

Integrated Health?

To what extent should clinicians be concerned
with both body and spirit?

By: Dr. Brian Wojciechowski

Good afternoon.

I am honored to speak to you on behalf of the Collegium Institute today.

I have been asked to talk about whether or not physicians should address the spiritual health of their patients. As a doctor who is a practicing Catholic, I consider this an important question and I have thought about it a lot, though I am not a theologian or a psychiatrist. I am an oncologist, I treat patients who have cancer and I want to approach this topic as someone who deals with life and death on a daily basis and hopefully give you some practical advice, based on my unique experience.

I want to start this talk with a story, a personal one. I will start by telling you about a recent encounter I had at my dermatologist's office. Being a light-skinned Caucasian, I go there once-a-year to have my moles examined.

I enter the office and the first thing I am asked is not 'how is your spiritual life?' Before I speak to my doctor, I am asked to present my insurance card, then my ID, then I sign a consent for treatment...then I produce my

copay...it feels more like taking your car to the dealer for an oil change...with the main difference being that the oil change is likely to take about half the time.

After a brief wait, oh I don't know...maybe an hour, I am taken to the back, weighed, my vital signs are checked, and I am put in a cold room and asked to remove my clothing and put on this gown except... it's not really a gown but a large piece of paper about as thick as a napkin which doesn't quite touch in the back.

I wait another half hour and the doctor finally comes in...he barely makes eye contact, I can tell he is in a hurry. He is accompanied by a young lady about 21 years of age, a medical assistant, who is holding an iPad. As he examines my skin, she takes notes on the iPad (what are you clicking on there anyway???)

3-4 minutes later he's got his hand on the door...I have to stop him if there is anything I want to address, like the rash that has popped up on my hand. He scribbles something illegible on a piece of paper, the name of a steroid cream I can get over-the-counter as he dashes out of the room...on to the next patient.

I understand why all this occurs, there is pressure to cut costs, that's why I get the napkin instead of a nice cloth gown...he is required to use an EMR or electronic medical record, that's why there is a young lady taking notes on an iPad. He needs to see as many patients as possible in the time he has, that's why he is out of the room in 5 minutes. He needs to get paid, that's why the first thing I am required to do when I enter the office, is prove that I can pay.

Medicine is hyper-specialized, that's why he has no interest in my spiritual health.

Welcome to medicine in the 21st century. How did we get here and...when exactly would a doctor have the time to address the spiritual health of his patients?

After all, medicine today is focused on what I call the three Ps: paperwork, protocols and profit.

The first *p* is paperwork...which, despite the rapid uptake of electronic medical records, seems to be growing exponentially. Now, when I see a

new patient, I am given a stack of papers the size of a short novel; doctors these days are required to produce long, electronic progress notes that often go on for 5 pages or more for one visit, and yet say very little that is helpful.

There are papers to fill out...I fill out papers to justify lab tests and radiology, to get patients benefits like disability and Medicaid, there are death certificates, record release forms, consent forms, depression screening forms, home health orders and myriad other forms that come in by the stack each day...God only knows what I have signed my name to.

The second *p* is protocols. Essentially, checkboxes. Do x, y and z before the patient leaves your office so that we maintain our accreditation, comply with state regulations or avoid a penalty from Medicare.

You would be shocked if I told you how much time I spend doing this. For every Medicare patient, every visit, I am required to update the medication list, ask if they have had the flu vaccine, pneumonia vaccine, mammogram, bone density scan, colonoscopy, if they smoke, if they have cancer in their family and get a number for their pain. If I don't do this, I get paid less. But

guess what is not on the checklist? You got it: how is the patient's spiritual life.

The third *p* is profits. Now I don't blame the hospital for focusing on the bottom line. They need to keep the lights on and no organization can survive without operating at a healthy margin. But the fact of the matter is, sometimes that means pressuring doctors to get patients out of the hospital to cut costs, perhaps sooner than they should. The interests of the hospital and the patient are not always aligned. Shocking right?

With all the onerous requirements, it's hard for doctors to even make eye contact, let alone have a meaningful conversation about faith or spiritual health. Many doctors are on the computer in the exam room, often with their back to the patient. I bring my tablet in sometimes to have the medical record in front of me and start the progress note, so I don't have to do it later, and I can get home for dinner. This frustrated one of my patients and she said: "I was suffering and you just sat there fiddling with your computer." That one still hurts my friends.

