



McGill

Programs in Whole Person Care

Healing and Whole Person Care: Palliative Care Just Another Specialty?

Concurrent Day, 17th International Congress on Care of the Terminally Ill, Montreal, September 24, 2008

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The one day concurrent day put on by McGill Programs in Whole Person Care was a great success. Our session was attended by 240 people who packed the room and our problem was more the resultant people who were refused entry (including some of the palliative care staff at the MUHC) than any defections from those who joined us. The 4 principal speakers from very different backgrounds (a palliative care physician, a psychologist, a psychiatrist/neuroscientist, and a nurse/philosopher/qualitative researcher) examined the challenge and the opportunity of the existential challenge (read fear of our own death) posed by palliative medicine and the implications of this phenomenon for palliative medicine itself and for other areas of medical practice. Michael Kearney whose article published 16 years ago gave the title for the day provided an overview of the issues. He was followed by Sheldon Solomon who reviewed the research on death anxiety and terror management theory. After lunch Gregory Fricchione looked at the problem from the perspective of separation/attachment theory and how the way our

brains are wired give some hope that our response to loss, no matter how great, including our own potential death, can result in progressively enlarging attachments that can transcend our narrow identities. This process of expanding attachments throughout life is the process of growth and maturation which can continue till our last breath. Frank Carnevale, our last speaker presented a difficult case of an Inuit boy who had been treated at the Montreal Children's Hospital for extensive burns. Frank's case and presentation pointed out the difficulty, and the value, of being present to the suffering of our patients. He used the Aristotelian term "phronesis" to describe the moment to moment clinical presence and awareness that is called for in this process. The challenge is qualitatively the same whether our patient is facing death or suffering because of other losses like the Inuit boy he presented. The presentations were followed by a brief summary by the chairperson (TH) and a wide ranging panel discussion.

Is palliative care just another specialty? The answer is no

and yes. No, because we in palliative medicine deal with the most potent existential challenge in medicine - impending death. Yes, because the potential losses in other specialties pose exactly the same kind of challenge and opportunity. The future lies not in our retreating before the existential challenge of impending mortality to become "symptomatologists" but in using what we have learned in palliative practice to educate other specialties in how to help patients facing the threats to identity of non-terminal illness to transcend the losses they face. We refer to this process as healing and the combination of the facilitation of healing with curative medicine and symptom control Whole Person Care.



Whole Person Care: Encompassing the Two Faces of Medicine



"Art rather than science is required to enable the physician to make the best intuitive use of himself in the healing relationship with the patient."



"I would go without shirt or shoe
Friend, tobacco or bread,
Sooner than lose for a minute
the two
Separate sides of my head!"¹

What is Kipling talking about and what, if anything, does it have to do with medicine? We think that it is at the heart of our problems and opportunities in 21st century medicine - we have lost and are trying to regain one of the sides of our medical heads. That is what Michael Kearney and Balfour Mount are pointing out when they ask us to re-incorporate healing into the medical mandate. But we have not yet explored adequately and don't understand fully the difficulty of what they are calling on us to do. Curing and healing are like the two faces of Janus, the Roman god of gateways and new beginnings. They are antipodes and yet both are simultaneously essential to excellent medical care.

First, a word about what is meant by curing and healing: curing is an action carried out by the healthcare practitioner to eradicate disease or correct a problem; healing is a process leading to a greater sense of integrity and wholeness in response to an injury or disease that occurs within the patient, which can be facilitated by the healthcare practitioner³. The roles of the patient and of the healthcare practitioner in curing versus healing are not just different, they are diametrically opposed.

For instance, the goal of the patient in the curing mode is

survival. This is not limited to physical survival but also extends to survival of all that the patient has learned to identify as himself including physical appearance, life style, relationships and everything else that makes up a life. In other words the goal is to avoid change. Healing comes from the acceptance of change. This acceptance allows the patient to grow to a new sense of himself as a person (perhaps with disease) with a new experience of integrity and wholeness that is different than the old status quo. In curing the patient depends on the expertise of the practitioner to control disease; in healing the patient begins to realize that it is his own resources that will finally lead to growth and that he is responsible for managing those resources.

The contrast in the healthcare worker's roles in curing and healing are equally striking. In the curing mode the physician through his knowledge and expertise concerning disease, clearly has more power. That is why the patient consulted him in the first place. In the healing mode the power shifts towards the patient. It is within the patient that healing will occur and it is the patient who will make the healing journey. The physician's role is accompaniment. To do this effectively the physician needs to be able to put part of himself in the patient's shoes and adopt the wounded healer role.

The epistemologies in the curing and healing roles are also very different. In the curing mode the basis of knowl-

edge is scientific and this is expressed in the current requirement of evidence-based practice. In the healing mode this approach is not helpful. Since the essence of the facilitation of healing is the relationship of one person to another the physician's role in healing has to depend on his particular gifts and characteristics as a person and on the particular gifts and characteristics of the patient. Art rather than science is required to enable the physician to make the best intuitive use of himself in the healing relationship with the patient. The dynamics of the interaction would be different with every physician-patient pair, a complete contrast to the standardized requirements of science.

