One Doctor's Spiritual Journey (So Far)

A Tennessee Physician Has Augmented His Expertise with Theological Studies

I am sitting in south St. Louis, in the congregational home of the Sisters of St. Joseph of Carondelet, participating in a four-day intensive schedule of presentations about personal spiritual formation. As I do so, I begin to ponder how I, an Episcopalian physician from Knoxville, TN, got to *this* place.

It is not just the physical place—a Catholic convent—but also the emotional place I am in that amazes me. Although I have always been filled with a sense of purpose, I could not always formally name what that purpose was. To say the least, my spiritual journey has taken a few interesting turns. What follows is the story of how I got here and where I am going.

"Where Do You Go to Church?"

I grew up nominally Presbyterian, attending the socially prominent Kirk in the Hills church in Bloomfield Hills, MI, a Detroit suburb. My brief tenure there was notable primarily for the time I escaped kindergarten Sunday school and interrupted the service by running into the nave screaming that the teacher was after me.

I later changed denominations for a theologically trivial reason that was eventually to have a big impact. My sister accompanied a friend to an Episcopal church choir performance and ended up joining the choir. Soon after that, I joined the choir to be with my sister. My brother followed, and, finally, our parents came to hear us sing. That lasted until high school when, like many high school students, I lost track of the point of attending church.

In fact, I didn't return to church until I was in my family medicine residency. My wife Gayle and I had had our first child, Tiffany, and we talked about having her baptized. We made a few desultory visits to the local Presbyterian church to investigate baptism but did not form sufficient connections to carry through with it.

Two years later, when I started practicing medicine, my new partner in our small South Carolina town asked about my religious affiliation. I didn't realize then that, in small southern towns, one of the first and most important questions a newcomer will be asked is which denomination he or she belongs to. I learned this lesson on the day when I pulled up to our new home in a moving van and found the Episcopal pastor waiting on the lawn to greet me. Basically, I was drafted. Theologically inattentive during my decade-long absence from church, I had missed a controversy over a new prayer book, women's ordination, and a raft of other changes.

Tiny St. Mark's Church of Chester, SC, had only 35 parishioners. My wife and I had the only

BY GREGORY PHELPS, MD, MPH
Dr. Phelps is regional medical director, St. Mary's Medical Center, Knoxville, TN.

children under age 20. Given the circumstances, I had an opportunity to serve in multiple ministry roles, ranging from lay reader and chalice bearer to vestryman and day care center starter.

My interest in the church grew as I learned more and more about my adopted faith. It is a measure of my reading interests at the time that the number of religious and church-based periodicals I read grew at one point close to 15. I was on *everyone's* mailing list. My wife noted, with some annoyance, that my name on several lists had been transmuted from Dr. Greg Phelps into the "Reverend George Phillips." What I learned from all this reading was that I needed more formal education in theology. This education was to be a long time coming.

In large part it was through my work with patients needing behavioral health care that I learned how psychological needs are addressed in small towns. The fact that we were in a very rural environment meant that psychological care had to be tailored to the local resources. While there were no psychologists or psychiatrists in our county, there were many pastors. I learned that it was much easier, when talking to some patients, to bypass the "you think I'm crazy?" conversation about psychiatric help by suggesting counseling with a pastor instead.

After awhile, the rural family-medicine office where I practiced recruited a series of Methodist ministers to do formal counseling at our facility. I spent a good bit of time picking their brains. The ministers were occasionally supplemented by

Fr. Richard Crozier, the pastor of our church and a close friend, who would sometimes drop by the office to visit me and my patients. "Don't worry," he'd admonish the occasional patient, indicating me with a jerk of his chin. "If he can't help you . . . I can." I noticed that the patients who did well in the spiritual journey often did better in their healing journey. As the great British physician Sir William Osler once noted: "It is more important which patient has the disease than which disease the patient has."[1]

A New Direction

By this time, although I was participating in liturgy, governance, and other duties in our church, my growing interest in church—and, more importantly, my growing awareness of ministry—was not being nourished. For quite some time, I assumed that in order to "do Ministry" (capital M), I must be ordained. I flirted for some time with the idea of pursuing the permanent diaconate. I also contemplated a detour from medicine by way of seminary studies, then perhaps missionary work. A bit of a perpetual student, I continued to become more interested in the "why" of medicine and not just the "how."

It was at this time that I found a particular professional "home"—or calling—in the treatment of alcoholics and addicts. Noting that I had had an upswing in referrals from people at our local drug and alcohol agency, I asked them why this was happening. I learned that I was the only physician in the county who returned their calls and willingly took their patients.

As the child of two alcoholic parents, I had life experience in this area. I found that people who were successfully trying to maintain recovery were among the most spiritually mature, and I enjoyed working with them. Also, I saw first-hand how faith helped addicts recover when not much else could. Like many, I soon noticed the difference between the "white knuckled" addict, struggling to hang on to sobriety, and the converted, transformed individual who had surrendered to God.

