



Introduction to Mindfulness for Physicians

A Practical Guide to Present-Moment Awareness in Clinical Practice

ABSTRACT

This article was modelled after the Mindfulness Research Symposium and Retreat at the University of Toronto* in partnership with monastics from Plum Village, France, January 2026, the monastery of the famous Vietnamese Buddhist monk, Thich Nhat Hanh. (See Figure 1)

Mindfulness, the practice of bringing non-judgmental awareness to the present moment, has emerged as a significant intervention for addressing physician burnout, enhancing clinical decision-making, and improving patient-provider relationships. This article synthesizes teachings from contemplative traditions with contemporary neuroscience to provide physicians with practical, evidence-informed techniques for cultivating present-moment awareness. Drawing on symposium presentations by experienced practitioners, we explore the foundational elements of mindfulness practice, including breath awareness, body scanning, emotional regulation, and the integration of mindful awareness into daily clinical activities. The article emphasizes that mindfulness is not an additional task to be accomplished but rather a quality of attention that can transform routine activities into opportunities for restoration and insight.

KEY WORDS: mindfulness, present-moment awareness, physician burnout, decision-making

*<https://www.newcollege.utoronto.ca/events/mindfulness-research-symposium/>



Introduction

The healthcare profession faces an unprecedented crisis of provider well-being. Burnout rates among physicians exceed 50% in many specialties,

with consequences that extend beyond individual suffering to include medical errors, decreased patient satisfaction, and workforce attrition. While systemic changes to healthcare delivery remain



D'Arcy Little, MD, CCFP, FCFP, FRCPC, Medical Director, Journal of Current Clinical Care and www.healthplexus.net Radiologist, Orillia Soldiers' Memorial Hospital, Assistant Professor, Department of Medical Imaging, University of Toronto, cross-appointed to the Department of Family and Community Medicine

Learning Objectives

Upon completion of this article, participants will be able to:

- 1. Define mindfulness and distinguish it from related concepts such as meditation and relaxation
- 2. Describe the neurobiological basis of mindfulness practice and its effects on stress physiology
- 3. Apply foundational mindfulness techniques, including breath awareness and body scanning
- 4. Integrate brief mindfulness practices into clinical workflow to enhance provider well-being
- 5. Recognize the role of self-compassion in sustainable professional practice

essential, individual practitioners increasingly recognize the need for personal strategies to sustain their capacity for compassionate, competent care.

Mindfulness practice offers a portable, accessible intervention that requires no special equipment, can be practiced in brief intervals, and addresses the fundamental challenge underlying much professional distress: the chronic disconnection from present-

moment experience that characterizes modern medical practice. As one symposium presenter noted, “We live so many years without paying attention to our body. Our body has so much wisdom, but because we don’t listen, we aren’t there for it. So we continue to run, run, run.”

This article provides a comprehensive introduction to mindfulness practice tailored for physicians, emphasizing practical techniques that can be integrated into clinical workflow without requiring significant time investment or lifestyle modification.

Defining Mindfulness: Beyond Relaxation

The term mindfulness has become ubiquitous in contemporary wellness discourse, often losing precision in the process. For clinical purposes, mindfulness can be defined as the quality of attention that arises when we deliberately bring awareness to present-moment experience with an attitude of non-judgmental acceptance. This



Figure 1: Nuns from Plum Village leading the meditation retreat.



Figure 2: Calligraphy of the Chinese character for mindfulness by Thich Nhat Hanh

<https://www.facebook.com/thichnhathanh>

definition contains three essential elements: intentionality (the deliberate direction of attention), present-centeredness (focus on the present rather than the past or anticipated experience), and acceptance

