

## Care Less

by Sarah DeParis

The panic rose in my chest. My heart pounded. I felt sweaty, dizzy, and utterly out of control. A palpable cloud of despair made the air feel thick and oppressive. I couldn't breathe. I was vaguely aware of the chilly northern California February air, the fog that hung low, the faint smell of leather and almost-new-car. I was above myself looking down: a shiny blue sedan parked outside a hospital, a small woman sitting in the driver's seat, white-knuckled hands clasped on the steering wheel like a life raft, forehead pressed against her hands as if bowed in prayer, shoulders heaving. The words rose as a deafening roar in my head: *I can't do this anymore*. I tried desperately to battle the words down, to stuff them back into whatever hole they came from like a towel shoved into a drain. It was a Friday morning, 7 a.m., and I had five surgeries to perform that day.

But the more I pushed the words down, the louder the roar became. Then, the roar became images: terrifying flashes of a gruesome car accident, a bottle of pills, a gun. They were intrusive and foreign and shocking but accompanied by a sense of relief, enticing and sweet.

Desperate to continue to take care of my patients, to not disappoint them, or my boss, or my staff, I steadied myself, shuddered, and began to breathe. I opened the car door and swung my legs out jerkily, like a marionette. I willed myself to stand, willed myself to take one step, then another. I walked from the parking lot to the hospital entrance, vaguely aware of the other human shapes in scrubs filing in the same direction towards the door. A smile pasted itself to my face, my shoulders straightened, a switch flipped: I was a surgeon again.

I'd been an attending surgeon for three years, and I was taking three different psychiatric medications to be able to sleep and go to work. Five years of untreated depression and anxiety during my residency and fellowship had taken its toll. A surge in demand for surgery due to delayed care from COVID had doubled my surgical volume—

I was now operating four days a week instead of two. My stress level was seismic. I had stopped sleeping, this time not due to the constant shrill beep of a pager, but due to nightmares that triggered my mind to spin about work scenarios until the early hours of the morning. My complex eyelid reconstruction would fail, leaving behind an exposed, vulnerable eye. My young patient with an aggressive eye socket cancer would lose not just her eye, but a large part of her face. The compounding anxiety and insomnia were an avalanche, obliterating my mental health until I reached the point of a panic attack in the hospital parking lot.

I'm a doctor who truly cares about my patients, which means I carry the stress of my inherently stressful job everywhere I go. My husband Francesco often urges me to relax and let loose—but I am always on call, which always places me on edge. Over the years, I've been called a "superfeeler" (my therapist's term), an empath, highly sensitive, too emotional. My hidden softness has always made me feel a little bit like an alien ever since I was a small child. I carried a secret inside that no one else seemed to notice: *the world is pain*.

One Sunday when I was ten years old, I sought comfort from my mother. She was in the kitchen cooking meals for the week that she would not have time to prepare between working twelve-hour days as an attorney. I approached her and confided that I felt sad, but I didn't have the words to articulate why.

"You have no reason to be sad," she replied, rolling her eyes in frustration. "Look around you and cheer up." I had been hoping for a hug and a comforting word, but there were dinners to be made, and she wasn't wrong: I never wanted for anything in my childhood. Nevertheless, surrounded by family and all I could need, I walked away feeling alone.

I arrived at the surgical preoperative area that February morning with lingering wispy remainders of my panic attack and a deep feeling of emptiness. Everything was as usual: nurses walked briskly across the linoleum floor, fluorescent lighting cast an artificial glow on the rows of narrow cots divided by curtains, thin and flimsy. I entered the locker room, changed my clothes. A robot in scrubs.

I approached my first patient of the morning, Ms. B, and began to review the planned procedure—a routine eyelid surgery called a blepharoplasty—where I would remove excess skin that was weighing down the eyelids. A few weeks earlier, I'd spent painstaking time with her in my clinic, explaining the procedure in detail and answering all her questions. Ms. B, a recent retiree originally from Ohio, had seemed confident and eager to proceed.

