

Relationships Heal

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Commencement address delivered on May 17, 2015, in Cooperstown, New York, at a ceremony honoring graduates of the Columbia-Bassett Program of Columbia University's College of Physician and Surgeons.

I WONDER

My assignment for today required me to do some deep contemplation. I took some walks and asked myself questions that began with the words “I wonder.” This type of question often allows something meaningful to come to my mind. I kept returning to the same question. I wondered why I could not recall anything from my own medical school graduation.

High levels of stress can prevent us from forming memories of an

experience. I wondered if I felt too anxious at my graduation to remember it now. I began to wonder about what you graduates might be feeling today. I wondered whether you might be under enough stress to diminish your memory of this beautiful moment in your lives.

At my medical school graduation, I was quietly overwhelmed about my upcoming residency. In a matter of weeks, I would be moving across the country to a place where I had no social support, and I would be working long hours caring for very ill children. For the first time, I would have real responsibility as a physician. I had excelled as a medical student, yet I harbored deep concerns about my

ability to handle this work, technically and emotionally. I was scared. I probably did not feel safe enough to experience joy at my graduation or to even form a memory of it.

WHY MEDICINE?

So, after all my wondering and contemplation, I decided to speak today about what might be one of your quiet concerns—that you are not ready to be a physician, despite the blessing of your extraordinary preparation.

In case you have this concern, I want to assure you that in many ways you were well prepared to be a physician before you came to medical school. That is because you already had the capacity and desire to form relationships, and even if you could not say it, you probably felt called to heal others through your relationships with them. My message can be summarized simply: Relationships can heal people, and you have the ability to make healing relationships. If you can embrace this message, it may help you go forward today with a feeling of peace about your future as a physician.

My message is not just for you. It is also for your parents, your teachers, and everyone here who cares about you. They are the ones who taught you how to form relationships. If all of those gathered here on your behalf remember that relationships heal, they will know why you chose medicine and what is required of them to support you in your calling.

So, be at peace, and allow yourself to reflect today on why you chose medicine. What was the inner voice that called you to this work, in this unique program, at this time? Some of you may have censored that inner voice and replaced it with a voice that others wanted to hear. Today, allow yourself the gift

The Shared Context: Kaiser Permanente and the Columbia-Bassett Program

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Editor's note: This commentary provides context for the commencement address delivered on May 17, 2015 in Cooperstown, NY, at a ceremony honoring the medical school graduates of the Columbia-Bassett Program of Columbia University's College of Physician and Surgeons.

The Columbia-Bassett Program, begun in 2010, is a unique medical school program within Columbia University's College of Physicians and Surgeons. The 4-year experience of the students in this program occurs in 2 sites: 1) in New York city at the College of Physicians and Surgeons and its affiliated health care facilities, situated in an urban community of roughly 14 million people spread over several hundred square miles; and 2) in Cooperstown, NY, at the facilities of the Bassett Healthcare Network (Bassett), serving a rural community of approximately 200,000 people living across 5000 square miles. The 2 communities are a striking contrast to each other, as are the health care systems serving them. The College of Physicians and Surgeons operates in a traditional academic health center with a fee-for-service reimbursement model, whereas Bassett operates a network of geographically dispersed facilities with a salaried model that is similar in many respects to that of Kaiser Permanente (KP). In 1931, Bassett briefly established the third prepaid health plan in the US, insuring individuals and families for a set annual fee. Henry Kaiser, American industrialist and cofounder of KP, was born and raised in Sprout Brook, NY, just 19 miles from Cooperstown.

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of finding your authentic voice, which called you to medicine. It is there; it is right inside you.

Dr Henry Seidel would now be 92 years old. Henry was a pediatrician. He was my most beloved mentor. He was Dean of Student Affairs when I was a medical student at Johns Hopkins. In an interview he gave upon his retirement, he made a remarkable observation. He said, "In working with students, I wanted to get to know them. The method I knew best was to take a history of each. I had their records, but

I needed one-on-one meetings where I could lean back comfortably and suggest, 'Tell me about you.' I began that exercise," he went on to say, "with the 90 men and women in the senior class of 1969 I learned a lot. What a student said was not necessarily what the student thought. What students said also needed to be considered in the context of their own experience and not mine. They came to me with expressions of uncertainty, fear, and inadequacy. I needed to approach these potential problems with deliberate speed."¹

Over more than a quarter of a century, my relationship with Henry helped heal me. He allowed me to tell him about me. He listened. In that process I learned to say what I really thought about why I was called to medicine, but that process took a long time. It need not take you so long. Give yourself permission to consider again the truth about why you came to medicine.

