in a stable relationship.

All plans for the future are targeted to having children: you have moved into a bigger apartment with garden access, your husband has aligned his career to the idea of having children within the next year.

You are struggling with the menace of a potentially lethal treatment. The doctor from the BMT unit had announced that he would come soon.

You volunteer for the doctor and read this instruction

You are the hematologist in charge on the bone marrow transplantation unit.

A 28 year old female patient has been admitted via emergency ward. She has been informed that she suffers from AML and that treatment will start tomorrow.

She has not been informed, however, that this treatment means that she will most likely be unable to have children; give her this information!

What will happen?

- The doctor breaks the bad news
- The patient struggles with her attempt to hold back her tears (or is crying)
- The doctor suffers from realising that the patient's suffering is inevitable
- The patient somehow manages to follow her track and is asking questions about possibilities to avoid this outcome
- The doctor has nothing to offer but his/her own suffering; his/her voice is cracking

Torture or Nurture?

- This intervention has an intense impact upon students' mental status
- What is the rationale behind such a scenario?
- If it was for the teacher's entertainment, it was torture
- If it was a necessary step towards becoming a competent doctor, it was nurture

Introducing the term 'composure' as a philosophical term from Neo-Phenomenology

- «The composure of a person is what he/she is afraid of loosing. In his/her composure a person is identified with something more unambiguous or distinct than he/she actually is.
- A person has several modes of composure, e.g. as a daughter, a mother, a doctor, a lecturer, etc.

Introducing the term 'composure' as a philosophical term from Neo-Phenomenology

- Is it easy to understand why a person has 'several composures' if one reflects on the question: What does it take to be taken aback as a mother/daughter/doctor/lecturer?
- The term composure is essential in any type of education that is aiming at professionalism (defined as a certain set of behaviours and attitudes and moral/ethical principles)

An example from Neo-Natology

- In a Balint group session two students reported that they were completely lost when the mother of a tiny baby on neonatal intensive care was anxiously looking at them, apparently waiting for a reaction.
- The baby had been attached to various tubes and cables.
- The senior doctor realised how stunned they were and asked them to prepare a list of in- and outgoing tubes and their likely purposes to be later discussed with him.

... they were frightened of behaving
inappropriately

- «We didn't know what the mother expected from us, consolation, congratulation?»
- «We were shocked, we had not expected such a small human being, so red and ugly.»
- «I felt like 'Oh my god' and knew that this was not professional.»
- «I didn't think it was a good idea to prepare the list of tubes and iv lines with the mother standing there with us.»

Students discussed various types of behaviours in this situation

- «You could have behaved like you normally would, when you see a mom and her baby:
 - Like: Is it a boy or a girl?»
- «You could have introduced yourself:
 - Like: Hello, we are medical students in our 3rd year; this is our pediatrics turn.»
- What so ever they suggested: the two students responded: «it didn't come to my mind then; I was lost. [I had lost my (professional) composure].»

Torture or nurture?

- I would argue that it takes these moments to understand that a professional identity, a composure as a doctor, comes into play when you realise that your everyday composure as young man or woman is on the edge of breaking or sometimes inappropriate
- Would a professional composure also cover a cracking voice if you address the mother?
- How would you know?

Apparently the situation had induced a sense of massive bodily discomfort and had lead to disorientation

- «When we have such a bodily (in the sense of *leiblich*, referring to the lived body) sensation of another person, if we feel affected in such a peculiar way, this person has touched upon our composure.
- Someone who refuses being touched in such a way, is holding on to his composure rigidly; he avoids contact with the other person.»

One's composure is more or less vulnerable...

- «Someone who allows his composure to oscillate, someone who even dares losing it, is better prepared to get an impression of another person than someone who is only observing the other.
- The balance between not losing one's personal composure completely on the one hand and keeping it flexible and responsive on the other, is the most important instrument to grasp and assimilate new impressions.»

Rigid or flexible composure?

