



My Leadership Story

“When doors of perception were cleansed, everything would appear to man as it is, infinite.”

William Blake

When I was in high school, I was struck by this phrase. It returned to my mind every once in a while, and each time it did, I felt a deeper understanding of its significance. In a certain way, these words explain my Leadership story.

In my younger days, I did mountain biking in Argentina. One of the ten commandments of mountain biking is to plan ahead. When riding fast on a slippery slope, you need to know which exact movements you are going to do next -- at least some seconds in advance. Over time I learned to play more safely and steer my bike in a more accurate direction, moving from a compulsive "doing-without-planning" attitude to a scheduled, vision-oriented action plan.

Thus, mine is a story about transformation, personal development and change. In reflecting on my journey, my experience in the Leadership Development Initiative (LDI) was vital. LDI was a Palliative Care leadership training program offered by the Institute for Palliative Medicine at San Diego Hospice and OhioHealth.

Above all, I am grateful for what my patients have taught me in the world of Palliative Medicine.

Beginnings

I started practicing Palliative Care during my internal medicine residency. At that time, we didn't have many senior doctors to consult about our doubts and concerns. Cancer patients

died in severe pain. Before even knowing that Palliative Care existed, I dedicated myself to these patients, taking care of them in an intuitive way with self-instruction from researching literature.

Some months before finishing my internal medicine residency, I was offered the opportunity to start a Palliative Care Service in my hospital. I was young, had little experience, but I felt it was a great chance I could not let go, although I had plans to continue with my PC education in another setting. It was a huge challenge.

But by the time I started the service (I had taken the Palliative Care Course barely two years before) I had already started a “clandestine” PC practice in the hospital during the last year of my residency: as the Head of the Internal Medicine Department was Paleophobic and didn’t allow me to assist Palliative Care patients, I did my consultations late in the afternoon when she was already out of office.

At the time, few people understood what Palliative Care was about. I had to implant the concept among my colleagues and deal with the prejudice of being too young to run a service. After working alone for a while, I began to integrate some of the finest PC specialists into the service. We worked together and managed to build one of the leading teams in Buenos Aires. Today, the initial team no longer exists but the foundational vision is still present.

The First Team

At first, we were three doctors: Valeria Tedeschi, Mariano de Muria and me. We had a clear vision, we were highly motivated and together we drew up the founding "constitution" statement for the service. We imprinted a new way of practicing medicine in the hospital, and we began to build an identity.

The three of us shared this vision on how patients should be assisted and we worked together with lots of restraints, but in a very passionate way. Because I was the first to arrive at the hospital and had a long history there, I was named Chief. But that was only related to our outside relationship with hospital administration and the rest of hospital staff. Inside the team, I didn’t have a special role; we took important decisions together and we shared the project.

Because awareness of Palliative Care in Argentina was very limited, we had to prove we were useful and that we were assisting huge numbers of patients to be entitled to ask for more staff. We worked hard to show the importance of our mission, meet the needs of our PC patients and increase awareness and support in public health administrations, even during times of crisis when all medical services suffered deep financial cuts.

During those first years, we faced many problems. The toxic combination of work overload and little institutional support undermined and endangered the continuity of the task. It was the

certainty of our mission which helped us overcome situations which we would otherwise have quit.

However, the patients who were so grateful for our help, gave us the courage to carry on with our work. We realized the deep importance and transcendence our interventions had in these people's lives. Many years later, their gratitude continues to give meaning to my work and helps me carry on through difficult times.

Major Obstacles

The main obstacle we face is economic. Almost all team members belong to this project for love's sake. Although the economic situation has improved in recent years, salaries are still inadequate.

Another big difficulty is that we have such a growing demand that we lack sufficient resources to respond as we would like to. We must always balance work overload and set limits to patients' assistance.

Practicing PC in unfavorable conditions has taken me into different scales of burnout. I considered quitting my practice several times just for the sake of running away. The transcendence and commitment to my mission often stopped me from quitting the project.

Indeed, leadership was not a conscious choice. I have found myself by chance in a certain position in a certain situation which turned me into a leader. The need to respond to a group of people, and the will to develop a vision, forced me into leadership without even knowing it.

