Healing the Healer

By Massimo Petrini

A subtle uneasiness may be felt by someone who introduces his talk about the art of medicine, when he himself does not have a degree in medicine. It's like wanting to enter a place without authorization if it weren't for the 40-years of professional practice in the simultaneous confrontation from the two perspectives: that of the doctor and that of the patient. And yet, beyond all the legitimizing that comes from scientific learning and a specific profession, the relationship between these 3 – patient, doctor, and the art of healing – pertains to every man and every woman. Getting sick, and therefore becoming a "patient", is a possibility that is part of human nature, in our mortality and vulnerability.[1]

To consult a doctor, in this case, necessarily means to begin a relationship with him/her, that involves the physical dimension as well as the emotional and relational dimensions.

A relationship that can be described in this way: "Two travelers meet on the road of life: one is bringing his needs, his necessities, his pains to the other who had studied in order to help. He says he has the capacity to help and is authorized to offer it. This is the patient-doctor encounter. The doctor responds by examining the patient, prescribing laboratory tests, medicines, a change of lifestyle or an eventual surgery, with the end in view of a possible healing."[2]

Certainly, this vision is simplistic but it underlines the way medical care is generally considered in the curriculum by the faculty of medicine in universities, in medical textbooks and scientific journals.

What surfaces in this cold and detached encounter is the doctor's primary concern for the patient's pathology, therapy and prognosis. The interest is limited to the patient's physical dimension.

In other words, a healthy man or woman – the doctor – meets a man or woman who says that he/she is sick – the patient. A healthy man or woman, the doctor, – being interrogated by the questioning face of the patient who reflects their common human nature - continues asserting his own fullness of health by avoiding any personal implications which would be considered obstacles to scientific and professional etiquette.

This attitude which presumes to be detached and impassible, even while being confronted by a human being's pain, is the fruit of a technically-centered, scientific professional formation that has gained ground by doing away with the human subjective element. Thus, it neglects what is going on in the life of the patient; but also, what is going on in the life of the healthcare workers as well.

But is everything as true as it appears? Ignoring psychological and spiritual problems does not mean they do not exist. Living together day after day with painful and sorrowful situations can awaken a lot of feelings, ambivalent and even unconscious ones, which are not easy to recognize or accept. Along with the feelings of compassion and pity that another person's pain may awaken in us, we may also find feelings of repulsion, anger, and anxiety, evoked, for example, by a patient's heart-rending cry or endless wailing.

In reality, every request for care involves not just a simple request for technical help to recover one's health, but also a need for relationship. To ignore this dimension reduces medicine to a technical application that transforms the doctor-patient relationship into a delivery of services, ignoring the fact that such a relationship, first of all, is intended to give attention to a person. Furthermore, medicine does not only consist of knowledge or technical skill, or the combination of both. It is an inter-human relationship

which arises from a need and an offer: a need for care and an offer of technical help. As such, it has two poles with two subjects – the doctor and the sick – who, as persons, essentially need to understand themselves and to be understood. The doctor has to understand himself in his professional responsibility and understand the patient's needs and what he/she is going through. The sick person must understand himself in his situation of fragility and understand the doctor's will to help.[3]

There is a substantial difference between medical science and medicine. The first considers a man or woman as an object of research: the study and analysis of a patient's physiological processes through observation, comparison and control. Medical science becomes medicine only when it is directed toward the promotion of health through care; in other words, when it addresses a human being not as an object, but as a subject. Medicine has also been defined as practicing a theory upon a human reality. Therefore, it is not only the application of technique – that is, the treatment – on a passive subject, but an interpersonal encounter involving the doctor and the sick person that brings about a change in both of them.[4]

The doctor-patient relationship can be considered from multiple perspectives: from the aspect of the cultural, sociological, psychological, clinical, and ethical spheres. Here we would like to dwell on the perspective of our common citizenship as human beings.

In this context, can the doctor-patient relationship be exclusively considered from the sick person's point of view? Is the doctor truly "healthy," considering that the same humanity characterizes both doctor and patient?