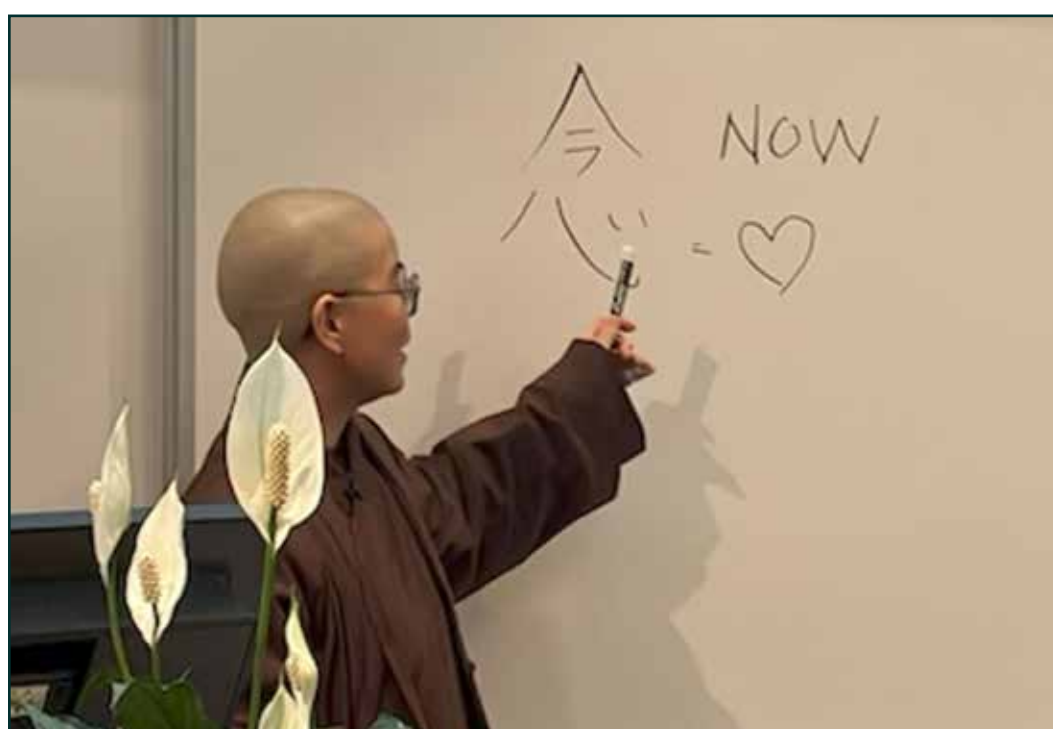


Figure 3: Sister Trai Nghiem from Plum Village, a follower of Thich Nhat Hanh and former concert violinist, explaining that the Chinese character for meditation means “Heart Now”.

(observation without evaluation or attempts at modification).

The Chinese character for mindfulness (nian) offers instructive insight into the concept’s origins. The character comprises two components: the upper portion representing “now” or “present moment,” and the lower portion signifying “heart” or “mind.” Traditional Asian philosophy makes no distinction between heart and mind; both are understood as aspects of a unified consciousness. Thus, mindfulness literally means “heart-mind in the present moment.” (See Figure 2,3)

This etymological insight highlights an important distinction often overlooked in Western adaptations of mindfulness: the practice involves not merely cognitive attention but a quality of heartfelt presence that encompasses emotional and somatic awareness. One presenter suggested the term “heartfulness” as a more accurate rendering of the original concept, noting that “the word mindfulness has become so pervasive it has kind of lost its meaning. In Asian concepts, there’s no difference between the heart and the mind. In English, when we say mind, we often think of the intellectual mind, thinking mind.”

Distinguishing Mindfulness from Related Concepts

Mindfulness differs from several related practices with which it is frequently confused. Unlike relaxation

techniques, mindfulness does not necessarily produce calm or pleasant states; its aim is clear awareness of present experience, whether that experience is pleasant, unpleasant, or neutral. Unlike concentration meditation, which narrows focus to exclude distracting stimuli, mindfulness maintains open awareness of whatever arises in experience. Unlike psychotherapy or self-improvement programs, mindfulness practice does not aim to change experience but to change our relationship to experience (See Table 1).

The Three Energies of Mindfulness Practice
Contemplative traditions identify three interconnected qualities cultivated through mindfulness practice: awareness (mindfulness proper), concentration, and insight. Understanding these as complementary energies rather than sequential stages helps practitioners appreciate the holistic nature of the practice.

Awareness (Mindfulness)
The foundational energy is simple awareness: the capacity to recognize what is present in our experi-

ence without adding interpretation, judgment, or reactivity. This quality of attention “just observes what is there in us or around us, without judging, without putting labels, not trying to do anything.” When we notice that our shoulders are tense, that we are holding our breath, that irritation is arising in response to a patient’s request, we are exercising this basic awareness.

The attitude accompanying this awareness is crucial. Rather than observing with the goal of fixing or changing what we notice, mindful awareness holds experience with what might be called unconditional positive regard. One presenter characterized this quality as “the energy of love, a kind of unconditional love that we are all seeking... being able to be, to be pure.”