Given the contrasts outlined it is not surprising that physicians and other healthcare workers have had a hard time encompassing both roles in their practice. The solution is often to restrict care to one of the two poles, curing or healing, but not both. To be both an effective curer and facilitate healing at the same time is a challenging task: this patient may be dying and I must remain emotionally present to that possibility and behave and communicate with the patient and family accordingly; at the same time I must concentrate on inserting this femoral catheter so that we can perform the dialysis to treat his acute renal failure and possibly save his life, at least for now. As may be apparent from this example, the enlargement of awareness required is significant, but can

actually result in a decrease in the psychological tension that comes from identifying exclusively with curing or healing. However, our tendency is to restrict awareness when we are faced with stressful situations.

Physicians and other health care workers need to re-learn an important skill: how to retain a broad enough awareness to encompass simultaneously the needs of both curing and healing in stressful clinical situations. We might hope that this is the purpose of teaching hospitals and clinical clerkships where students can see this process in action in a clinical setting. This does undoubtedly occur but because medicine itself is unclear about these two roles and has tended to opt for curing at the expense of healing we have found that students' experiences in hospital can hinder rather than foster their development as facilitators of healing. It is not just students but faculty who need to learn how to encompass these two roles. We believe that the key lies in bringing clarity and commit-

ment to these two complementary aspects of medical care. We at McGill are exploring various approaches, including a focus on mindful medical practice and a new four-year healing curriculum to foster the healer role. We hope that, in this way, the gateway to what we are calling whole person care can be fully re-opened in the context of sophisticated 21st century biomedicine. Tom A. Hutchinson, Nora Hutchinson, Antonia Arnaert. Canadian Medical Association Journal. 2008, in press.

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"Physicians and other health care workers need to re-learn an important skill: how to retain a broad enough awareness to encompass simultaneously the needs of both curing and healing in stressful clinical situations."

Films That Transform—Season IV

October 7, 2008
The Last Days of Living—the classic NFB documentary about the Royal Victoria Hospital's pioneering Palliative Care Unit.

December 2, 2008
Triage: Dr. James Orbinski's Humanitarian Dilemma—James Orbinski has seen lives

saved and lives lost, and has personally witnessed a world gone astray.

February 24, 2009
The English Surgeon—a fascinating portrait of Dr. Henry Marsh as he wrestles with the dilemmas of the doctor-patient relationship.

April 7, 2009
The Diving Bell and the Butterfly—Julian Schnabel's visually stunning, heart-stirring ode to what drives a man to go on when all truly seems lost.

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MCGILL SEMINARS ON HEALING 2009

All seminars take place at 546 Pine Ave. West, from 12:30—2:00 p.m.

Please RSVP to 514-398-2298 or wpc.oncology@mcgill.ca

Date	Title	Speaker
January 23	Care Too Little or Care Too Much? Empathy and the Practice of Medicine	Dr. Stephen Liben Department of Pediatrics, McGill University
February 27	Challenges in Health Care in Post-Civil War Sierra Leone	Dr. David Dawson Department of Medicine, McGill University
March 13	James Joyce, Ulysses, and the Healing Agenda	Dr. Thomas Hutchinson Director, Whole Person Care McGill University
April 24	Flexner's Vision of Medical Education: An Ineluctable Grip for a 2nd Century?	Dr. Donald Boudreau Director, Office of Curriculum Development, McGill University

Living with Kidney Failure: Video Essay from Whole Person Care

Living with Kidney Failure is a film about the lived-experience of seven individuals of different ages, disease histories, and cultural backgrounds. The stories of their dialysis-dependency highlight some of the quality-of-life issues faced by people living with chronic kidney failure. While their experiences are in some ways specific to their disease and treatment, the issues of family strain, unemployment, uncertainty, vulnerability and mortality will be familiar to all those who live or work with chronic illness.

The film is the product of a two-year participatory action research project which involved researchers from McGill University and patient-collaborators from two university-affiliated hemodialysis units. This film has

several different goals: (a) raising awareness about kidney disease in the general public, (b) exploring quality of life and chronic illness issues with health care students and professionals, (c) providing chronically ill people with a larger sense of community (d) offering administrators and health-policy legislators a window into the needs of this rapidly growing patient-population.

We recently showed the film at the annual congress of the Canadian Association of Nephrology Social Workers in Quebec City (Oct 24, 2008). The social workers were moved to laughter and tears during the screening and were full of praise and thanks in our discussion afterwards. They have requested that French subtitles be included so that the film can be

distributed Canada wide for the education of health professionals and patients alike.

More recently, we showed the film to the first-year cohort of McGill's medical students as of their physicianship coursework which focuses on teaching healing practices. The film and subsequent discussion with the patients (some of whom were featured in the film) received a standing ovation, not something one often witnesses in required university courses.

Parts of the film have been used in nephrology nursing continuing education sessions, and the full film will soon be shown again to the nephrology nurses in both of the units in which we conducted our study. We are also showing the film as part of our Seminars on Healing

(November 21) which will be attended by nephrologists, nephrology nurses, and members of the administration from two of McGill's teaching hospitals.

The film is currently viewable (though in a somewhat different format) on our website:

[www.mcgill.ca/
wholepersoncare/
esrdqualityofliferesearch](http://www.mcgill.ca/wholepersoncare/esrdqualityofliferesearch).

