

On Patients, Bonsai, and Orangutans: The Value of Mindfulness in the Practice of Medicine

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In 2008, I (JO) met an elderly gentleman selling tiny trees at a roadside stand, a chance encounter that sparked a change in how I see the world and live within it. I began to learn about bonsai, the Japanese art form that literally means “tree in a dish.” Initially I thought it would be fun to grow a miniature tree, but as I acquired the knowledge and tools to care for my plant, I wondered, “How can one little tree be so complicated?” This was years before I became a resident with patients of my own. Now I care for fifty bonsai and many patients. Both have taught me about nature, patience, and mindfulness. As it turns out, trees and patients are not so very different.

My patients and trees come in all ages and sizes. Young patients and trees have one set of needs, while adolescents, adults, and ancients have others. My patients and trees come from all over the world. In addition to their physical differences, they know different climates and diets and communicate distinctively. Both embody lifetimes of stories – of love and neglect, peace and strife, sunny weather and lightning strikes. How they prosper, or sicken, has everything to do with these experiences. Good care must consider all these factors, not to mention the practitioner’s own agenda.

I have had many hobbies. I’ve collected coins and raised tropical fish. I’ve followed sports teams. Legions of action figures gather dust in my childhood bedroom. Bonsai is different. It is a practice.

How does a hobby differ from a practice? Hobbies are leisure pursuits providing enjoyment and escape. A practice involves studying an activity from multiple perspectives, including one’s mind, body, and emotions with unconscious integration of all these areas. Mastery requires energy and discipline, yet paradoxically yields flexibility and calm.

Mindfulness is quite the rage these days: meditation, yoga, stress reduction. Proponents cite a wide variety of beneficiaries, ranging from quarreling preschoolers¹ to sufferers of irritable bowel syndrome,^{2,3,4} chronic pain,⁵ mental illness,⁶ and physician burnout,⁷ to note a few. Research demonstrates mindfulness to improve acceptance,⁸ calm, and empathy.⁹

Perhaps mindfulness is having its moment because so many folks, including physicians, are living lives that are anything but. Drivers chug coffee and text. Teens do algebra while watching feature films and instagramming their friends. Physicians and staff deliver patient care amidst minefields of high-maintenance electronic medical records,

administrative hurdles, and smart phone intrusions. Technology designed to simplify life and connect people falls short, adding complexity and increasing isolation.

In medicine and beyond many suffer overwhelm and scatter from the attention deficit disorder of technology. This may be the appeal of mindfulness. It teaches people to slow down and focus on this moment, right here, right now, and nothing else. At its very best, medicine is a mindful practice, in spite of countless current trends. Cultivating mindfulness in any setting sows these skills throughout work and life.

Mindfulness draws on ancient meditative practices of the East, including Buddhism. Practitioners learn to focus on this moment through awareness of breathing, a stepping stone to noticing the many sensory signals we constantly receive. There are physical sensations, like a tense muscle or itchy elbow, as well as visual, auditory, tactile, olfactory, gustatory, and intuitive ones. Pings arrive continuously from all these fronts. So do waves of thought and emotion, not just from this instant, but also the future (“Will I meet that deadline?”) and past (“They were so irritating!”). Stop for a moment. Observe your breathing. What else do you see, hear, feel, taste, smell, and intuit? Note thoughts and feelings rolling through. An astonishing amount of data continuously streams into our experience radars.

High-octane living mandates we ignore most of this input in the name of productivity. Who can notice every breath, sensation, idea, and emotion when we need to understand yesterday, plan next week, and figure out dinner? Ironically, while ruminating on the past and future, we miss the cornucopia of this moment, the only time and place we can truly be.

Mindfulness teaches “bare attention,” noticing each morsel of input as it floats through, not in order to respond to it, but rather to cultivate focus, openness, curiosity, observation, acceptance, and non-judgment.¹⁰ Create a simple moment of mindfulness. Close your eyes and strive to breathe with an attitude of focus, openness, curiosity, observation, acceptance, and non-judgment (hereafter “attitude”). You may ask, “Am I supposed to breathe through my nose or mouth?” or, “Should my belly fill as I inhale or exhale?” Note “supposed to” and “should.” You are bringing in judgment, as though there is a right or wrong way to breathe. Let that judgment go, and return to your breathing and attitude. You may feel, “This is frustrating!” An emotion has snuck in. That’s fine. Notice it. Return to your breathing and attitude.

Next come thoughts like, “Shoot! I forgot to answer that email!” and “Will there be traffic on the way home?” Note them, and return to your breathing and attitude. Your nose is itching. That’s ok. Notice it. Return to your breathing and attitude. An inner voice chides, “Pay attention! How can breathing be this confusing?” Judgment is back. (Physicians are expert at scolding themselves.¹¹) Observe all this. Let it go. Return to your breathing and attitude.

