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Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active. Seeking Joy in Medicine During Uncertain Times: COVID-19 and Social Unrest

To The Editor: It all started with Fika, the Swedish coffee break that is more about socializing than drinking coffee. Between bites of petit fours, 5 women physicians attending the fall 2019 Karolinska Institutet-Mayo Clinic meeting in Stockholm discussed innovation in medicine and physician joy. Inspired by the common yearning for increased autonomy, flexibility, and time for personal reflection, we pledged to continue our conversations and work stateside. Little did we know that our world was about to change.

Upon return, we began a study to trial remote working to increase flexibility and autonomy for physicians during nonclinical time. Then the COVID-19 pandemic hit. In an instant, our project was irrelevant, as we all began working from home, seemingly overnight.

Unwilling to allow our momentum to wane, we pondered, How can we use this historic event to learn something about ourselves, our colleagues, and our profession? We reimagined our project to conduct focus groups to explore how physicians were feeling during the tumultuous changes because of COVID-19. Just as the focus groups were launching, George Floyd died at the hands of Minneapolis police, and the world watched as our nation exploded in unrest and calls for action to address systemic racism. Again, our project seemed inadequate.

So we pivoted, broadening discussions to explore physician joy and well-being during times of extreme



uncertainty. Between July and August 2020, 5 focus groups were held via Zoom with 20 participants (16 women, 4 men) from Mayo Clinic Arizona (8) and Mayo Clinic Minnesota (12), spanning all career stages. These sessions, each facilitated by 2 of us, allowed colleagues from different departments and geographic sites to come together to share perspectives and experiences. During each session, we explored the definition of joy, changes caused by COVID-19 and social-justice movements, work-life integration, and reflection on priorities.

Similar themes emerged from every focus group. Joy is cultivated by purpose and meaning in work. Connectivity to patients and colleagues is a cornerstone of that joy. Hard work and challenges do not prevent joy. More time at home fosters reflection and prioritization of values. Caring for patients and our community brings a sense of comfort. Teleworking breaks perceived barriers, allowing a window into our personal lives and humanity.

We learned a simple and critical lesson: providing the space to show up authentically created joy. To be present in a shared experience with others, to listen and to process complex emotions through discussion, felt joyful. Even though nothing material had changed in daily life, all participants benefitted. We, the 5 women who started this journey, perhaps benefitted most of all, as we had the joy to bear witness to these rich conversations and witness the creation of joy for others.

We stumbled into creating a space in which those with differing perspectives but common aspirations and values can be seen and heard. In a profession at risk for suicide and burnout, perhaps the deliberate creation of such spaces is the key to perpetuating the lessons learned from these uncertain times.^{1,2}

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An Undifferentiated Spell: The Answer is in



The Pillbox

To The Editor: Spells of impaired awareness present a diagnostic challenge to clinicians given the overlap in symptoms from multiple underlying etiologies, ranging from benign to life threatening. Despite extensive evaluation, is it not uncommon to be left without a definitive diagnosis.