

# “Existential Fridays”—reflection in action

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The practice of pediatric oncology provides a unique lens through which to reflect on the profound challenge of caring for suffering children. Pediatric residents and oncology fellows often ask me how they can learn to cope with the suffering they encounter, and maintain that coping mechanism through the long arc of a healthy career. When we consider the rising prevalence of unwellness among physicians, the answer to this question becomes more immediate. Through many informal conversations with pediatric residents over the years, it is clear that many want an opportunity to reflect upon their experiences with patient suffering, but lack the time and role modeling to do so effectively. Inspired by their requests, I devised a pedagogical experiment while attending our inpatient service; once a week (on Fridays), I replaced my daily afternoon didactic with an hour-long, open invitation to discuss what residents found most difficult, or rewarding, about their experience on our unit. In this essay, I will describe a central theme that emerged from these discussions, which I came to call “Existential Fridays”—the struggle for residents to incorporate spiritual awareness into their practice—and how I used my experience as both a physician and teacher of theology to answer this call.

All of the residents who participated in the sessions described feelings of helplessness and fear when caring for children with cancer—particularly for children who were suffering physically and emotionally. Many expressed that something “just felt different” about caring for a child suffering with cancer compared to children they encountered in other acute care settings. We decoded that “something” to be a more immediate sense of the possibility of death, and of the difficult emotional and moral conundrum represented by dying children. Many residents expressed the profound conflict they felt trying to separate their own personal beliefs about suffering and death from the rational process of clinical decision making. More than half expressed a particular frustration with feeling they were “not allowed” to discuss spiritual matters with patients and families, even if the situation seemed appropriate for them to do so. As a teacher of both medicine and theology, the latter point struck a resonant chord. As we navigate the present moment of rapidly evolving oncology therapy, emphasis on patient engagement, and physician resilience, is there an opportunity to revisit the integration of science and spirit?

Our attitudes about suffering and death are inextricably linked to our own cultural, social, and spiritual rubric—regardless of whether those perspectives are anchored in a specific faith tradition. Recognizing the need to cultivate a larger sense of self-awareness into professional identity and patient communication skills, many medical schools have developed curricula that encourage students to explore such attitudes—and their impact on patient care—while building their fundamental clinical knowledge. There remains a large gap, however, between exploring one's attitudes about suffering as a student, and integrating that awareness into mature practice as a resident on a demanding hospital service. As a medical educator, I felt that there was little in my own medical training that prepared me to help young physicians close that gap.

As a student and teacher of theology, however, I am fortunate to have a complementary perspective on how healers—whether medical, pastoral, or both—engage human suffering. A critical theme in practical theological education, particularly for those training for careers in ministry or chaplaincy, is the concept of bearing witness. To bear witness means to be present with a person in need, affirming their suffering, without trying to change the outcome. While the minister (or chaplain, or pastoral care professional) may be expected to heal certain things for a suffering person—for example, to help solve a challenging family dynamic, organize community support, or navigate a particular spiritual question—it is fundamental that they first meet the person where they are, bearing witness to their suffering in its unique context. As physicians, our training prepares us to heal with the very best that science and medicine has to offer. The excellent survival of many pediatric cancers affirms this. Whether or not the patient is cured, we must also pause, meet our patients where they are, and bear witness to their suffering. In so doing, we can also affirm the most important medicine we have to offer—hope—in all of its many shades and expressions. It is here that there is still much good to be done, and much healing that can happen, where treatments fall short of our expectations.

At the concluding “Existential Friday” of each resident rotation, I am always asked how I come to terms with the suffering and death of my own patients. Over time, my answer has evolved into a mantra of

sorts: *be present, bear witness, let go*. Bearing witness to the suffering and death of a child dismantles our assumptions about the natural order of life—and death. Whether as a physician, a chaplain, or anyone who grieves, it is necessary to somehow let go of those assumptions. It is by being fully present with suffering that the oncologist can remain a healer after all therapeutic options have been exhausted. It is by bearing witness that, in the profound moments after a patient dies, we can pick up our own “pieces” and walk into the next patient room—and the next 10 after that—reassured of our shared existence in these extremes of the human condition. It is by letting go that we free ourselves to hope, and to marvel at the totality of a world that continues to exist beyond scientific explanations. It is by being present, bearing witness, and letting go that we can learn to accept that many questions have no answers—even in a world that seems to demand them at every turn.

As the practice of pediatric oncology expands to care for more children with complex diagnoses and intricate therapeutic plans, I encourage us all to be present, bear witness, and let go. Take an “Existential Friday” every now and again—and please feel free to call it something else! In the midst of a difficult case, or just the general business of the day, create that space—for yourself and for your trainees—to be present for the joy of caring for the families we serve, to bear witness to the suffering they endure, and to let go of your assumptions. I believe the narratives born in this space we create together will sustain resilience, creativity, and longevity in our practice, and inspire our trainees to carry that awareness forward with consciousness into a new era.

#### CONFLICT OF INTEREST

The author declares no conflict of interest.