Concentration
While momentary awareness can arise spontaneously, sustaining awareness requires concentration. This is not the effortful concentration associated with forcing attention on an unwanted task, but rather what might be termed

Table 1: Distinguishing Mindfulness from Related Practices		
Practice	Primary Aim	Relationship to Experience
Mindfulness	Clear awareness of present moment	Non-judgmental observation
Relaxation	Reduce physiological arousal	Seek pleasant states, avoid tension
Concentration	Sustain focus on a single object	Exclude distractions
Psychotherapy	Resolve symptoms or conflicts	Analyze and modify experience

interested attention: the natural stability that arises when we find something worthy of our sustained presence.

The analogy of playing a musical instrument illuminates this quality: “When I play a melody on the violin, I want to make sure each note is really careful from beginning to end... the melody is beautiful because I take care of the beginning to the end. And that’s how breathing, if you want to enjoy breathing.” Just as a musician attends to each note with care, the mindfulness practitioner attends to each breath, each moment, with sustained interested attention.

Insight

The third energy, insight, arises naturally when awareness and concentration are sustained. This is not intellectual understanding achieved through analysis but rather a direct knowing that emerges from sustained attention. Insights may concern our patterns of reactivity, the impermanent nature of experience, or the interconnection between our internal states and external circumstances.

For physicians, such insights might include recognizing patterns of emotional reactivity to certain patient presentations, understanding how physical fatigue affects clinical judgment, or perceiving connections between personal well-being and professional effectiveness that were previously invisible.

Foundational Practices

Breath Awareness

The breath serves as the primary anchor for mindfulness practice for several compelling reasons. It is always available, requires no special equipment, and can be attended to discreetly in any setting. Moreover, breathing provides real-time feedback on our internal state: rapid, shallow breathing accompanies stress and anxiety, while slow, deep breathing reflects and promotes relaxation.

The Chinese character for breath or breathing provides additional insight: it combines elements meaning “self” and “heart-mind,” suggesting that “our breath is an expression of who we are in this present moment. When we are feeling angry, our breathing is very subtle, and when we’re feeling happy, our breathing is much longer and deeper.”

Body Awareness and the Body Scan

While breath awareness provides a focused anchor, body awareness expands attention to encompass the entire somatic field. This practice builds interoceptive capacity: the ability to sense internal bodily states that provide crucial information about our emotional and physical condition.

Many physicians, trained to attend closely to patients’ bodies, have become disconnected from their own somatic experience. Hours of intellectual work, chronic

time pressure, and the emotional demands of clinical practice promote a kind of dissociation from bodily sensation. The body scan practice systematically reverses this disconnection.

One presenter offered a guided approach: “With my next deep breath I bring my attention to my whole body. Then I relax my whole body, releasing tension on my two shoulders. Relaxing my belly. And relaxing my toes where I tend to hold tension... a lot of work to deadline. And relax my toes. And smile to my toes.” The instruction to “smile” to various body parts may seem unusual but reflects the practice’s emphasis on approaching experience with warmth rather than clinical detachment.

Working with Difficult Emotions

Perhaps the most clinically relevant application of mindfulness involves working skillfully with difficult emotions. Physicians regularly

encounter situations that evoke fear, frustration, grief, and helplessness. Without skillful means for processing these experiences, emotional residue accumulates, contributing to burnout, compassion fatigue, and impaired professional relationships.

The Principle of Non-Judgmental Awareness

Mindfulness practice approaches difficult emotions with the same non-judgmental awareness applied to any other experience. The symposium teachings emphasized that “the practice of mindfulness is not to strive for something or to achieve something. Just practice our state of being in the moment, however it is. We might be having a lot of irritation in our heart, a little bit anxious, a little bit of sadness, and it’s all okay. The energy of mindfulness doesn’t discriminate. It embraces everything.”

This stance represents a significant departure from the medical

Basic Breath Awareness Practice
1. Posture: Sit comfortably with spine erect. You may close your eyes or maintain a soft, downward gaze.
2. Locate: Without changing your breathing, notice where you most clearly feel the sensation of breath. This might be at the nostrils, chest, or abdomen.
3. Attend: Follow the breath from its beginning, through its middle, to its natural end. Notice the brief pause before the next breath begins.
4. Return: When attention wanders (as it inevitably will), simply note that it has wandered and gently return to the breath. This return is not failure but the very heart of the practice.
Duration: Begin with 3-5 minutes. Even a single mindful breath has value.

training that teaches us to identify problems and fix them. With emotions, the attempt to fix often perpetuates difficulty; what we resist persists. Mindfulness offers an alternative: meeting difficult experience with acceptance rather than aversion.

