



MEDICINE

The Science and Art Of Compassionate Care

By PAUL H. McCAULEY, MD

I learned the science of medicine from professors, textbooks, journals and educational conferences. I learned the art of medicine from physicians, nurses, hospital-based Sisters of the Holy Cross and patients themselves. The physicians and nurses applied their medical knowledge and experience to the real-world lives of living, breathing human beings. Knowledge became wisdom. The sisters respected the dignity of every individual and showed the importance of walking side by side with patients as they faced their illness and its consequences.

I am encouraged that so many of the pre-professional students I have met already possess a deeper and broader appreciation of the role of physicians and nurses than I did at their age. They see health care as a fundamental right of all people, and they want — so much — to be the ones to provide it.

Our job is to provide young nurses and physicians with adequate knowledge and technical competence, but we need to convince them that there is far more to the practice of medicine. They need to understand they are treating a person, not an organ or a bone, not the chart or laboratory tests, not the insurance company and certainly not the malpractice attorney.

PATHOS PROJECT

The Ruth Hillebrand Center for Compassionate Care in Medicine, located on

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the campus of the University of Notre Dame in Notre Dame, Ind., is part of the Pre-Professional Studies Department. The center was established in 2004 on behalf of its namesake, a New York clinical psychologist who received her terminal cancer diagnosis in a brusque, late-night phone call from her doctor, who then hung up.

Among its national collaborative, mentoring and research activities to foster compassionate health care, the Hillebrand Center, directed by Domi-

nic Vachon, PhD, sponsors several programs for Notre Dame students and the community.

I have been a facilitator for the “Introduction to Personalism in Medicine: The Pathos Project” course since its inception, about six years

ago. The semester-long session I lead twice a year focuses on the effect of illness — or the fear of illness — on a patient, the qualities patients are looking for in a health care provider and the factors that can enhance or hinder effective communication between patient and practitioner.

The Pathos Project course was developed by Keri Oxley, MD, and Yuri Maricich, MD, when they were Notre Dame undergraduates and realized the need for formal education in compassion and communication. The course includes discussions led by several practicing physicians on such topics as the distinction between pain and suffering, the stresses of medical education, the spiritual nature of medical practice and depersonalization in medicine.

Students spend time individually



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with patients during the semester, simply learning the art of being with another human being, with no fixed agenda or goals. Students also submit a paper discussing some aspect of the course. Interestingly, several students each semester comment that this is the most meaningful course they have taken in college.

Two years ago, some of the students who took the Pathos Project course wanted to have an ongoing connection with practicing physicians who would

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encourage them in their desire to be compassionate doctors. The result: the Compassionate Care in Medicine Club, formed in 2013. The students have invited several speakers — including me — to address their members.

I will do anything I can to encourage other institutions to start similar programs. The students are very motivated and hungry for ways to maneuver through the medical education system without having the compassion driven out of them.

LIFE LESSONS

One of my first and best teachers was my own father. He was a real “Marcus Welby” of a doctor, a general practitioner whose office was in the home I shared with my six brothers and sisters. Dad was drawn to medicine as a result of the death of his own mother, less than a week after she gave birth to him and his twin sister. He was never happier than when he held a healthy newborn in his arms, in the presence of a healthy mother.

From him, I learned the awesome privilege it is to literally and figuratively touch the life of another human being. I learned the value of each and every life, however humble or whatever age. I learned success and happiness are not measured by public acclaim or a fat bank account. I learned the value of family and friends and relationships.

I learned what it means to walk with another person, particularly as they face a life crisis or death. I experienced the intimacy of delivering an infant to an expectant mother.

I learned that knowledge and technical competency are essential, but they are not enough. I learned that good physicians, healers, need to “be” more than they need to “do,” because no matter how much we want to and how hard we try, we cannot make everyone better, or whole, or healthy. However, we can always be available for our patients, who should be more friend than customer.

As he was retiring, Dad warned me of this new thing called private health insurance. “Don’t let it cause you to lose your focus on your patient,” he said.

Almost three years ago, as I was retiring, I similarly warned the undergraduate pre-professional students I teach at Notre Dame. I warned them not to lose their focus because of the cost of medical education, or medical liability issues, or electronic medical records, or the uncertainties of the Affordable Care Act.