- A flexible composure denotes a tendency to be easily impressed/affected by the other with sensations of the lived body (e.g. heart sink; taking on a heavy burden, etc.)
- This can sometimes be exhausting and sometimes even be dangerous, if a patient's anxiety is distracting the professional from focusing e.g. on a technical procedure

A flexible composure is not the ideal
one that we are striving for

Students should realise....

- Whether or not their composure in a given moment is rather rigid or flexible
- How they manipulate the rigidity of their composure
 - «I counted the number of dots on the gown of the lady sitting in front of me, because I didn't want to start crying (on a funeral).»
 - «I told myself, you are the only professional here, keep calm (at an accident site)!»

If students are sensitised to the concept of composure,...

- ... they will probably find a difference between male and female physicians, surgeons versus pediatricians, cardiologists versus psychotherapists
- ... they will also realise that professionals 'in private' have a different behaviour from 'on duty', and try to understand which characteristics signify, which type of composure is currently active

Implementation into a medical curriculum – the intensity component

- Being in contact with one's composure is not an everyday experience, because the composure is an innate part of a person's identity
- E.g.: My composure as a lecturer needs a true challenge to come to the surface
 - Snoring in the first row; continuous shaking of heads all over; frowning of Mr. X in row 2; laughter in the wrong place, etc.).
- ... so does my composure as an internist or as a psychotherapist

Implementation into a medical curriculum – predictability of significant challenges?

- Challenges that unmask a person's composure are hard to plan, because a challenge for A is not a challenge for B
- Role-plays with students/doctors in the identity of a patient are of paramount importance to create these opportunities
 - The organizers of BBN training in England were afraid of participants' resistance and decided that patients should be played by actors!

Implementation into a medical curriculum – faculty training

- Introducing the concept of composure in order to identify moments, when one's composure is threatened; then practice will be full of helpful examples
- The concept of composure can be hard to teach because it touches upon another complex problem area: the difference between professional and authentic behaviour

Flexibility as a value per se?

- Students claim that professional behaviour is non-authentic because it follows certain rules
- Authentic behaviour forms the counter-position, being characterised by a personal style that has been developed in a student's private life
- The development of a composure as doctor thus is viewed as a challenge to 'being one self'
- And this is correct and as I would say unavoidable!
- Starting with the notion that we all have *different* composes might make this discussion easier

Echtheit und Authentizität

- «Wie angenehm lebte es sich unter uns, wenn die äussere Haltung stets das Abbild der Herzensneigung wäre» (Rousseau)
- «Nur eine schöne Seele zeigt sich unverhüllt» (Kant)

Professional Composure and communication techniques

- Learning and using communication techniques offers a frame within which personal styles of composure as a doctor can be developed.
- Think of a student or doctor who is adhering to certain communication rules *rigidly*. Why is this so?
 - Perhaps s/he is afraid of loosing his/her professional composure unless s/he sticks to the rules as closely as possible?

Stability of Professional Composure and Breaking Bad News

- A student or doctor should make the experience of his composure being challenged *and* then *bouncing back* into position, perhaps slightly changed – s/he develops trust in his/her composure as doctor
- This will protect him or her from feeling the necessity to immediately comfort a patient who has broken away from contact, turning down her gaze, fighting with tears or openly crying
- S/he will dare wait for the composure of the patient to bounce back into a working mode

Stability of Professional Composure and the art of waiting

- Avoiding contact signifies a person's struggle for composure (or countenance)
- Silence indicates respect for the other person, who is trying to regain his/her composure
- A student/doctor who has experienced herself that she has regained her composure without being completely lost, will develop more confidence into the same capacity of the patient – being able to 'keep on track' and pursue her matters, even when she is sobbing or crying.

Summary

- I have introduced the term *composure* from Neo-Phenomenology
- I mentioned that human beings have 'different composes', one of them being the composure of a doctor/professional
- I gave an example of a teaching situation when composure is jeopardised
- I outlined some problems and chances in using this concept in the medical curriculum