There are a million barriers between doctor and patient these days and yet, there is nothing new under the sun. Hippocrates and Osler no doubt had

difficult, unreasonable patients, they had to make sacrifices, struggle over risks and benefits of different treatments, deliver bad news and try to show compassion amid extraordinary demands and even deal with bureaucracy. Somehow, we compensate and adjust and we meet the challenges just as our mentors before us did. Some of us better than others of course.

My contention is that we should try to help our patients' spiritual health, despite being stuck in the center of this giant whirlwind that is 21st century medicine. But there is barely time to nurture our own spiritual health...I don't know about you guys-but my own spiritual life has had much to be desired, especially when I was a student--so wrapped up in my studies and working 80 hour weeks. How can I help my patients when I can so little help myself?

So you have checked all the boxes, you have listened to the heartbeat and you have renewed the prescriptions...doctor you have 45 seconds to address your patient's spiritual well-being... Go! I am here to tell you, it's easier than you think.

I have 3 strategies that I think will help you achieve this.

1. Recognize the inner life of your patients
2. Embrace your difficult patients
3. Practice true compassion

First, recognize the inner life.

Don't fall into one of the great traps of the modern world, scientism. Scientism is defined by Austin Hughes as the position that 'science provides a satisfying and reasonably complete account of everything we see, experience, and seek to understand.' In medicine, it is the idea that the human condition and human experience can be entirely explained by science, that all our feelings and behaviors have a physical, biologic explanation. To take this position is to say that there is no inner life, no spiritual life...we are just a body and some chemicals. Science cannot give life meaning. It does not explain or predict the complexities of human behavior or concepts such as free will, love or why we sometimes seem to act against our own good in order to help others.

We can't rely on science for all the answers; I am not saying be anti-science...we need science to understand what chemo drug to give and why vaccines are beneficial. But we must keep science in its proper place. We must avoid the temptation to explain everything away using science. We must also avoid the temptation to use science to confirm our pre-conceived notions. Doctors can't agree on the value of mammograms whose studies are based on tens of thousands of patients. And yet we will accept the results of very small studies as soon as they confirm our pre-conceived political biases. This is why I am even skeptical of studies that tie prayer to positive health outcomes. Do we really think we can model such a complex phenomenon? As believers, do we even need a study to tell us that prayer works? Are we convincing any of the doubters?

We all have bias and we are not perfect truth seekers. Recognizing our flaws is the beginning of wisdom.

You will never help a person spiritually if you don't understand that they have an inner life; a spiritual life.

There are simple, quick ways you can let patients know that you are thinking about their spiritual well-being. Patients can remember a few

words said to them by a doctor for the rest of their lives. There is something about being in a life-threatening situation that imprints a few words in your mind indelibly. So never underestimate the power something you say at a critical moment. The poet Samuel Decker Thompson said “How beautifully fragile we are that so many things can take but a moment to alter who we are forever.”

When I meet a new cancer patient, I often tell them something like this: we cannot change the fact that you have this cancer but you must focus on what you can control, not what you can't...that is learn about your disease, eat right, keep active, keep your mind occupied and mobilize your support team. The rest, what you can't control...you have to give it up to the Creator. This sometimes spurs a discussion about faith and spirituality that can be very useful, even for patients who are not religious. When a doctor simply recognizes that there is an inner life, a spiritual life...it is very consoling for a patient. They know that they are not just a body but a soul and they are not defined by their disease, but they are defined by their status as a child of God.

We should not expect physical solutions to spiritual problems.

Second, embrace your difficult patients

These are the ones who are the most damaged spiritually. As physicians you will see the worst of humanity. You will see patients and family members in states charged by grief, anger, anxiety and all sorts of emotions. Difficult patients...you will run into many in your careers...

Example: Jehovah's witnesses. Everyone cringes when one comes in to the hospital with anemia and refuses blood transfusions, we lose our minds over this but I have sympathy for them because they are more often right about blood transfusions, than doctors are right?? We overtransfuse, there is no blood shortage, just overuse.

Think also of the drug-seeker in the ER, the kindergarten teacher with breast cancer who has brought in a reams of paper from the internet for you to look at, the irate lady who is talking to her lawyer about suing the hospital and the person who wants to address 20 different symptoms in a 15 minute visit...