I suspect you were called to this work so that you could heal people who were suffering and help them be well. That calling is something you brought with you to medical school, and you are leaving here with it today. It is a calling that you must hold on to tightly. You cannot let our profession take it from you, because being faithful to your calling is what will give your work enduring meaning and will protect you from anxiety about your capabilities and your future.

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Bassett has been a teaching affiliate of the College of Physicians and Surgeons since 1947, serving as a site for medical student clinical rotations and postgraduate residency training. The Columbia-Bassett Program now provides a four-year experience for medical students that is characterized by two core themes that connect it to KP: 1) a longitudinal integrated curriculum,¹ in which students follow a panel of patients throughout their major clinical year; and 2) a course called "Systems, Leadership, Improvement and Management," in which students learn about health care delivery, health policy, and Lean Six Sigma performance improvement,² incorporating a project to identify and to solve a problem in applied health delivery.

This marriage of longitudinal physician-patient relationships and system improvement aligns the Columbia-Bassett Program with the approach to health care at KP. Not surprisingly, the Columbia-Bassett students are deeply interested in the findings and implications of the KP/Centers for Disease Control and Prevention Adverse Childhood Experiences Study,³ which provides physicians with valuable information about the root causes of many common and costly health problems. Recent research by Whitaker and his colleagues⁴ showed that dispositional mindfulness conferred resilience to the impact of adverse childhood experiences on adult health. These findings aroused interest and optimism among the students at Columbia-Bassett. These students understand the relevance of past adversity for current health and are exploring ways to communicate compassionately with patients about these matters and to alter the health system to address them.⁵ ❖

Disclosure Statement

The author(s) have no conflicts of interest to disclose. The views expressed in this article are those of the author and not necessarily of the author's institution.

References

1. Ogur B, Hirsh D, Krupat E, Bor D. The Harvard Medical School-Cambridge integrated clerkship: an innovative model of clinical education. *Acad Med* 2007;82(4):397-404. DOI: <http://dx.doi.org/10.1097/ACM.0b013e31803338f0>.
2. de Koning H, Verver JP, van den Heuvel J, Bisgaard S, Does RJ. Lean Six Sigma in healthcare. *J Healthc Qual* 2006 Mar-Apr;28(2):4-11. DOI: <http://dx.doi.org/10.1111/j.1945-1474.2006.tb00596.x>.
3. Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med* 1998 May;14(4):245-58. DOI: [http://dx.doi.org/10.1016/S0749-3797\(98\)00017-8](http://dx.doi.org/10.1016/S0749-3797(98)00017-8).
4. Whitaker RC, Dearth-Wesley T, Gooze RA, Becker BD, Gallagher KC, McEwen BS. Adverse childhood experiences, dispositional mindfulness, and adult health. *Prev Med* 2014 Oct;67:147-53. DOI: <http://dx.doi.org/10.1016/j.ypmed.2014.07.029>.
5. Machtinger EL, Cuca YP, Khanna N, Rose CD, Kimberg LS. From treatment to healing: the promise of trauma-informed primary care. *Womens Health Issues* 2015 May-Jun;25(3):193-7. DOI: <http://dx.doi.org/10.1016/j.whi.2015.03.008>.

BEING A DOCTOR

At a difficult turn in my life about 15 years ago, Henry Seidel agreed to meet me for coffee at a shopping mall. It was a couple of days after Christmas, and I wanted to talk with him about my decision to stop practicing clinical medicine. After listening carefully, he said only this, "Bob, I will tell you what my mother told me when I faced a similar decision. 'Henry, you will always be a doctor. Being a doctor is about what is in your heart and not what is in your little black bag.'" Indeed, Henry's mother was right. I have probably healed as many people outside the formal practice of medicine as I have within it.