I launched into my typical speech—bruising, swelling, ointment for the eyelids, medication for pain. A few minutes into my monologue, I noticed that Ms. B would not meet my eyes. Hers were downcast, fingers picking nervously at the edge of the white cotton hospital sheets.

I felt impatience rising in my chest and the swirling emotions of the morning bubbling just beneath the surface of my professional veneer. My usual abundant patience was absent. “Ms. B, do you understand? Does this sound familiar to you?”

“No, I don't remember any of this, and it sounds very overwhelming. I'm not sure why I'm having this surgery.”

I struggled to keep the edge from my voice. “Do you remember what we talked about in the office—that the purpose of the surgery is to improve your vision?”

“No.” Her eyes looked down, across the room, anywhere but at me.

I let out an exasperated sigh. “Ms. B, we don't have to proceed with the surgery today if you're feeling unsure.”

“Let's just do it,” she responded halfheartedly.

I glanced at the clock: 7:50 a.m. The surgical nurses and the anesthesiologist followed my eyes pointedly. We were already twenty minutes late. I could feel the wasted minutes in my bones, the rest of the day's work stacking up behind me. I could see the subsequent patients who would be informed we were running behind, who would snap at me and my staff in response.

I made a decision: fuck it. Instead of turning on my heel and marching to the operating room as I was expected to do, I walked to the neighboring workstation and grabbed a chair. All eyes in the room were on me as I strode across the linoleum, chair bouncing loudly as I rolled it behind me and positioned it next to Ms. B's bedside. I sat, took a breath, took her hand in mine, and waited until her eyes met mine.

“Ms. B, I’m sensing there’s something else going on. Are you okay?”

She hesitated before responding. “My brother died last week. I’m still grieving and I’m not sure if I’m ready to go through with a procedure today.”

I felt my frustration and impatience melt into empathy. I let out the breath I had not realized I was holding. I squeezed her hand, rubbed her shoulder. “I’m so sorry for your loss.”

“Thank you, doctor.” Her reply was almost a whisper.

I was under constant pressure to fill my surgery days to the brim, and unless it was medically unsafe to proceed, I rarely cancelled. But perhaps humanity was more important than operating room quotas.

“It’s okay not to be ready. Go home and take care of yourself. The surgery and the operating room will be here for you whenever you decide you are ready.” This time, there was genuine compassion in my voice.

As she relinquished the weight she had been carrying, Ms. B’s shoulders dropped, and she began to cry. She finally met my gaze again. “Thank you, doctor. I’m so relieved. I didn’t want to do this today, but I was afraid to tell you.” She stood up from the bed, shakily, but purposefully, and the nurses brought her belongings. She looked back over her shoulder and waved to me as she left, genuine gratitude written on her face.

At that moment, something shifted in me, too. A dawning realization: I am not Marionette, Robot, or Surgeon. I am Human. The words I had spoken to Ms. B were also what I needed for myself.

That evening, I gathered Francesco, our dog Chloe, and my favorite fleece throw blanket onto my couch. Francesco and I met when I was in medical school, and although he is not a medical professional, he had lived my experiences alongside me for a decade. He held my hand, silently encouraging me.

I unlocked my cell phone shakily and dialed my boss. I told him everything: the anxiety, the depression, the insomnia that I could no longer bear. I needed to be off work. I needed to not be on call. I needed help. I’d put smashed faces back together and watched people die, but this vulnerable admission was one of the most terrifying moments of my life.

I was met with a long, uncomfortable, silence. As the seconds stretched on and felt like hours, a tidal wave of shame and panic flooded my body. Francesco held my gaze with compassionate eyes, holding me steady.

My boss broke the silence abruptly. “You really need to learn how to care less about your patients.”

The moment screeched to a halt like a record scratch. Through my tears, I was suddenly aware of the absurdity of his response. He offered a solution—not a mental health break, not a referral to a psychiatrist, and not an iota of empathy for my despair. His solution: care less.

How undeniably, Earth-shatteringly, gut-wrenchingly sad.