When we see these people, it is tempting to despise them. There were a lot of memorable things said during the election season of 2016. One of the

most memorable was when one candidate referred to a large group of voters as deplorables. What was more remarkable to me was that the candidate went on to say that they were irredeemable. I cannot think of a more un-Christian way of thinking. According the Christian world-view, everyone, no matter how bad is redeemable. We must think of our patients this way and understand that we are seeing them at their worst and that no one is beyond help.

I want to tell you another story about a real patient of mine. He was a 65 year old man with a dangerous bleeding disorder but he wasn't the problem, it was 'the wife.' Now, 'the wife' is often the most vocal member of the medical team and she was no exception. She was a fierce advocate for her husband...She was mean. She trashed the hospital, yelled at the nurses and made some of them cry which is not an easy feat. She was a nightmare. So imagine my surprise the next day when she brought donuts for the whole staff...she said to the nurses, I know how bad I am...I can't help it, I don't want to lose my husband.

So you need to understand that these people are worried, they see how difficult it is to navigate the health care system today and they are frustrated and scared. A major study out of Johns Hopkins in 2016 declared

that medical error is the third leading cause of death in America today.

Whether or not you believe that statistic is beside the point because it's the perception that people have now. People assume you are going to make a mistake.

So thank them for being difficult, it makes you a better doctor. Enter into the challenge of taking care of these difficult patients. Remember that according to the catechism of the Catholic Church, our virtues grow through perseverance in struggle.

But this takes humility, a trait doctors are not exactly known for. Humility is the virtue that protects us against the deadly sin of pride. "Blessed are the poor in spirit; for theirs is the kingdom of heaven."

The Third and final takeaway is to practice true compassion

There is a difference between compassion and empathy. When I was in college, a Jesuit priest named Fr. Robert McTeigue taught me the Latin root of compassion...the verb *compatire* which means to "suffer with."

Literally, to take up someone else's burden, experience the suffering of another and actually do something to help them. This is more than just

empathy. Empathy is more like pity, to try to put yourself in the mind of the other person who is suffering but compassion takes it a step further. When we feel compassion we don't just say well glad that's not me and hurry on past to get our latte from Starbucks. The ultimate example of compassion is Jesus Christ. God didn't just sit in heaven and watch our suffering and look at our sins and say: "Wow that must be really tough. Hey, I feel your pain brother." No, he actually came down to earth, became one of us and experienced human suffering as a fully human person. He took the burden of our sin upon himself and suffered and died to save us. Isn't it interesting that we call it his passion...you could call it his compassionate passion. It is no coincidence that Christ is called the Divine Physician.

As physicians we emulate Christ's compassion in our own small ways. We suffer with our patients when we return that phone call after hours or on our day off. Patients really appreciate those things. We take on our patients' burdens when we make rounds late into the evening, missing dinner with our families. We suffer with our patients when we cry with them, physically sharing their sadness. True compassion reminds us of our own vulnerability...we can't always cure our patients, but at least we can be with them so they don't have to suffer alone. In other words, to show true

compassion, to go beyond simple empathy, it must cost you something, as it cost Christ his life. You must make a small sacrifice of your own...patients can tell when you do this and you are showing them Christ's mercy and compassion when you do so.

You are now operating in a very broken system. Patients are paying more for less care. Your clerical responsibilities are increasing, as is the complexity of medical knowledge, and patients expectations are rising ... all while you are being paid less.

But that means you have an advantage. It's easy to set yourself apart. In John chapter 16 Jesus says: "In the world you have tribulation but be of good cheer, I have overcome the world." So be of good cheer, it is, after all, the mark of a Christian disposition. Don't be afraid to show God's love in actions and in words. This will set you apart, you will stand out and patients will say--I want what he's got.

As I was composing this talk, I realized that what I am fundamentally trying to say is that if you want to help your patients spiritually, you start with

yourself. If you read the Hippocratic Oath, one of the promises you will find there is “I will keep pure and holy both my life and my art.” Both my life and my art. That’s how a Catholic doc helps his patients spiritually, by increasing the virtues in himself through prayer, perseverance and sacrifice and in this way she shows the love of Christ to her patients.

So I leave you with these simple words of wisdom. If you want to help your patients’ spiritual life, first start with your own. Recognize the inner life, embrace your difficult patients, practice true compassion and finally, please don't put your patients in a napkin.

Thank you very much.

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Dr. Brian Wojciechowski

President, Catholic Medical Association of Philadelphia

Oncology and Hematology Specialist