The 90-Second Rule

Neuroscience research supports the mindfulness approach to emotions. One presenter, Brother Pham Hanh, cited evidence that “the energy of anger in your mind stays in your system for 90 seconds. So knowing this scientific evidence, when I get angry, I allow myself to be angry. Okay, I have 90 seconds to be really angry. But after 90 seconds I need to take responsibility.”

This insight has practical implications: when we allow emotional experience without resistance for its natural duration, it tends to resolve. When we perpetuate emotion through rumination, we

extend suffering indefinitely. The presenter continued: “If I continue to be angry longer than 90 seconds, which is most of the time, I keep repeating the story over and over. And I keep feeling my own anger.”

Understanding Emotional Patterns

Buddhist psychology offers a useful model for understanding our emotional life. The mind is conceptualized as containing a “store consciousness” that holds the seeds of all possible mental states, both beneficial (compassion, joy, patience) and challenging (anger, fear, jealousy). These seeds are activated, or “watered,” by our experiences and our patterns of attention.

This model has practical implications. When we habitually replay grievances, we water seeds of anger. When we scroll through social media comparing ourselves unfavourably to others, we water seeds of inadequacy. Conversely,

The “Hello” Practice for Difficult Emotions
When experiencing a difficult emotion:
1. Locate: Notice where the emotion manifests in your body (chest tightness, stomach tension, throat constriction).
2. Acknowledge: Internally say “hello” to the sensation, recognizing it without judgment.
3. Accompany: Place your hand on the area if appropriate. Breathe naturally while maintaining awareness.
4. Observe: Notice any changes in the sensation without trying to create change.
<i>The purpose: “I say hello because I recognize there is something alive in me that I don’t know yet what it is expressing. But I know for me that I have a wish to connect, to say hello.”</i>

when we deliberately attend to positive experiences, we cultivate corresponding mental qualities.

One presenter, SisterTrai Nghiem, elaborated: “We need to be very attentive to which kind of seed we are watering. Our mind is always thinking. We all have a habitual way of thinking. Comparing, creating stories and ruminating, playing the same story over and over.” Mindfulness practice develops the capacity to recognize these patterns and make more conscious choices about where we direct attention.

Integrating Mindfulness into Clinical Practice

The ultimate aim of mindfulness training is not to add another activity to an already overwhelming schedule but to transform the quality of attention we bring to existing activities. As one presenter

explained, “As a practitioner of mindfulness, we don’t have to do anything different in our daily life. The only difference is that you’re bringing in this energy.”

Micro-Practices for Busy Clinicians

The symposium presenters emphasized that even very brief practices can be transformative when consistently applied. The recommendation was to establish regular reminders for momentary returns to present-moment awareness: “You can set it so that it will ring every 15 minutes, every half hour... so you have moments to come back to the breath. And normally in your office or even at home, one minute... that you can expect to refresh yourself, to reset, to recharge.”

Self-Compassion and Sustainable Practice

A crucial element often overlooked in discussions of physician well-

Table 2: Clinical Moments for Mindfulness Integration	
Clinical Moment	Mindfulness Integration
Hand hygiene	Use the 15-20 seconds of handwashing as an opportunity for breath awareness. Feel the temperature of the water, the sensation of hands touching.
Before entering the room	Pause at the door. Take one conscious breath. Set an intention to be fully present for this patient.
Walking between patients	Walk 10% slower than usual. Feel your feet contacting the floor. Use this as a transition and reset.
Waiting for systems	When the EMR loads slowly, use the pause for three conscious breaths rather than checking email or feeling frustrated.
After a difficult encounter	Before moving to the next patient, take 30 seconds to acknowledge any emotional residue. Use the “hello” practice if needed.



SUMMARY OF KEY POINTS

1. Mindfulness is non-judgmental awareness of present-moment experience, distinct from relaxation or concentration techniques.
2. The breath serves as an ideal anchor for practice because it is always available, reflects emotional state, and can be attended to discretely.
3. Difficult emotions, when met with acceptance rather than resistance, tend to resolve within 90 seconds; rumination extends suffering.
4. Integration into clinical workflow requires no additional time; it transforms the quality of attention brought to existing activities.
5. Self-compassion is not self-indulgence; it is a prerequisite for sustainable compassionate care of others.

ness is self-compassion. Many physicians internalized perfectionist standards during training, developing harsh inner critics that judge any limitation or error as evidence of fundamental inadequacy. This self-critical stance, while perhaps useful for motivating study during medical school, becomes destructive in professional life.

