

## **MedConference 2009**

### **Why do we take care of others? A proposal**

#### **FINAL REMARKS**

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There is a growing dissatisfaction among health care professionals. This is a time of crisis in which the very nature of the medical art is at risk because the concept of the person is confused. In fact, in current medical practice, the core of the medical profession, which is the relationship between patient and caregiver, is turned into a sort of mechanism and our own practice is heavily influenced by this mentality. The evaluation of a patient is reduced to the mere identification of abnormal physical or psychical mechanisms; the patients themselves are treated as very complex organic mechanisms; the treatment plan is the communication of different options to a patient, left alone to decide. In short, the caregiver is envisioned as a '*neutral arbiter of medical care*' of patients whose only needs seem to be '*information, referrals and treatment*' as was reported by JD Cantor on the New England Journal of Medicine few months ago (1).

This type of medical practice is rooted on a concept of person limited to his/her biological factors, which is profoundly inadequate. As a matter of fact, when confronted with the drama of illness, suffering and death, both patients and caregivers face critical questions such as: What is the meaning of this illness? Why is there pain and death? What is it that I am made for? These questions reawaken the recognition that the person is not completely defined by his or her biology. Together with evaluation, diagnosis, prognosis and treatment of a disease we need to know its meaning.

The painting “The Fall of Icarus” by Marc Chagall (1975) is somehow emblematic of this issue. Icarus, a brave man who wanted to fly too close to the sun, plunged to the ground as his wax wings melted. The figure of Icarus represents the nature of the human being, which is desire of lasting forever and yet has its inexorable limitations. The nature of man is desire, yet suffering and sickness are unavoidable and ultimately are the premonition of death. However Chagall depicts the falling Icarus welcome by the people of the town with open arms, with tenderness and compassion. In history, care for the sick came about this way, through people moved with compassion and willingness to share the same limitations and the same desire.

We, as caregivers, are part of this crowd. Whoever pursued his/her carrier in the medical field, somehow did so for a desire to serve people in need. Thus, medical professionals must attempt to identify motivations strong enough for providing medical care. Health care addresses people and their needs. Technical competence is not enough, as GC Cesana said in his keynote address entitled ‘Hope and Care’: *‘Doctors are not veterinaries, and not because they deal with more complex animals, but because they don’t deal with animals at all. They deal with beings, who search the meaning of their suffering, the link of their life with destiny. The sickness is the sign that the definitive meaning of things and ourselves, if exists, is greater than us. An illness is a warning, the last and most terrible warning, to look for this meaning’*. Therefore medical care should be focused towards the needs of patients, including the need to be healed and the need to find a meaning for their suffering.

Practicing a medical care where the diagnosis and the treatment of physical illnesses are not separated from the questions of meaning it is indeed possible and it makes a difference in medical practice. This was the proposal of this MedConference, entitled “Why do we take care of others? A proposal”, that hosted more than 100 healthcare professionals, including physicians, nurses and students from medical and nursing schools.

The conference opened with a piano concert by musician Christopher Vath entitled, “An Unexpected Beauty within Sorrow” focusing on a sonata by Schubert but including works by Ravel and Bach. What music has to do with a medical care? The organizers believe that music communicates, together with beauty, a deep nostalgia, a sense that life is not complete yet. Thus, the audition of classical music was proposed as an instrument to educate medical professionals to perceive the depth of the human heart, and to facilitate the familiarity with a level in the person that is too often ignored.

The second event was the keynote address entitled “Hope and care” by GC Cesana. He explored, through a short outline of the history of medicine, the root of the current crisis in health care and documented the longing for a meaning in illness and suffering. Moreover he proposed that, while *‘medical care was born out of a positive and meaningful approach [...] the difficulty is our weakness in following such an impulse, in particular when a sacrifice is required [...] medicine calls us to rebuild humanity from the great limit, represented by diseases and from others, more subtle, such as our limits in intelligence and morality. A doctor or a nurse cannot but search for a place, a context, in which such a continuous rebuilding is possible’*.

Among other distinguished speakers, Daniel P Sulmasy highlighted in his talk, entitled “Ethics and the Ethical Lives of Clinicians”, that realism is mandatory in ethics. *‘While ethics is a very important aspect of medical care [...] reality comes before ethics. [...] Medical ethics is rooted in the encounter that one free human person (the clinician) has with the reality of another human person (the patient), whose freedom is limited by the stark realities of illness, injury, and death. Attending to the cry of the real is the surest road to truly good medical care’*.

The conference included several presentations of clinical cases by physicians and nurses, some of which will be published in the 2010 issues of the Journal of Medicine and the Person,

Springer, under the section ‘Why do we take care of others?’ These contributions described in different ways that the only adequate motivation for taking care of patients is ‘putting the heart in the profession’, where the word ‘heart’ indicates the *‘original impetus with which the human being reaches out to reality, seeking to become one with it through the implementation of projects dictated by the ideal’* (2). This approach of medical care, rooted on the attentiveness toward the patients and their conditions and the search of a meaning, generated professional success and patient satisfaction, documented by moments of unexpected beauty, regardless of the final outcome.

One of the conference goals was also educational. Dr. Edmund Pellegrino of Georgetown University (former Chairman of the President’s Council on Bioethics) addressed the issue of current medical education. In answering questions by the numerous medical and nursing students who attended the conference, he emphasized that *‘the relationship between caregiver and patient can be defined as a covenant, not a contract, given that patients are of an unequal and vulnerable status’*.

The organizers of this conference strongly desire to provide a yearly meeting place where health care professionals come to dialogue and gain professional credits to begin to rebuild a more person-oriented health care. Toward this aim, we are planning the 2010 MedConference that will take place from July 16-18 at the Hyatt on the Hudson, Jersey City, NJ with the title “Medical Care and the Person: the Heart of the Matter.”

### **References:**

1. Cantor JD (2009) Conscientious Objection Gone Awry—Restoring Selfless Professionalism in Medicine. *N Engl J Med* 360(15):1484–5

2. Giussani L (1997) *The Religious Sense*. McGill-Queen's University Press, Montreal & Kingston London Buffalo