

Editorial

Healing and palliative care: charting our way forward

Healing has been defined as a relational process involving movement towards an experience of integrity and wholeness, which may be facilitated by a caregiver's interventions but is dependent on an innate potential within the patient.^{1,2} It is not dependant on the presence of, or the capacity for, physical well being.³ Indeed, it is possible to die healed.

In contrast to the familiar Hippocratic approach where therapeutic change is initiated by the caregiver, the locus of control that enables healing is within the patient him or herself. While the caregiver–healer does not heal the patient, per se, he or she can facilitate this process by providing a secure environment grounded in a sense of connectedness that Buber termed 'I–thou' relating⁴ in what is referred to as the Asklepiian approach.⁵ This term refers to the ritual practices associated with the Greek god of healing, Asklepios, which can be understood metaphorically as attempts to activate the innate healing principle within the patient's *soma* and *psyche*.

Healing occurs in the present tense, in the now.^{6,7} It is fostered by a loosening of the ego's need to control (described by ALS patient Philip Simmons as 'learning to fall')⁸ and an opening to awareness of our essential state of connectedness that is acknowledged in the new physics⁹ and in all wisdom traditions. Thus, to be a caregiver–healer involves the capacity to be particularly *present* to the patient and to one's own inner processes.¹⁰

Healing is at the core of the palliative care mandate to support optimal quality of life when medical science can no longer modify the natural history of disease. While issues of healing and quality of life have a particular relevance in the setting of advanced and terminal illness, patients and their families want caregivers who are concerned with the healing of their illness, as well as the curing of their disease,¹¹ throughout all stages of their disease trajectory and throughout all aspects of health care, and they are talking with their feet.¹² A concern with healing is also integral to the recent initiative to redefine and recommit to professionalism in Western health care.^{13,14} A reintegration of healing in the physician's understanding of the medical mandate may be fundamental to recapturing public trust.^{15,16}

As a first step toward addressing a perceived need to better understand and implement healing in health care, the McGill Faculty of Medicine included 'healing' in the medical curriculum objectives; established a 16 member 'Faculty Working Group on Healing and Healthcare' in June 2001; invited Michael Kearney to undertake a two

year, part-time visiting professorship to lead the Working Group, teach in all four years of the medical curriculum and participate in a series of continuing education programmes hosted by McGill. It also undertook a detailed review of curriculum content to assess current approaches to instruction concerning healing and professionalism at McGill.

The McGill 'Healing and Healthcare' initiative focused on three questions: What is healing? Is healing part of the medical mandate? If so, what are the implications for clinical practice, education and research?

From what the students shared in small group discussion, it was evident that they understood the nature of healing from their own life experience, as well as from their clinical observations and encounters. The predominant medical student view was that healing was indeed part of their mandate as caregivers, although misgivings were expressed at the possibility that such an admission would result in further content being added to what was perceived as an already overburdened curriculum and further demands being made on their time-pressed clinical encounters. In response, the Asklepiian healing role was presented as being primarily about attitude and perception and the quality of care offered, rather than a demanding new knowledge and skill base, for, as Saunders observes, 'the way care is given can reach the most hidden places and give space for unexpected development.'¹⁷

If healing is to take place, both the Hippocratic and Asklepiian approaches must be offered as a seamless whole to patients and their families. Current medical education focuses predominantly on the prevention and cure of disease. Curricular changes to develop the students in their role as facilitators of healing must work with the premise that here the personhood of the caregiver (Balint's idea of 'the doctor [caregiver] as drug'¹⁸) and the quality of relationship he/she establishes with the patient are the fundamental currency of care.

The McGill Working Group on Healing concluded that the most effective way of doing this would be to enhance the opportunity for integration of the subjective, inner life experience of the students during their undergraduate education. To this end, it is proposed that students keep a journal/portfolio documenting their emotional reactions, insights and questions relating to their evolving clinical experience, in the manner described by Charon.¹⁹ In addition, regular small group discussions, with the same attendees and mentor, would run throughout their undergraduate years, offering students

the opportunity to discuss their insights and experiences in a confidential forum. In this way, the gap between the students' personal and professional experience could be bridged. Such integration would promote healing in both student and patient, for, it would seem healing begets healing.

The unremitting presence of existential issues and the responses they engender in patient, family and caregiver make life threatening illness an ideal setting in which to ask questions germane to the healing process: What are the determinants of healing? What caregiver related and patient related factors promote healing? What is the 'value added' of teaching caregivers about healing, over and above the current focus on the biomedical model of health care? Is there an Asklepiian skill set and if so how might this be best taught? How can we promote healing at the bedside? What is the significance of the ancient Greek *Wounded Healer* model²⁰ and what does it imply about the psychodynamic processes involved in healing for both patient and caregiver? What is the relevance of the caregiver's self-knowledge, personal experience of healing and quality of life?