The practice of medicine was different for me than it was for my father. It will be different for each generation of physicians and nurses. What will remain the same are the fundamental needs of all of us for competent care, understanding, companionship and hope as we walk our life journey and as our paths intersect with each others’.

One of the concerns I have heard from pre-professional students is how they can maintain a spirit of compassion and spend time with patients when the system seems geared to productivity. Compassion is not code-able or reimbursable. The students worry about their ability to repay student loans when their projected incomes may continue to decrease. How can they care for poor people when their own indebtedness is greater than that of many for whom they care?

Albert Schweitzer had a comment for that.

Schweitzer was a physician, theologian, philosopher, musician and musicologist. People remember him as a great medical missionary who was given the 1952 Nobel Peace Prize, among many other honors. In 1913, he established a hospital in equatorial Africa, where people were regularly dying from conditions that long had been eradicated from Schweitzer’s native Europe. The hospital at Lambaréne in Gabon was his life’s work; he died there, age 90, in 1965.

In 1935, during a quick visit to a British boys’ school, Schweitzer told the students, “I don’t know what your destiny will be. ... But I know one thing: The only ones among you who will be really happy are those who have sought and found how to serve.”

In that spirit, I would love to see a mentoring network where physicians and nurses who have practiced for several years periodically meet with younger members of the professions to encourage them to maintain their focus

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on medicine as more of a vocation than an occupation.

And I believe all of us in medicine and nursing should speak up on behalf of compassionate care. We should participate in community discussions about sensitive and potentially contentious issues such as abortion, end-of-life care, physician-assisted suicide and access to health care.

Otherwise, those with less of a moral foundation will lead the discussions and make the decisions.

I strongly believe other institutions should follow the lead of the Pathos Project and start similar programs of their own. I have seen how the course presents a wonderful opportunity for practicing physicians to candidly discuss issues of significance with pre-professional students, and for students to be supported and encouraged to practice holistic medicine in a time when patients are more frequently described as malfunctioning organs.

Similarly, Notre Dame's Compassionate Care in Medicine Club aims to continue this support throughout students' undergraduate years and to be a resource after their graduation. How beneficial it would be for medical students, residents and young physicians, as well, to have available such a club whose focus was to support them throughout their education in their efforts to be compassionate health care providers.

There is an enormous bureaucracy that progressively has grown and intruded more and more into the physician-patient relationship. Attorneys, information technologists, insurance administrators and government regu-

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lators all want a larger and larger piece of the shrinking health care pie. Yet the fundamental needs of people are the same as they were 100 or 200 years ago. They want compassionate care.

REFLECTIONS

Several years ago, Paul Wright, MD, an interventional cardiologist from Youngstown, Ohio, met Blessed Mother Teresa. He asked Mother Teresa how he would be judged when he faced his Creator. She held up his hand and, with her index finger, touched each of his fingertips individually, saying with each finger touched, "You-did-it-for-me." Mother Teresa reminded Wright that Jesus frequently comes to us in the "distressing disguise of the poor."

"Poor" may mean the economically disadvantaged, or it may mean those suffering emotionally — the spiritually poor.

The Dutch priest and theologian Henri Nouwen, in his work *Out of Solitude: Three Meditations on the Christian Life*, said, "When we ask ourselves which person in our lives means the most to us, we often find that it is those who, instead of giving advice, solutions or cures, have chosen rather to share our pain and touch our wounds with a warm and tender hand."

Elizabeth Kübler-Ross, MD, taught us to address previously taboo issues of

death and dying. She would bring critically ill patients before an auditorium full of nurses, physicians, medical and nursing students. The patient became the teacher, and this gave meaning to their lives and suffering. One woman literally cried out, "All my doctor wants to discuss is the size of my liver. At this point, what do I care about the size of my liver? I have five children at home who need to be taken care of. That's what's killing me. And no one will talk to me about that!"

Those of us blessed to practice medicine and nursing in this country, at this time, need not compare ourselves or our material possessions with anyone else, or with the past, but appreciate the privilege we continue to have to literally touch the lives and enter the souls of our fellow man.

Years ago, Fr. Michael Craig, a young associate at our parish, would say at the end of his celebration of the Mass, "Go in peace, and look for Jesus in the crowd."

And let us remember the advice of my father, over 40 years ago, to not lose our focus on our patient, to treat each with competence and compassion, and in spite of obstacles and frustrations, to appreciate the awesome privilege we have each day.

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