“I’m so sorry, but I can’t go on like this.” My voice broke, a muffled sob escaping before I could smother it.

“Well, now I’m worried you’re going to hurt yourself. You should really see a doctor.”

A second wave of shame made me feel like I wanted to crawl into a hole in the ground. Then, I thought of Ms. B: Human first, then patient. Human first, then doctor. I steeled myself, straightened my shoulders, and answered with the truth. “I do have a doctor. I spoke to her today, and she says I need to be off work for three months.”

Another long pause ensued. I wanted to die. “Well, I don’t know what to do about this. You’re supposed to be on call, and I can’t cover for you. You’ll need to keep your pager on and continue answering it until I can figure this out.”

And then he hung up. My face was hot and my stomach in knots as I sunk into a deeper despair. I had a duty to my hospital, my colleagues, and my patients, and for the first time in my life, I had failed to meet it. Francesco enveloped me in a hug and Chloe licked the tears from my face.

A few hours later, I received a text from my boss letting me know I could forward my pager to his. That was the last time I ever heard from him. If there was any sense of relief at that moment, I could not feel it—I was buried under a giant shit-pile of shame. It would take me many months to excavate myself.

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I was unhappy to my core in my role as a surgeon, but decades of cultural programming would not allow me to acknowledge that. My body had thrown up various methods of protest that had grown louder and louder over the years: chronic pain, lingering viral illnesses, depression, anxiety, insomnia. Finally, the protest reached a fever pitch that could no longer be ignored in the form of a panic attack in the hospital parking lot. The irony is—I'm the type of doctor you would probably want. I've cared very deeply about every patient who has walked through my door. I was good at my job.

My boss's advice may sound absurd—look for one patient in the history of medicine who wants a doctor who does not give a shit, and you'd be hard pressed to find one. It may be tempting to blame this on him: *What terrible advice! What a jerk!* But that would be a mistake. Caring less is a coping strategy that many healthcare providers learn as a way to compartmentalize their stress and the difficult emotions that inevitably arise from their jobs. There is no time or safe space to process those emotions, so where do we put them? I cared so much that I was drowning, medications and therapy doing little to keep me afloat. In this context, to keep performing the way I was expected to, perhaps my boss's advice was not so far off the mark.

Our current medical system does not offer the resources, time, or support to allow for connected, emotionally healthy providers. Mental health care is stigmatized such that many providers are afraid to ask for help. [The statistics](#) tell the story: physicians have higher rates of burnout, depression, and suicide than the general population. Twenty-eight percent of residents [experience a major depressive episode](#) during training as compared to 7-8% of similarly aged people in the general population. Approximately 300-400 physicians [die by suicide](#) each year, and female physicians are particularly at risk, with rates of suicide 250-400% greater than women in other careers. [Rates of burnout](#) among healthcare workers have reached an all-time high, with nearly half of healthcare workers experiencing burnout during the COVID-19 pandemic.

Psychotherapist and author Lori Gottlieb describes the metaphor of a prisoner violently shaking the bars of their cell, desperate for escape, only to one day look to the left and right and realize that the prison cell has no walls. For many years, I could not see the exit door. One of the greatest gifts I've given myself since that morning in the hospital

parking lot was the courage to look to the left and right and exercise my own autonomy. I chose not to follow my boss's advice. I wanted to care more, not less.

So, I took the hard road—I uprooted my career and left clinical care. I questioned my core beliefs, dissecting each one before deciding whether to keep it or throw it away. I excised what was making me sick. I started over. I am fortunate: I was able to walk away before my body's protest became one from which I could not return.



Sarah DeParis is a physician and surgeon who left clinical medicine after a long struggle with depression and anxiety. Her writing about this experience began as an all-consuming urge to understand and heal. In the end, she realized it was a story about shedding a deeply ingrained identity and starting over—a pervasive human experience. In her life after medicine, she has (re)discovered passions for animals, art, and creative writing. She is happiest when snuggling her dogs, riding her horse, or spending time with her people.