Those who sought God were often trans-

SUMMARY

In 2003, the author of this article, who is on the staff of a Tennessee hospital, entered St. Louis's Aquinas Institute of Theology's program in health care mission, seeking to fulfill his longing for greater personal spirituality. Three years later, he is preparing to graduate with a master's degree, and is looking forward to sharing what he has learned with fellow physicians and others.

The author credits the program with offering him a much broader understanding of why Catholic health care is a ministry, not just a not-for-profit enterprise. He sees his work at St. Mary's as an exercise in spirituality, and he sees his profession as a personal ministry. He now wants to share what he has learned.

The author, who has helped initiate new programs for physician spirituality at his hospital, also speaks at community events about the healing mission of Catholic health care. He hopes that all doctors will reclaim their ancient tradition of providing compassionate care for poor, underserved, and vulnerable persons, and seek to be healing presences to those they serve.

formed from helpless addicts into reconnected, spiritually grounded, *recovering* addicts. And although many addicts never reach this transformative point, the struggle becomes much less difficult for those who do. Recovering addicts who surrender their burdens to God live for something larger than themselves. When they focus on the external, rather than on their internal addiction to drugs or alcohol, they are given divine aid in their daily battle for sobriety. Watching these addicts' spiritual development helped build *my* personal spirituality, because I saw them as tangible examples of what happens when one accepts God's gift of grace.

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St. Mary's and Aquinas

After I left this country practice, and following a stint teaching family medicine at Mercer University School of Medicine in Macon, GA, I worked at three major medical centers, the last being St. Mary's Medical Center, Knoxville, TN (see **Box**).

It is at St. Mary's that I have truly found my "home." After working in the urgent care clinic for a few years, I became the hospital system's medical director. With this change of responsibilities came the possibility of attending a master's degree program in the theology of health care ministry at Aquinas Institute of Theology, St. Louis.

To me, the idea of becoming an Aquinas student was manna from heaven. Since I had two children in college at the time, I asked our parent company, Catholic Healthcare Partners (CHP), Cincinnati, for mission aid. CHP had provided such aid to a colleague in our pastoral care department. Initially, the people in CHP's financial aid department were a bit taken aback. They had given most such help to women religious or nurses—usually people being groomed to serve as vice presidents of mission. Before I applied, they hadn't had a non-Catholic physician turn up on their radar. Still, my argument—who better to promote mission and ministry concerns to physicians than another physician?—rang a chord with them, especially since it was championed by one of our sisters at St. Mary's.

I entered Aquinas's program in health care mission in 2003. The program—which involved online discussion of readings followed by an intensive weekend at the convent of the Sisters of St. Joseph—was just what I was looking for to feed my spiritual needs. I had long thought that the Gospels focused more on healing than anything else—except teaching. The Aquinas program helped me place my thoughts in context. It began with courses called "Introduction to Theology," moved on to "Old and New Testament," and then blazed into the territory where health care and mission reside together. In these classes, we looked at health care ethics, Catholic social justice teachings, health care as ministry, moral theology, health care policy, the healing sacraments, and other topics.

In large part, the program has helped me give voice and name to what and why we do health care as a ministry. At St. Mary's, as I've said, I have found a spiritual home. It is not that we who work at the hospital do not face hard choices or difficult days. But mission is seen as a substantial counterweight to purely bottom-line concerns. Our management team spends time on spiritual matters and sees our faith-based orientation as one of our major strengths. As a result, our work means far more to us than simply making a living—it involves helping people with their lives.

At Aquinas, I learned to put a name on the poor and underserved who are St. Mary's central mission: the *anawim*, a Hebrew word meaning "the poor of God." The *anawim* are not merely poor people. They are society's dispossessed and outcast. St. Mary's ethics committee, which I chair, homed in on the issue of billing the uninsured—health care's *anawim*—before it became a national scandal. Along with St. Mary's chief financial officer and other executives, our committee created a new billing policy that has since become a model for all member organizations of the system to which we belong, Catholic Healthcare Partners, Cincinnati.

Another Aquinas project that we suggested to St. Mary's executive team is called Project Access. The team agreed that our facility should partici-

St. Mary's Health System, Knoxville, TN

St. Mary's Medical Center and its affiliated facilities are part of St. Mary's Health System, Knoxville, TN, which is in turn part of Catholic Healthcare Partners, Cincinnati. The Knoxville-based system includes:

St. Mary's Medical Center, Knoxville

St. Mary's North, Powell, TN

St. Mary's Medical Center of Campbell County, Lafayette, TN

St. Mary's Jefferson Memorial Hospital, Jefferson City, TN

pate. Project Access involves area hospitals and the Knoxville Academy of Medicine in a charity program that essentially functions as health care insurance for the area's uninsured. A key point I learned at Aquinas is that we are "co-creators of God's kingdom." If God's kingdom is to be brought into this world, it is our charge, with God's help, to do it. Because this is so, care of the *anawim*/uninsured is not merely a financial problem but a theological one as well. At this point, theology and health care come together!