Mindfulness starts with breathing. When thoughts, feelings, or sensations intrude, simply note them and let them float through like puffy clouds, returning to this moment and this breath. Acknowledge honking horns, cooking smells, distracting thoughts, or uncomfortable emotions and allow them to pass through. You have climbed aboard the asymptote of experiencing the totality of a single moment while doing nothing with that experience.

Interestingly, from the earliest days of medical training, physicians learn the same mindful approach – focus, openness, curiosity, observation, acceptance, and non-judgment – as the foundation of the patient-doctor relationship. We practice giving full attention to a patient, listening actively, being curious, suspending judgment, asking open-ended questions, receiving answers, and refining information with supple inquiry. We absorb and reflect on the emotions and thoughts of patients and ourselves. Later we layer scientific knowledge and clinical experience onto these bedrock healing skills.

Mastery in medicine comes when we connect with a patient, interview with emotional intelligence, complete a thorough exam, and tap into evidence-based medicine, memory of this patient, and experiences with comparable patients. We develop a differential, devise a care plan, consider contingencies, and communicate our impressions to the patient at the right educational level with empathy, realism, and hope. Vigilant practice yields the breadth, flexibility, and calm emerging from years of mindful doctoring. This is not a job, nor a hobby, but a conscious practice. Mastery means setting aside all other responsibilities and connections and being fully present with this patient and this concern. Each encounter is endlessly complicated, requiring bare attention.

And so it is with little trees. I (JO) need to think about the container, soil, water, sun, and nutrients. I must consider seasons, sending some bonsai into the dark and cold for dormancy and exposing others to heat and humidity to approximate their habitats. I must weigh how interventions like pruning, trimming, repotting, or wiring will impact growth. When done too aggressively, or impatiently, I have defeated my plans and distorted, injured, and even killed the very trees I’ve tried to nurture. As in medicine, the outcomes of today’s decisions may not be obvious for months or years, and important lessons emerge from the school of painful mistakes. I imagine a tree in the future, yet it’s impossible to know how it will grow. In balancing the trees’ needs and my goals, I often choose to do nothing but watch and wait. Some days I feel I have delivered the best care when I’ve done the least and spent the visit observing and “listening.” Leaving

a tree alone allows my unconscious mind to develop a care plan. One day, later on, I return, and the next step is clear.

The trees have taught me to take this wait and watch approach with my patients. Doing nothing, or rather doing *No Thing*, can be a sound policy in medicine,^{12,13} too, especially when one has no idea what is going on with a patient, often when health and life collide. These maladies improve only when patients and caregivers consider both realms. When doctors treat their own anxious imperatives to do *Some Thing* they can cause harm, while a tincture of time and open ears and eyes may reveal a solution for the patient.

I (JO) used to feel I’d shortchanged my patients when visits ended without prescriptions or definite plans, until they started thanking me for helpful care. Being genuine, present, curious, and willing to do *No Thing* allows patients to vent and share perplexing symptoms, thereby decreasing pain and loneliness. Like trees, patients can take months and years to reveal important clues about symptoms like trauma, substance use, and hidden fears. Watching and waiting, and hanging in there, allows patients to communicate slowly and quietly, like trees. One day the right intervention appears. Better yet, patients declare readiness for one path or another, uncovering their own capacities for problem solving and healing.

Medical trainees assume knowledge will package neatly. The patient will have a problem. There will be a solution. It’s disconcerting to learn how many grey areas like human interaction, decision-making, and risk juggling permeate practice. Tolerating uncertainty and moving ahead is a huge part of medicine, seldom addressed throughout training.

Mindfulness helps manage such uncertainty and confusion. Buddhists speak of the “monkey mind,” those thoughts (and emotions and physical sensations) that divert us from this moment. They resemble monkeys swinging freely without focus or connection. We all host these creatures and their antics. The more readily we acknowledge monkey thoughts, feelings, and sensations without attending to them, the more easily they can pass through without disturbance.

Mindful moments in medicine are similarly interrupted. The medical monkey can feel like a massive orangutan crashing through, grabbing attention from patients to overstuffed schedules, EMR foibles, insurance annoyances, meaningful use, corporate compliance, and the bottom line, to name but a few of this beast’s favorite branches and leaves. While mindful medical considerations converge to help patients, orangutan thoughts yank us into a dense forest of demands and hassles that fracture their care. It’s challenging to let the orangutan pass through. Sometimes we even invite it into the room by sharing our stresses and frustrations with patients.