This human situation implies facing the limitations of the same human nature shared by health worker and patient that puts them on the same level. It is possible for the doctor to get sick and death is a certainty for the doctor as well. But health is not only the absence of illness. To be in good health is being in harmony with oneself, with others and with one's environment , be it natural or socio-cultural. And certainly, not the least important for many people, it is to be in good relationship with the Transcendent.

A state of health lasts for a moment; it is lost and regained in the course of daily life. But, what experiences of sickness, disability, ageing and death have left their mark on the personal experience of a doctor? What meaning does a doctor give to the pain he encounters every day in a child, in an elderly or dying person?

In a more general sense, what answers do we give to such questions as: "Does this human pain make any sense? What is the meaning of human life? What is the meaning of the work I do?" The answers to these questions are important since there is a certain risk that the encounter with another person's vulnerability and fragility may become an excessive or even intolerable burden if carried alone. It can generate a desire to escape or, on the other hand, lead one to give omnipotent answers.

If the work environment, and perhaps even what the patient shares, do not offer the right support to entertain such an emotional burden, there is a greater risk of the burn-out syndrome. As we know, this begins to manifest itself as a form of exhaustion characterized by tiredness and feeling worn out along with a loss of motivation to do one's work and an emotional dryness in relating to others. In the end it can degenerate into feelings of indifference or even hostility, cynicism or anger towards the pain of the person in need of care.

A patient who is imprisoned and conditioned by his suffering oftentimes has the hope of getting out of it. For the doctor, instead, suffering constitutes the daily background of his professional life.

Suffering is an element of growth in the life of a man or a woman. This expression has no wish to exalt pain – this would be an incorrect attitude even from the religious point of view – but rather, to propose a rational reading of pain. The moment of suffering is a moment of extraordinary truth which compels every person to confront the inevitable questions about the meaning of one's life. If we want to deal with pain in others, we must first be reconciled with the pain that is within us. In order to heal, in the broadest sense of the term, we must be aware of our own need for healing.

To take suffering into consideration, such as one's own death, is not only a necessary condition to understand another person's suffering; it is also the premise to understand the extreme conditions of life and their significance. Only by listening to and welcoming the sick can one provide answers for what is the better or the worse thing to do, what is right and what is not, what is opportune and what is not.[5]

Then, can we realistically look at this assisting process as two people journeying together along a road of life – the doctor and the patient – who are both wounded in their humanity. If the health worker's contribution is his/her technical know-how while the patient's contribution is the value of a human experience, it is in this context that reciprocal aid is possible and perhaps necessary.

We must get beyond the idea that there is a universe of "the healthy" who take care of a universe of "the sick". Jean Vanier, founder of "L'Arche," a network of communities that receive the handicapped, affirms that the therapeutic community is a place where people who are not completely healthy take care of people who are not completely sick.

The helping relationship, which permeates the healthcare profession is a wellspring of emotions and feelings for both of the subjects involved. The request for support and protection of one is an invitation for the other to go out of him/herself, beyond his own familiar perimeters or limits, not in omnipotence but with an openness to a personal encounter.[6],[7]

A human being begins **to be a person** the moment he/she identifies himself with the needs of the other and becomes one with them. This transformation happens especially when the other is vulnerable and defenceless, when encountering the other is - in its extreme degree – assuming **complete responsibility for the other**.[8]

The "other" who lives in a completely new world because his previous world has been put at stake by the pathological event asks the doctor to enter.[9]

It is in this sense that the proverb cited by Jesus in the Gospel of Luke – among other things, he was accredited by tradition as a doctor – "Doctor, cure yourself…" assumes a meaning that goes beyond the purely exegetic interpretation.

Particularly significant in this regard is the figure of Chiron, who learned the art of healing from Apollo and in turn transmitted it to Asclepius. Chiron himself bore an incurable wound and thus was considered "the archetype of him who cures. Chiron's figure embodies this duplicity: while administering healing to others, he is also asking healing for himself. In curing others' wounds, Chiron somehow draws some relief for his own wound."[10] He is the emblem of the structural fragility of medicine, where the possibility of healing is conditioned by the capacity to perceive one's own woundedness, in other words, by recognizing one's limits and learning from them.