Many things got in the way of answering my call to be a healer. One of the things that got in the way was the medical profession itself. During my psychiatry rotation, late in my second year of medical school, I was approached by my attending physician. He asked me if I had considered a career in psychiatry. I recall this moment rather vividly. I told him that I had considered psychiatry but had decided against it. I told him that during the psychiatry rotation I had learned that relationships are what heal people, and I did not think I could maintain that many relationships.

This was an example of what Henry had mentioned, “What a student said was not necessarily what the student thought.” Looking back, I suspect what I thought was that psychiatry was using pills more than relationships to heal people and that the field would not fully support my desire to heal people through relationships. This period, in the mid-1980s, marked the beginning of a strong movement toward biological psychiatry, and many on the Hopkins faculty strongly supported that movement. What we know now about psychiatry is what we know about nearly every field in medicine—that medications and procedures are rarely sufficient to heal suffering; sometimes they are not even necessary. However, what is almost always necessary to heal people is to enter into a relationship with them.

By saying that relationships heal, I am not making a romantic call to a bygone era and urging a move away from the scientific evidence that has helped make the practice of modern medicine credible, ethical, and socially valued. In fact, you are entering medicine at a time when there is new scientific evidence to support the part of medical practice that was often called an art. Science has permitted us to reclaim what medicine has mistakenly forsaken and what I was once afraid to embrace—the healing power of relationships.

For example, the new field of interpersonal neurobiology has explained how relationships matter for healing. Because of advances in neuroscience and epigenetics, we have broken down some constraints in our thinking about the distinctions between mind and body and between nature and nurture. Therefore, we now understand how our biography, especially our relationships, becomes our biology.² Today it is safer in our profession to give voice to the fact that relationships matter for healing, and it is okay to practice medicine as if our relationships with patients mattered. That is great news, because relationships are the part of your practice you will likely find most gratifying and sustainable.

LINGERING, LISTENING, AND LOVING

So, how will listening to your authentic call as a healer make a difference? How will you enter into relationships with patients in a way that is effective and sustainable? In closing, I will give you three interrelated practices to consider: lingering, listening, and loving.

First, there is lingering. Slow your physical and mental pace as much as possible. It is what Henry Seidel called approaching problems with a “deliberate speed”—work as fast as necessary, but no faster. At times, we think we must solve every problem immediately. We no longer use time to either heal or diagnose. We succumb easily to the trap of viewing our effectiveness and self-worth in medicine through the metric of speed. This trap makes us avoid a moment of silence in an encounter with a patient, even when that silence can be healing. It prevents us from taking time to reflect on questions like, “I wonder what is going on with this patient?” These reflective and humble “wondering” questions are often the ones that lead to the correct diagnosis or therapy, including the possibility of doing nothing else but more waiting, watching, and wondering.

Lingering allows one to be mindful rather than mindless. To be mindful is to achieve a deep awareness that arises from paying attention to what is happening in the moment, to our sensations, thoughts, and feelings. This awareness comes from noticing things in us and in others and not judging them harshly. Lingering can allow us to feel what is going on in an encounter with another person—what the patient is feeling and how we are feeling. That sense you convey to your patients that you understand what they are feeling or experiencing changes their brains, and this is part of how relationships heal. This conveyed understanding places the person in a physiologically safe state. In that state, the biologic and behavioral process of integration, restoration, growth, and positive adaption occur.

Next, there is listening. People are healed by the process of telling their stories and feeling heard. Indeed this is the very process by which people feel worthy and included, and much chronic illness

arises simply because people feel persistently unworthy or excluded. Train your mind to hear every detail of people’s stories, and always wonder what has been left out and why. Never judge people’s stories as incoherent. The less coherent a person seems, the more likely it is that person needs your help. Everyone who has experienced significant suffering from pain and worry has trouble making coherent narratives. Ask every patient you see some open-ended questions: “What brings you here today?” or “What happened to you?” And never forget that the most powerful and underutilized utterance in medical practice is this: “Tell me more about that.” Do all you can to keep eye contact with your patients.

