



Three Questions for Dr. Hill

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Story of Addiction, Depression, Hope, and Recovery*

Dr. Hill, you developed and direct a program at [Riley Hospital for Children](#) called *Compassion Rounds*. What led you to develop the program and what impact do you see it having?

We wanted to create a safe space for human storytelling, where individuals from all walks of life could come, share their experiences in a brave yet vulnerable way and know that they are being loved and supported for their authentic truth. We wanted to cultivate compassion, empathy, understanding and in doing so, breed a culture of human connection within our hospital walls. We intentionally open this space to all people, from EVS workers, cafeteria colleagues, to teachers, therapists, nurses and docs. We don't focus at all on clinical medical decisions or even clinical encounters but instead about our own human experiences and how those experiences make us who we are today. In doing so, we create connections, friendships, perspectives and pathways for support. So that if an individual is struggling in their own story, they know that they are not alone and have cultivated their own silos and spaces now to reach out for help.

Over and over again we see these connections flourish outside of the meeting spaces. Sparks that turn into brushfires and true connections that develop when we take off our own blindfolds and realize that we are all in the same room together. Walking around with our own insecurities, fears, and anxieties in the same way. And we don't shy away from the harder conversations like our mental health, personal trauma, abuse, race, addiction, work trauma, grief/loss, etc.

How do you use empathy to explore the emotions and needs of your patients?

Having my own story of health conditions allows me to challenge myself to constantly stay open-minded and open-hearted. That we all have our own stories that are deeper than any stereotype or superficial assumptions assigned. That I hope people will get to know me as Adam, a man/husband/father/dog-lover/physician and not merely as someone with a history of addiction or depression. I hope to give my patients and their families the same dignity, a respect of listening to their story with a willingness to be changed.

From my own experience, I know that personal truth is layered under levels of denial, self-preservation, anger, projection, shame, guilt and the external pressures of having to portray some semblance of perfection or a stereotyped ideal of how to live your own life. Getting to the truth of someone's experience requires patience, presence, trust, respect and a safe enough space where this truth can be explored. I hope to show up in this way for my patients, to build this trust and know that I can't ever know what their story, life or lived experiences is like – but that I am willing to listen to find out.

As a palliative care specialist, how do you manage your own mental well-being while caring for patients, especially during the pandemic or any other crisis?

Without pretense. Without any expectation of perfection or that I have everything figured out. I am a work in progress and I strive not for perfection but for progress every single day. That I can show up, do my best and provide space for grace that I am a human being in the midst of difficult times and I can only control what I can control. Over almost a decade of recovery, I have learned my own triggers, my own needs, my own limits and where I need to set boundaries in my own life. I've developed skills and techniques, and I rely on ongoing counseling to continue to move forward in my own processing of the complexity of the daily work. I've learned how to communicate those needs to my family and my colleagues in a way that allows me to continue to do the intimate work every single day.

I also find deep meaning and purpose in the work that I do. Although difficult work, I see this as an incredible opportunity to make a difference in someone's life during the hardest days of their lives. That I didn't cause the pain, suffering, sadness or grief. I am not in control of what happens in the world all around, but I do have a role to play in showing up, doing my best and bringing intention into the work. And then, on the back-end, finding healthy ways to integrate that work into the story of my life in a way that allows me to be a father/husband/son as the top priority of my life.

Dr. Adam B. Hill is the division chief of pediatric palliative care at Riley Hospital for Children at Indiana University Health. His work in palliative care is focused on allowing patients to live the best quality of life possible, in the midst of chronic, life-limiting and/or life-threatening medical conditions.

Dr. Hill is passionate about physician wellness and self-care in the context of changing the culture of medicine surrounding mental health conditions and addiction. In 2017, Dr. Hill published a groundbreaking New England Journal of Medicine article titled ["Breaking the Stigma: A Physician's Perspective on Self-Care and Recovery."](#) In this article Dr. Hill shares his own story of personal recovery from depression and substance use. As a result, Dr. Hill has become a nationally recognized lecturer on the topic and has also authored a book entitled ["Long Walk Out of the Woods: A Physician's Story of Addiction, Depression, Hope and Recovery"](#).

Excerpt from *Long Walk Out of the Woods ~ A Physician's Story of Addiction, Depression, Hope, and Recovery*.

"...Worldwide, evidence continues to show that worsening mental health is an occupational work hazard in the medical field. I know firsthand how one's mental health can deteriorate during medical training. Studies have shown that 27 percent of medical students are depressed, a rate three times higher than an age-matched cohort of their peers. The numbers don't get any better after graduation either as depression rates among medical residents are an estimated 29 percent. In medical schools in the United Kingdom, a multi-school study found 52 percent of medical students reported substantial levels of anxiety. While another study found the proportion of medical interns meeting criteria for depression increased from a baseline of 3.9 percent prior to medical training to a staggering 25.7 percent during medical internship. In the group of individuals reporting their mental health conditions, more than 80 percent did not feel adequately supported in their disclosure."