However, everything that has been said about the relationship with the patient not only has a human, psychological and ethical value. It should also be considered within the framework of better professional practice. Since ancient times, the platonic conception of human health, considered in a global sense, affirmed that just as an organ or a part of the human body cannot be cured without keeping the whole body under control, so a human being cannot be cured in his wholeness (entirety) without also curing the soul. "Curing the soul" means responding to the patient's questions. Every encounter with illness brings to the fore questions about one's future, about the meaning of one's new life situation and about the reality of death. The doctor should be able to help the patient by giving a sense of reality regarding the illness beginning with the assurance that care is close at hand.

In more recent times, it has been said that sickness cannot be understood without the person; without the person, recovery cannot be effected. Perhaps one can obtain recovery in a minimized sense, that of restoring one to his previous condition. But in its full anthropological sense, being healed is different from recovering health to a previous condition. It encompasses variables like increased awareness, change of lifestyle, acquiring a knowledge

of oneself. Healing cannot be achieved without the active participation of the sick person.

Today, there is a lot of discussion about the bioethics of end-of-life care. It is easy to see that a better dialogue with the patient would, in many cases, be indispensable to solve problems not otherwise resolvable.

Lastly, the objective of physical cure of a patient cannot remain as the only goal of professional activity, because this is often unattainable. It's enough to think of the disabled, the elderly with chronic pathologies, the terminally ill.

It is necessary to restore a more realistic concept of healing which would always provide the possibility of having a therapeutic objective. This is an objective that is always possible, if we want to define "healing" as a person's capacity to not be crushed by his/her life situation, to have the courage, faith and strength to continue being "master" of the situation; and to know how to handle it, inasmuch as this is humanly possible. The patient then will be helped to have the strength to face and handle a life threatened by pain, disability and death.

Recently, an Italian romance entitled "Cosa sognano i pesci rossi" (What dreams do the red fish dream?) was published, written by a director of the Department of Anaesthesiology and Intensive Care. In the book, the red fish represent the patients who are enclosed in the glassy environment of the ICU. The romance brings to light the figure of a doctor: "… a surgeon with discreet technical abilities, still in the phase of growing professionally. He is one of the few doctors who, to the classic question, "Why did you study Medicine," would reply, "Because I want to cure people." This answer is devoid of hidden agenda such as wanting to earn a lot of money, to gain power, to become famous, to satisfy one's egoistic needs, or to have a particular place in the world. This doctor, instead, wants to cure people, period. He loves people, he loves life. He does not consider every sick person he fails to cure as a personal defeat, but as life's defeat, but life cannot be defeated. He loves people because people are life. He loves listening to people, and is always available

to all. And certainly he is no ascetic or saint, and not even a missionary. He loves caring for people. It almost seems incredible."[11]

---

[1] Cfr. Gensabella Furnari M., *Prefazione*, in Id. (a cura), *Il paziente il medico e l'arte della cura*, Rubbettino, Soveria Mannelli 2005, p. 5

[2] Caretta F., Petrini M., *Accanto al malato Lineamenti di assistenza sanitaria e pastorale*, Città Nuova, Roma 1995, p. 58

[3] Russo M.T., *La ferita di Chirone. Itinerari di antropologia ed etica in medicina,* Vita e Pensiero, Mlano 2006, p. 8

[4] Pellegrino E.D., Thomasma D.C., *A Philosophical Basis of Medical Practice. Toward a Philosophy of the Healing Professions,* Oxford University Press, New York 1981, p. 173-174

[5] Merluzzi A., *ErosAgape Un'unica forma di amore,* Edizioni OCD, Roma Morena 2006, p. 106

[6] Nussbaum M., *L'intelligenza delle emozioni*, Il Mulino, Bologna 2004

[7] Spinsanti S., *Curare e prendersi cura. L'orizzonte antropologico della nuova medicina*, CIDAS, Roma 1998

[8] Merluzzi A., *ErosAgape Un'unica forma di amore,* Edizioni OCD, Roma Morena 2006, p. 105

[9] Cf. Cattorini P,. *Malattia e alleanza*, A.Pontecorboli, Firenze 1994, p. 29

[10] AA.VV., *La ferita del centauro,* Moretti e Vitale, Bergamo 2005, p. 87

[11] Venturino M., *Cosa sognano i pesci rossi*, Mondadori, Milano 2005, p. 141