

Specializing in doing nothing

Sometimes no treatment is the best treatment.

BY EMILY CHAPMAN, MD

A long time ago, as a new pediatrician, I sat with a tearful, exhausted mom, her toddler restless on her lap—goosey, flushed and in bad temper.

Surely, I could do something for her; couldn't I? No pneumonia ... no otitis ... darn. Resigned, I explained the nature of viruses, blah, blah, blah ... and why I didn't have anything to offer her. I felt sure she thought she'd wasted her co-pay and that I'd failed her on some level by doing nothing. I apologized.

I got a little older.

At some point, I took my own son to see my partner for a rash. I knew the name of the rash; I knew he didn't need medicine; I even knew how to care for him. My partner looked at my son, looked at me, nodded wisely and said, "Yes, that's exactly what he has." And, I felt much better. I had taken my son, and my maternal instinct, to the doctor—to have nothing done. I didn't need him to do anything; I just needed to share my son's rash with someone.

And, I got even older.

A few years ago, my father fired his internist, a man I knew to be both intelligent and considered. I gave Dad a quizzical look.

"Every time I go see him for something, he gives me medicine," Dad answered, in a tone that suggested that his reasoning should have been obvious. I remembered what my med school professor had written on the board one day, "Don't ever confuse 'curing' with 'healing.'" In my own practice, I stopped apologizing for doing nothing.



And, now, I'm older still.

The American Academy of Pediatrics just published new guidelines for the management of bronchiolitis. Rather than a list of things to do, it contains a list of things *not* to do, and little more. In the hospitalist community, this was met with applause and the birth of a prideful slogan, "Nobody does Nothing like a hospitalist!"

We docs are doers. We got ahead our whole lives by doing things, tackling things, fixing things. We were that guy who came through. But the message is becoming very clear: By doing things that may not need to be done, we're hurting patients, sometimes even killing them. Our professional societies are challenging us to "Image Gently," to "Choose Wisely" or to

"Safely Do Less." Learning lists of pharmaceuticals or details of radiologic studies is easy. Doing nothing is not. Nobody ever taught us how to do that.

In my experience, doing nothing takes tremendous confidence and resolve. It takes a fundamental faith that we are of inherent value to our patients—even without our tools, our medicines or our studies. It takes faith that our words, our attention and our touch are of intrinsic value. When you start to believe that you, in and of yourself, are valuable to your patients, you'll get a hell of a lot better at doing nothing. **MM**

Emily Chapman is a pediatric hospitalist at Children's Hospitals and Clinics of Minnesota.