Mindfulness practice cultivates an alternative relationship with oneself. One presenter asked the audience: “Anybody here who ever thinks ‘I’m not good enough’?” After acknowledging the universality of such thoughts, he continued: “The problem starts when I think it’s my totality. It’s just one part of me that feels [this way].”

This reframe is essential: difficult thoughts and feelings are aspects of experience, not definitions of identity. When we can observe the thought “I’m not good enough” as a thought rather than believing it as truth, we create space for a more balanced self-perception.

The Self-Care Imperative

The symposium presenters framed self-care not as self-indulgence but as a prerequisite for sustainable service. “If we don’t take care of ourselves, we’re not enough for very long. One day our body will really tell us, okay, we are ready to stop in a form of very grave illness or huge pain... Because we care about what we do and because we care about service, we care about our family, friends, and patients. That’s when we need to take care of ourselves.”

This perspective reframes self-care as professional responsibility rather than personal indulgence. The capacity to provide compassionate care to others depends on maintaining our own well-being. Mindfulness practice serves this function not by adding another item to the to-do list but by transforming how we engage with every existing activity.

Cultivating Joy and Gratitude

While mindfulness practice accepts all experience without preference, it also recognizes the importance of deliberately cultivating positive mental states. The presenters emphasized that many conditions for happiness already exist in our lives but go unrecognized because we habituate to them.

“We forget. Our teacher used to call this syndrome ‘the non-toothache.’ When we have really bad toothache, we just want it to go away. But the moment the toothache is gone, maybe we are happy for the first two hours, but by the end of the day, we forget completely how wonderful this moment is to be. So this is, in fact, we have so much condition already for happiness.” (Brother Pham Hahn).

A practical application is the gratitude practice: “As a night routine, if you want to implement in your daily life, before going to

bed, maybe some of you keep a gratitude journal. If you don’t have time, just write down three things that you feel grateful for in that day. And please don’t forget to include something about yourself on your list. Because some of us are very good at being grateful to other people, but we forget to be grateful towards ourselves.”

Conclusion

Mindfulness offers physicians a practical, portable, and evidence-informed approach to maintaining well-being amid the demands of clinical practice. The core insight is deceptively simple: much of our suffering arises not from our circumstances but from our relationship to our circumstances, from the running commentary of judgment, resistance, and rumination that accompanies experience.

By cultivating the capacity to meet experience with non-judg-



CLINICAL PEARLS

The 90-Second Emotion Rule

Difficult emotions like anger naturally resolve within 90 seconds if you don’t resist them. Suffering extends beyond this only through rumination. Allow the emotion, then consciously choose whether to continue engaging with it.

Transform Transitions into Micro-Resets

Use existing clinical moments—handwashing, walking between rooms, waiting for the EMR—for brief breath awareness. Even a single conscious breath during these transitions helps reset your presence.

Self-Compassion as Professional Responsibility

Self-care isn’t optional; it’s essential for sustainable patient care. When your inner critic says “I’m not good enough,” recognize this as a passing thought, not truth—it’s one aspect of your experience, not your totality.

mental awareness, we create space for response rather than reaction, for presence rather than distraction, for compassion toward ourselves and others rather than criticism. This transformation does not require special circumstances or significant time investment. It requires only the willingness to pause, to breathe, and to bring curious, kind attention to the present moment, again and again.

As one presenter summarized: “Whatever we do, everything we think is to be infused into this holy energy of mindfulness, concentration, and insight. And this is not something you can buy by downloading. It’s something you need to cultivate by always remembering. Come back, come back.”

Suggested Reading

1. Kabat-Zinn J. Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness. Revised edition. Bantam Books; 2013.
2. Nhat Hanh T. The Miracle of Mindfulness: An Introduction to the Practice of Meditation. Beacon Press; 1999.
3. Epstein RM. Attending: Medicine, Mindfulness, and Humanity. Scribner; 2017.
4. Shanafelt TD, et al. Changes in burnout and satisfaction with work-life integration in physicians and the general US working population between 2011 and 2020. *Mayo Clin Proc.* 2022;97(3):491-506.
5. Krasner MS, et al. Association of an educational program in mindful communication with burnout, empathy, and attitudes among primary care physicians. *JAMA.* 2009;302(12):1284-1293.