



Is it okay for physicians to cry?  
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Case: Ms. S was a 70 year old female who I saw during my first month of Palliative Care Fellowship. She had been a healthy golfer until a few weeks prior to this hospitalization. She flew to California to visit her daughter where she developed “flight-sickness” which eventually led to the diagnosis of metastatic pancreatic cancer. Her hospital course deteriorated rapidly with prognosis felt to be weeks. No cancer treatment options were feasible for her at that point. She decided to focus on comfort and hospice care. I clearly remember her saying “I just wish to be comfortable and I want to see my daughter before I die.” Her daughter reserved a flight to come the following day. Arrangements were made for Ms. S to be transferred to an in-patient hospice facility closer to home with a potential to be transitioned to home hospice.

Unexpectedly, her condition worsened abruptly overnight. The following morning, she was very lethargic but arousable; her ascites looked worse, her breaths were shallow and she looked more pale and jaundiced than previously. My attending physician sat by her side, held her hand and compassionately explained that we might not be able to transfer her out of the hospital. Her prognosis was now as short as a matter of hours. She looked at me and enquired, “Is my daughter here yet?” The daughter’s flight was supposed to land by the afternoon and I was not sure it would be in time. I stood silently as tears flew down my cheeks. The nurse intervened, comprehending the reason for my silence. I left the room and cried in a restroom; I felt miserable.

**Discussion:** A majority of health care providers including medical students, interns, physicians and nurses have cried at some point when acting as healthcare providers, [1-3] even though the topic of crying is hardly ever discussed during the medical training. For some reason I “just felt bad”- perhaps “it was unprofessional,” maybe it elicited my “weakness,” maybe it was “socially undesirable” for a male to cry. Whatever the reason was, it did not feel right to me “not having control over my emotions.” These are some of the phrases commonly used by healthcare providers when asked about their experiences about crying. [1-4] I felt the same way. Physicians often try to hide their emotions and so did I. When they cry, they often seek hide-outs in stairwells and bathrooms.

They do not talk about it and if the topic ever comes to discussion, wrong messages may get conveyed, such as crying is a sign of getting too attached to the patients and may cause “burnout.” [1] Furthermore, lack of training, support and discussion about the topic results in hidden transmission of these messages through day-to-day interactions from one hierarchical level of training to another. [1]

Some of the reasons that health care profession cry include (1) feeling compassion for a dying or suffering patient, (2) recalling his or her own family member from the encounter and (3) imagining the self being in a similar situation. [1-4]

What we know is that it is not uncommon for health care providers to cry in health care settings, there is minimal teaching about it, and a majority of students and interns want more discussion on the topic. [1] Crying is natural and a way to show empathy. It can be positive in the service of the patient by demonstrating connection and building relationship. Situations of crying are great opportunities to learn and to teach on how to handle feelings. It also provides an “opportunity to affect students' growth and development as caring physicians.” [2] Looking back at Ms. S’s case, I regret having left the room when I began to cry and hope that further discussion of the topic, especially during training, might allow future physicians to feel better prepared to share their emotions effectively and be present with patients in these critical moments.

**References:**

1. Sung AD, Collins ME, Smith AK, Sanders AM, Quinn MA, Block SD, Arnold RM. Crying: experiences and attitudes of third-year medical students and interns. *Teach Learn Med.* 2009 Jul;21(3):180-7.
2. Angoff NR. A piece of my mind: crying in the curriculum. *JAMA.* 2001 Sep 5;286(9):1017-8.
3. Wagner RE, Hexel M, Bauer WW, Kropiunigg U. Crying in hospitals: a survey of doctors', nurses' and medical students' experience and attitudes. *Med J Aust.* 1997 Jan 6;166(1):13-6.
4. Kukul K, Keser I. Medical and nursing students crying in hospital settings. *J Nurs Educ.* 2006 Oct;45(10):426-31.

For palliative care consultations please contact the Palliative Care Program at PUH/MUH, 647-7243, beeper 8511, Shadyside Dept. of Medical Ethics and Palliative Care, beeper 412-647-7243 pager # 8513 or call 412-623-3008, Perioperative/ Trauma Pain 647-7243, beeper 7246, UPCI Cancer Pain Service, beeper 644-1724, Interventional Pain 784-4000, Magee Women’s Hospital, beeper 412-647-7243 pager #: 8510, VA Palliative Care Program, 688-6178, beeper 296. Hillman Outpatient: 412-692-4724. For ethics consultations at UPMC Presbyterian-Montefiore, and Children’s page 958-3844. With comments about “Case of the Month” call David Barnard at 647-5701.