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The CUA exists to promote the highest standard of urologic care for Canadians and to advance the art and science of urology.



The late Dr. Hans Selye was the founder of the stress concept while studying and working at McGill University and Université de Montréal from the early to mid-twentieth century.¹ Many of us learned of his work in Psychology 101. His research model was predicated on the theory that unanticipated external stimuli are stressors, the response to which he called the “general adaptation syndrome” that has three phases: alarm, resistance, and finally, exhaustion.

Selye’s seminal stress experiments were performed on rodents. The mice fared poorly and usually died when exposed to repeated and chronic unexpected stimuli. Selye’s extrapolations of his research findings to human maladies such as peptic ulcer disease, hypertension, and malignancies had a polarizing effect within the scientific community. Conclusions are elusive. However, nobody argues today that unmitigated stress has a negative impact on health — mouse or human.

Just think of your average day:

You log on to your first telehealth consult and before you have taken a history, your office desk phone rings. Then someone peers through the frosted glass, knocks on the door, and walks in. “Sorry, are you busy?” Nobody would dare do that with a live patient during a digital rectal exam. Somehow, “Lights, camera, action” has become “Lights, camera, distraction”!

You start your second case in the operating room and the phone rings. The family of the previous case has more questions, maybe the same ones you just went over. Then your pager goes off; someone in the emergency room wants to speak to you. At the same time, your surgical assistant’s phone pings. Your limbic system kicks in and you revert to primitive antisocial behaviors. Things don’t go well from there. You are written up with an incident report regarding poor impulse control. More sensitivity training...

You give short shrift to learners owing to the crush of clinic and operating time constraints. Your aggregate teaching evaluations are mediocre.

You rush clinical care to get to yet another administrative/academic meeting or teleconference. The family later complains about your lack of empathy. Sigh...

You endure multiple pages and calls of dubious importance throughout the day. By the time you have answered back, the problem has been solved or the master beckoning you is nowhere to be found.

And so, it goes. How did we get to this? Has technology made us too available so that others don’t need to problem solve? So many interruptions and so little time.

I’m the CUA President, so I need to project a positive outlook: OK, there is no denying that urologists have outstanding, rarefied, and multifaceted careers that we signed up for. We work, teach, and learn with smart people in a safe environment that promotes self-actualization. We are privileged to be thought leaders and help shape the next generation of physicians. But sometimes, we are reduced to being pinballs, battered around from pillar to post by external stimuli beyond our control.

Not all stress is bad. Selye referred to good stress as “eustress” in contradistinction to “distress.” For example, muscles don’t grow without the eustress of exercise. The stress of an anticipated exam promotes learning. Competing in a running road race or a cycling Gran Fondo is stressful, but also an exhilarating accomplishment. A tough case in the operating room is stressful, but gratifying for us, learners, and patients. Presenting to an audience of peers is a form of eustress necessary for achievement and career advancement. These are all good stresses.

It is the uncontrollable, random, unproductive, and negative stressors that bite. It is the responsibility without control in our work lives that can lead to alarm, resistance, and ultimately, exhaustion.

Below is my homegrown top 10 list of strategies to help counteract the tyranny of the urgent and, ultimately, avoid distress. I am sure readers have their own strategies. Please share.

1. During surgery, leave your pager at the scrub sink. Silence your cell phone. Check them between cases. Answering calls while scrubbed is more egregious than distracted driving.
2. During clinic, leave you pager and cell phone at your desk. Silence your phone. Check them between patients.
3. Try to remember that the only patient that matters is the one immediately in front of you.
4. Put a sign on your office door (and lock the door) when you are engaged in telemedicine.
5. Don't consider accepting e-invites to hospital committee meetings unless there is an associated agenda.
6. Set your own list of priorities and learn how to say no.
7. Channel Arnold Schwarzenegger: nobody is so important that they can't be missed for one or two hours while at the gym. One hour of exercise is only 4% of your day. No excuses. Somebody busier than you is working out right now.
8. If somebody needs you that fast, they don't need you; they should call a code.
9. You have to take charge of your environment to achieve any measure of physician wellness. Nobody is going to do that for you except you.
10. Refuse to become a pinball. Be the pinball wizard!

Reference

1. Viner R. Putting stress in life: Hans Selye and the making of stress theory. *Social Studies of Science* 1999;29:391-410.

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