We are at an exciting crossroad in our understanding of the body–mind connection. It is now clear that the immune system is 'hard-wired' to the central nervous system and that chronic exposure to stressors can impede immune function.²¹ Furthermore, for the first time, an association has been demonstrated between finding an enhanced sense of personal meaning and a decrease in mortality (among HIV-seropositive men following an AIDS-related loss), in the absence of the apparent influence of health behaviours or other obvious confounding factors.²² Palliative care has been shown to have a significant impact on overall quality of life and all individual components of the McGill quality of life instrument, including the spiritual/existential domain, within the first week following Palliative Care Unit admission.²³

We stand at the threshold of the third epoch of health care, the epoch of whole person care. Lessons learned in the setting of advanced disease must now be applied throughout health care and beyond, to enhance quality of living among those who are healthy. Concern for body and mind must be expanded to embrace all elements of the ancient metaphoric classification of human experience – body, mind, soul and spirit. Palliative care practitioners find themselves ideally positioned to lead the way out of our very special clinical laboratory onto this uncharted sea. There is much to gain. The opportunity is ours.

Balfour Mount

*Eric M. Flanders' Professor of Palliative Care McGill,
Department of Oncology, 546 Pine Avenue West,
Montreal, Quebec, Canada H2W 1S6
E-mail: balfour.mount@mcgill.ca*

Michael Kearney

Visiting Professor McGill Programs in Integrated Whole Person Care, Visiting Professor Santa Barbara Graduate Institute, 712 Chelham Way, Santa Barbara, CA 93108, USA; E-mail: mkkearney@cox.net

References

- Guggenbuhl-Craig A. *Power in the helping professions*. Woodstock, CT: Spring Publications, 1999: 79–92.
- Faculty Working Group on Healing, McGill University. *Report to the Dean: a commentary on healing and the undergraduate medical curriculum*.
- Kagawa Singer M. Redefining health: living with cancer. *Soc Sci Med* 1993; **37**: 295–304.
- Buber M. *I and thou*. (Trans. Smith RG) Edinburgh: T and T Clark, 1973.
- Kearney M. *A place of healing*. Oxford: Oxford University Press, 2000: 91–102.
- Kabat-Zinn J. *Wherever you go there you are*. New York: Hyperion, 1994.
- Tolle E. *The power of now*. Vancouver: Namaste, 1997.
- Simmons P. *Learning to fall: the blessings of an imperfect life*. New York: Bantam Books, 2002.
- Zohar D. *The quantum self*. London: Flamingo, 1991.
- Kirschenbaum H, Henderson VL eds. *The Carl Rogers reader*. Boston: Houghton Mifflin, 1989.
- Reading, A. *Illness and disease*. Medical Clinics of North America. Volume 61, 1977: 703–77.
- Eisenberg, DM, *et al*. Unconventional medicine in the United States: prevalence, costs, and patterns of use. *New Engl Med J* 1993; **328**: 246–52.
- Members of the Medical Professionalism Project. Medical professionalism in the new millennium: a physician's charter. *Lancet* 2002; **359**: 520–22.
- Members of the Medical Professionalism Project. Medical professionalism in a new millennium: a physician's charter. *Ann Intern Med* 2002; **136**: 243–46.
- Cruess SR, Cruess RL. Professionalism: a contract between medicine and society. *CMAJ* 2000; **162**: 668–69.
- Cruess RL, Cruess, SR. Teaching medicine as a profession in the service of healing. *Acad Med* 1997; **72**: 941–52.
- Saunders C. Foreword. In Kearney M. *Mortally wounded: stories of soul pain, death and healing*. New York: Scribner, 1996: 14.
- Balint M. *The doctor, his patient and the illness*. Edinburgh: Churchill Livingstone, 2000.
- Charon R. *Narrative medicine: teaching empathy and clinical courage*. Presented at McGill Medical Education Rounds, 30 January 2003 (publication pending).
- Guggenbuhl-Craig A. *op cit*, 1999.
- Koenig HG, Cohen HJ. *The link between religion and health: psychoneuroimmunology and the faith factor*. Oxford: Oxford University Press, 2002.
- Bower JE, Kemeny ME, Taylor SE, Fahey JL Cognitive processing, discovery of meaning, CD4 decline, and AIDS-related mortality among bereaved HIV-seropositive men. *J Consult Clin Psychol* 1998; **66**: 979–86.
- Cohen SR, Boston P, Mount BM, *et al*. Changes in quality of life following admission to palliative care units. *Palliat Med* 2001; **15**: 363–71.