I had started the Palliative Care service in 2004 just after finishing my internal medicine residency. At that time I was inexperienced but highly motivated. With a lot of effort I had managed within ten years to develop one of the PC biggest teams in the public health system in Buenos Aires. But keeping it together a decade later felt like holding a building together with both hands.

The Turning Point

When I first heard Dr. Sofia Bunge (who was a Leader in LDI cohort 1) talk about her experience in the program, I was in the midst of a challenging period of my career. I was feeling the burden of leading a team without any institutional support and dealing with the overwhelming demand of patients whose suffering we could not fully address.

I applied for Cohort 2 of LDI and was very pleased to be selected. LDI helped me to clarify my vision, enhanced my range of actions and motivated me to reach my goals.

During the program I learned that outcomes measure some aspects of success, but also that the true meaning of success depends less on results than on the process and the way it is carried

forward. It depends on being truthful to a genuine vision and following it, helped by the certainty of principle-based decisions.

Now I can define my priorities and focus on them. I progressed professionally and personally, making a difference in everyday decisions and in my personal statement. It gave a new perspective to my practice and my future career.

Results are a consequence of the process and, as I understand it, less important than the process itself. John Lennon sings: "Life is what happens to you while you are busy doing other plans". Work, projects and the commitment to the task and the service to our patients should be guided by the steering wheel of personal meaning.

Today I enjoy my job; I'm back on the road with many interesting projects, a lot of new and powerful knowledge, and a motivated team which has been part of this development.

Palliative Care gave me the opportunity to embrace a cause in the age where individualism and capitalist needs prevail. I found a place where I could be myself, create, develop and experience pride through commitment. Being in charge of the Palliative Care service has been an excellent opportunity to practice this passion. It is a place where I can mix my service to people in need with the possibility to grow an institutional program, advance PC, and achieve personal and professional development.

Now I understand that those early years in my career were a time for seeding and this recent period has been harvest time. Recognizing my potential as a leader has given me the conviction and strength to stand for what I want for me and my team.

Not Over Yet

I also know that the challenge is not over yet. I wish to improve the healthcare system in order to reduce social inequalities that exist in access to adequate healthcare in Argentina. I understand that Palliative Care is a compelling necessity. I am committed to the development of Palliative Care programs and training to ensure the provision of quality Palliative Care to vulnerable people in the public setting.

I think that vision and principle-oriented decisions have made a great difference to my leadership style and the results. I learned that it's not only the decision itself -- but the transcendent reason beneath that decision that gives meaning, balance and passion to work.

What I Learned Along The Way

As my career and leadership opportunities have broadened, I feel more focused, stronger, calm, wiser, and more active. I used to do things in a compulsive way -- as in the mountain biking days of my early youth -- no matter what I left behind. I thought that was a virtue, but now I

recognize it more as a threat. I have learned to aim better, to use my talents aligned with smart goals, and above all, to choose.

Along these years many people asked me: why Palliative Care?

For many years I had my answers packed and ready to use. I felt compelled to work with the patients. There was much unnecessary suffering that could be treated easily. I needed to do something about that.

Not long ago I realized the impressive similarity between cancer patients and a prisoner in a concentration camp. My mother is a direct survivor of the Holocaust. Her parents and many other members of my family were killed in ghettos and concentration camps during WWII. I believe that my family's story of suffering, loss and death has an important influence in my clinical practice.

This historic heritage -- and the moral imperative of alleviating pain and suffering -- have often been a difficult burden to carry.

Outcome

Today the Palliative Care Service I run has one of the biggest teams in the Public Health System in Buenos Aires. We assist 30 new patients every month. We are composed of six assisting physicians, two assisting psychologists, two nurses, a secretary and one psychologist and physician who come one day per week who are dedicated to investigation and Palliative Care education.

I understand Palliative Care as a service to vulnerable human beings. Commitment to relieve patient suffering and commitment to the task are essential to deliver high quality Palliative Care. This commitment -- which I also expect from my team -- builds my identity as a Palliative Care leader, too.

Today, my team is the motor that makes me be the best leader I can be.

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