COMMENTARY

Meditation and Mindfulness: A Call to Action in Elevating Primary Care

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ABSTRACT
Mindfulness meditation has vast physiologic benefits that can reduce physician burnout and improve physician well-being. Collective meditation and mindfulness practices with organized continuity among physician groups can synergistically elevate the practice of primary care by fostering creativity and innovation needed for sustainable solutions. A cohesive frontline physician voice rooted in higher purpose cultivated by meditation and mindfulness practices in a platform directly linked to quality improvement can lead to meaningful change in primary care for all.

INTRODUCTION
Medicine for me was romantic when I was a student: The idea of making house calls carrying a black medical bag filled with lifesaving tools and treatments; the notion of being called to action in leading community relief efforts; and the privilege of studying a complicated case for endless hours like a mad scientist. As I was entering primary care, I felt optimistic about these opportunities. But then I burned out to the point where service to patients felt disconnected from my higher purpose in medicine. Cynicism had hijacked my mind.

THE HEALER NEEDS TO BE HEALED
The all-encompassing breaking point was on a typical hectic day in my second year of primary care practice. I viewed my job as a relentless schedule, an overloaded inbox filled with clerical tasks, angry patients with chronic pain and disability requests, numerous quality performance report cards, and insufficient time to enjoy synthesizing anything complex. I did not feel like I was helping anyone. I did not feel set up to be a proper doctor. My practice felt stuck in a box of protocols, riddled with fear of liability, and devoid of artful solutions. Toward the end of the day, one of my very pleasant patients looked at me during our visit and respectfully asked, “Doctor, you seem so tired. Is everything okay?” I thought to myself after he left, the healer definitely needs to be healed.

RECONNECTING WITH TRUTH
From that moment, I embarked on a desperate journey toward reconnecting with truth in medicine. I realized that my attitude needed to change. I grew up with meditation, and I started to consciously apply my meditation practices to my work. With time, an internal shift occurred. I found myself naturally infusing compassion, gratitude, and intellectual curiosity into my practice no matter how much longer I worked. At one point, I became chronically behind schedule and felt that this effort was not sustainable. But over time, I noticed a surge of creativity that enhanced my efficiency and stamina. My faith in doing the right thing increased. My member/patient satisfaction scores sharply increased. I felt liberated by living in the present moment, and I was deriving energy from putting patients first again. I felt happier and stronger in all aspects of my life, no matter what adversity I faced. My family benefitted as well.

My journey through burnout is not uncommon. The triple aim—enhancing patient experience, improving population health, and reducing costs—has been noted to be imperiled by physician burnout. Growing awareness in the medical community of collective physician burnout allowed me to identify this state in myself. From a quality and safety standpoint, there is urgency to this matter because we know that burned-out physicians give burned-out care. What is the solution?

A SOLUTION IN MEDITATION
Meditation and mindfulness are ancient methods that have helped me. A growing body of literature and research has validated meditation and mindfulness programs for physicians as effective in reducing burnout and improving physician well-being. This particularly holds true when in a structured, continuous course with maintenance activities.

Numerous physiologic changes have been shown to occur during meditation when practiced regularly. Emotional equanimity is restored, and immune function is strengthened. By calming the mind in real time, the meditative state enhances focus, attention, and self-awareness. In a summary of a meta-analysis of multiple studies in experienced healthy meditators, three seemingly beneficial clusters of activity were noted on brain imaging to support this view: The caudate in attentional disengagement from irrelevant information; the entorhinal cortex (parahippocampus) in control of mental thought streams; and the medial prefrontal cortex in enhanced self-awareness.

In Harvard Business Review, Seppala 3 writes that “Meditation enhances creativity. Research on creativity suggests that we come up with our greatest insights and biggest breakthroughs when we are in a more meditative and relaxed state of mind. That is when we have ‘eureka’ moments. This is likely because meditation encourages divergent thinking (ie coming up with the greatest number of possible solutions to a problem), a key component of creativity.” In an article titled, “The Neuropsychological
Connection Between Creativity and Meditation," Horan presents scientific evidence that creative thinking and innovation are boosted as "Strong associative thinking habits are suppressed allowing for the generation of new ideas."

For me, the internal shift created by meditation that I described also changed my outlook on primary care. I found myself more engaged in thinking about solutions and concrete ways to strengthen multidisciplinary care for various patient groups, for example, patients with chronic pain and disability, those with depression and anxiety, and noncompliant patients. The limitations of our system started to appear more as opportunities for improvement that could augment joy in medicine as in no other time in history.

Primary care evolved to reduce disparities and cost while improving outcomes and quality. In 1996, the Institute of Medicine defined primary care as "the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community."

I started to recognize that carving out the field of primary care with this patient-centric model was a grand and pure feat that aligns with the spirit of service. Resources and investment may have been underestimated with unintended consequences that have made it increasingly challenging to do the right thing, but such a movement expanded the potential yang to the yin. The intensity of our system’s problems enhances the intensity of positive solutions. In this sense, because of the existence of primary care, medicine is now exponentially slanted to leverage higher purpose with greater power in the evolution of an increasingly complex medical system.

A HIGHER REFERENCE POINT FOR MEANINGFUL CHANGE

Expanding meaningful and effective change in our primary care system starts with transforming collective physician burnout into renewed optimism and creativity on a larger scale. I believe that we must build organized, frontline physician platforms anchored in continuous, collective meditation and mindfulness practices in the workplace. Such practices can cultivate a cohesive lens that more robustly inspires creative and sustainable solutions to the problems we face as we intersect with the business and politics of medicine. We could then channel our shared visions into focused improvement project planning. In this way, we can systematically redefine and redesign primary care within a multidisciplinary framework from a higher reference point. The ideal outcome is higher quality care in a safer system for more people. Such a movement en masse could benefit all of society. Primary care is truly romantic.

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How to Cite this Article

References

In Silence
In the attitude of silence the soul finds the path in a clearer light, and what is elusive and deceptive resolves itself into crystal clearness. Our life is a long and arduous quest after Truth.

— Mohandas Karamchand Gandhi, 1869-1948, Indian activist