The bonsai monkey is a chattering little trickster, appearing in many guises, especially impatience. It urges me to clip here, tie there, and make a cut before studying a tree. “Hurry!” it whispers, preventing me from sitting still and making decisions in concert with a tree’s natural cycle.

Understanding these simians is important. They slow us

down and deplete us. They draw us away from our mission – be that breathing, connecting with a patient, or sizing up a bonsai. They complicate our lives. Today's walk is diminished by self-rebuke about missing the gym yesterday. Fear of failing the Boards increases anxiety, not knowledge or preparation. No patient encounter is enhanced when a physician complains about an EMR. Mindful practice reveals how much energy goes toward thinking, feeling, and being elsewhere, especially the lands of tomorrow's worry and yesterday's regret. Being here and now allows full engagement in life.

Releasing the monkeys frees us to enter a calmer place, sometimes called "the zone." The zone comes in many versions, all affording a level of absorption deep enough to relinquish daily concerns and get lost in an activity.¹⁴ Stillness emerges while engaging all faculties. Some find this through quiet activities like fishing, rocking a baby, watching a fire, praying, or creating. Others achieve stillness through motion, like running, drumming, skateboarding, or working on a car. The common threads are focus, engagement, and internal calm.

People describe feeling lost, and found, and removed from time in the zone. They feel peaceful, but energized. They don't care what others think. In fact, they love themselves. They speak of having access to the totality of their experience and a merging of its parts. To paraphrase one surgeon, "There's work, and then there's operating. That's not work, it's what I love, and I get lost in it. I emerge from each case refreshed."¹⁴ The same thing happens when one really connects with a patient, exchanging woes and pain for hopes and care while tapping into our finest selves.

With bonsai, I (JO) move from one tree to the next, getting lost in stepping back, observing, and imagining. Hours pass. Because many interventions take months or years to play out I must harbor optimism and employ all my senses, including intuition.

The trees have helped me bring a similar approach to my patients. I talk with a toddler's parents about setting limits, yet none of us will see the fruits of our labor for several years. My smoking intervention must be engaging, not preachy or nonchalant. In discussing end of life care I must meld medical reality with this patient's unique coordinates. Most of all, I must listen to my patients, because, like the little trees, no matter how hard I work to imagine the world from their perspectives, ultimately, it will be the patient who experiences the impact of the practitioner. And the practice.

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References

1. Greenland SK. The Mindful Child: How to Help Your Kid Manage Stress and Become Happier, Kinder, and More Compassionate. New York, NY: Free Press. 2010.
2. Boschert S. Mindfulness improved irritable bowel for a year. *Internal Medicine News*. June 15, 2014;15.

3. Gaylord SA, Palsson OS, Garland EL, et al. Mindfulness training reduces the severity of irritable bowel syndrome in women: results of a randomized controlled trial. *Am J Gastroent*. 2011;106:1678-1688.
4. Zernicke KA, Campbell TS, Blustein PK, et al. Mindfulness-based stress reduction for the treatment of irritable bowel syndrome symptoms: a randomized wait-list controlled trial. *Int J Behav Med*. 2013;20:385-396.
5. Chiesa A, Serretti A. Mindfulness-based interventions for chronic pain: a systematic review of the evidence. *J Alt and Comp Med*. 2011;17(1):83-93.
6. Mace C. Mindfulness and Mental Health: Therapy, Theory and Science. New York, NY and London, England: Routledge. 2008.
7. Krasner M, Epstein R, Beckman H, et al. Association of an educational program in mindful communication with burnout, empathy, and attitudes among primary care physicians. *JAMA*. 2009;302(12):1284-1293.
8. Hayes SC, Follette VM, Linehan MM. Mindfulness and Acceptance: Expanding the Cognitive-Behavioral Tradition. New York, NY: The Guilford Press. 2004.
9. Beckman HB, Wendland M, Mooney C, et al. The impact of a program in mindful communication on primary care physicians. *Acad Med*. 2012; 87(6):815-819.
10. Schwartz JM, Begley S. The Mind and the Brain: Neuroplasticity and the Power of Mental Force. New York, NY: Harper Collins Publishers, Inc. 2002.
11. Hundert, E. A golden rule: remember the gift. *JAMA*. 2001;286(6):648-650.
12. Wehrlage DF. The art of "doing nothing". *Rhode Island Medical Journal*;1986; 69(9):409-418.
13. Zuger A. Don't do something; just sit there. <http://well.blogs.nytimes.com/2013/06/10/dont-do-something-just-sit-there/?r=0>. Accessed February 26, 2015.
14. Chen P. How mindfulness can make for better doctors. http://www.nytimes.com/2009/10/15/health/15chen.html?_r=1&pagewanted=print. Accessed July 15, 2013.

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