In my own life, my spirituality has grown as I have become more reflective, more generous, and less pushed. Frenetically active as a younger physician, I now give more time and money to things that matter, such as an interfaith clinic that provides care to our area's working poor. I speak in the community about health issues. I have put aside some of my self-importance (an occupational hazard for doctors) and have learned to pass the tough problems on to God—most of the time. My own practice is now principally concerned with the care of opiate addicts and alcoholics. These are my own personal population of the *anawim*, if ever there was one.

Health Care Needs Spirituality

After three and a half years, my time at Aquinas is winding down. I will be graduating in May.

Meanwhile, I see evidence of institutional spirituality everywhere at St. Mary's. Our management team engages in spiritual reflection by writing and discussing reviews of books on spirituality. A few of us carry this a little further, combining the book discussion with a monthly lunch; we call our group the "Dead Theologians' Society." Coming to work at St. Mary's has been, at least in part, an exercise in spirituality. It is part of what I have been learning: to live each day sacramentally. My care for my patients has become not just my job or profession, but my ministry.

But how do I carry this information outward?

I can help educate administrators, colleagues, and patients on the benefits of bringing spirituality to the fore in health care. Health care is widely acknowledged to be approaching a crisis point. For years, we have heard talk about bringing the "business model" and its efficiencies into health care. Recent lawsuits have highlighted the issues of billing the uninsured. Recent federal and state cuts to Medicaid and Medicare leave our most vulnerable citizens in a state of declining health.

In 1992, the University of Chicago's Gary Becker won the Nobel Prize in economics for documenting what most of us had already intuited—that people are likely to choose careers in higher-paid fields than in lower-paid ones. When, therefore, health care is based solely on a business model, its ministry aspects will tend to be shunted to the side. The same is true for physician economics. If the business model is the only one available, that model will rule.

So, unsurprisingly, the U.S. health care system, shorn of its mission and ministry aspects, is evolving in a business direction. A similar shift is occurring on the individual level as prospective physicians plot their career paths on the basis of personal satisfaction rather than community need. Medical students clamor to enter specialties that are highly technical; pay well; and, because they can be performed during regular hours, make little demand on the physician's personal time. This has become so pronounced that, last winter, the American College of Physicians announced that primary care—which, although basic, offers few to none of the above attractions—is in crisis.[2] Most medical students enter school as idealists. But because they are not encouraged to attend to medicine's aspects of spirituality, mission, and ministry, they often become cynics.

Spiritual care applies to patients as well. In his book *The Holy Longing: The Search for a Christian Spirituality,* Ronald Rolheiser discusses how much of our detrimental lifestyle choices are really efforts to try to fill the hole left by a failure to address our spiritual needs.[3] Public health experts estimate that upwards of 50 percent of premature morbidity and mortality is related to lifestyle.[4]

These lifestyle choices include drug and alcohol addiction, smoking, failure to exercise, stress, unbalanced lives, and obesity. Recently, I had a first- hand opportunity to see this up close when I filled in for our rural hospitalist at St. Mary's Jefferson Memorial Hospital, Jefferson City, TN. Two of the eight patients I saw were in our intensive care unit as a result of drug overdoses. Another, who was in police custody, had been found positive for hepatitis C. While these three people had been brought to the hospital with "medical issues," it was clear that each of them suffered from an underlying spiritual malaise.

As I eye the future, I see the elements of a health care "perfect storm" brewing. Our nation's health care system is increasingly motivated by finances—and our economic system is allocating less and less money to the poor and vulnerable.

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I think it is only through programs like those offered at Aquinas that Catholic physicians will have an opportunity to reclaim our Catholic health care heritage of compassion for the poor and underserved. Indeed, in my conversations with non-Catholic physicians as well as Catholic ones, I find a profound hunger for spiritual discourse. According to the American Medical Association, many physicians yearn for an opportunity to bring their spirituality into their work, thereby imbuing their work with higher meaning. What such physicians often lack is, first, a feeling that spiritual care is welcome, and, second, some instruction as to how to provide such care in a helpful way. By encouraging physicians to explore their spirituality, health care organizations could buck the trend toward business-focused care.

The same woman religious who helped get me into Aquinas had surgery shortly after I was accepted to study there. When I visited her, she asked if I would pray for her. Uncertain, I nodded yes and said I'd add her to my prayer list. "No, not later—now!" she said, grabbing my hand with an expectant look.

I forget what I said out loud then. My silent prayer was that I hoped to learn what to say in times just like that.

What I hope to do *now* is to pass this blessing and information along to my fellow physicians. ■

NOTES

1. William Osler, "Address to the Students of the Albany Medical College," 1899; see www.acponline.org/college/pressroom/osler_feat.htm.
2. "ACP Predicts Looming Crisis in Primary Care, USA," *Medical News Today*, January 14, 2006, available at www.medicalnewstoday.com/ medicalnews.php?newsid=36157.
3. Ronald Rolheiser, *The Holy Longing: The Search for Christian Spirituality*, Doubleday, New York City, 1999.
4. Robert E. Rakel, *Textbook of Family Practice*, 6th ed., W. B. Saunders, Philadelphia, 2002, p. 185.