The eyes are the window to the mind. How you cast your eyes upon another can change the mind of that person, and the mind can heal the body.

Finally, there is loving. What relationship is therapeutic if it does not involve positive emotion, and what is a relationship with positive emotion if it is not some form of what we call love? Love is essential to our health and to healing. Indeed, our profession has harmed itself, in my opinion, by its prescription for objectivity and emotional distance from our patients. Current scientific evidence suggests that emotional distance is bad for patients and physicians alike. This dated prescription of emotional distance has left us trying to heal patients by using only what is in our black bags and not what is in our hearts. It has left us feeling empathic towards the suffering of others but limited in our responses of compassion—our helping actions. There must be something more to use than scalpel, pill, laser, or patch. Care of the dying, if nothing else, calls for more.

Cutting-edge and science-informed practice in 2015 has us working well beyond the old boundaries of our profession that limited our emotional involvement with patients. There is no healing relationship without empathy,

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and empathy involves the emotion centers of the brain. When we are empathic to the suffering of another, the areas of our brain that are active are similar to the areas of the brain that are active in the person who is suffering. Indeed, empathy is painful, and too much empathy can lead to burnout, unless that empathy is accompanied by a compassionate response. Compassion is experienced in the brain where we experience love—romantic love and parent-child love—with all its elevating emotions. Compassion is a helping action in relation to another. It feels good to the healer and the healed. Compassion may be what sustains us through our empathy, because it is the proper and adaptive response to the pain we can experience during empathy.

The powerful tools of modern biomedical therapeutics, which you have learned in medical school, are tools of compassion. Immunizations and opiates alleviate suffering. But your time in medical school also permitted you to develop some tools of compassion that you had when you arrived here. These are relationship tools, like encouraging, touching, listening, and being silent and fully present. These are also acts of love. They are acts of patience, tenderness, and kindness. That is how they are received, and this is why they heal people.

FOR YOURSELF

I will end today by giving all five of you a compassionate prescription. It contains the three *Ls*—linger with yourself, listen to yourself, and love yourself. Parents and friends, please remind these graduates of the prescription. Help them use it.

First, linger with yourself. Your medical degree is a portal to many careers. You may well be blessed with a long work life that has distinct epochs that seem like separate careers. You do not need to accomplish everything in one career. Over time and with patient, deliberate, and reflective lingering, the proper next career will reveal itself.

Never forget to listen to yourself. If your work and your relationships are not feeling right, you probably need to change something. Pain and suffering are part of our experience as healers. It is not just the experience of our patients. Listen to your pain and suffering and never be afraid to seek care for yourself. That care might be as simple as a walk in the woods, sleeping late one day, or playing your musical instrument.

Finally, love yourself. This is a call to the practice of self-compassion, and this practice will yield several important freedoms. Self-compassion allows you to say no and to set limits on your caregiving without feeling guilty. This

ability frees you from the perilous trap of always feeling the need to be needed by others. Self-compassion allows you to live peacefully with your mistakes and to learn from them. It keeps you from fretting about your ignorance and limitations. Freedom from that worry will keep you open-minded and wanting every day to learn and grow. Finally, self-compassion will keep you from denying what you don't understand. Freedom from this denial allows you to enter a place of humble and joyous wonder about the deep mystery of healing and the privilege of participating in that mystery. ❖

Disclosure Statement

The author(s) have no conflicts of interest to disclose. The views expressed in this article are those of the author and not necessarily of the author's institution or Columbia University.

References

1. Seidel H. I never imagined [Internet]. Baltimore, MD: Hopkins Med News; 2001 Fall [cited 2015 Aug 3]. Available from: www.hopkinsmedicine.org/hmn/F01/feature_a.html.
2. Jackson Nakazawa D. *Childhood disrupted: how your biography becomes your biology and how you can heal*. New York, NY: Atria/Simon and Schuster; 2015.

The Secret

The good physician knows his patients through and through, and his knowledge is bought dearly. Time, sympathy and understanding must be lavishly dispensed, but the reward is to be found in the personal bond which forms the greatest satisfaction of the practice of medicine. One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is in caring for the patient.

— Francis Weld Peabody, MD, 1881-1927, American physician