

The Power of Health, Healing, and Caring

By *Anne Micheaux Akwari, MD, JD*

Recently, Michael Curry, former Episcopal bishop of North Carolina, asked us to imagine relationships, commerce, a world, where unselfish, sacrificial love is the way. Few careers are aligned to provide that opportunity. The daily work of teachers and ministers benefits others and constitutes acts of love.

The urgings that propel individuals to help others permit a lifetime of interior growth, a deepening understanding of what constitutes love for the individual and for society. The desire to practice medicine comes from that sort of urge.

My work as a physician coach is with doctors in whom others sense love's absence because of sarcasm, a raised voice, or scant empathy or diplomacy at inopportune times. The coworker or patient is a "check engine" light, a sign the doctor's soul needs expansion.

How can that happen to one whose goal is to improve the lives of others? Two forces are at work: First, in the scramble to win a seat in medical school we are judged (and feel judged!) on our ability to master knowledge and wield it at the right time (plus, we embrace what makes others queasy—blood, crisis, and such.) Until recently, applicants were not screened for the quality the late Dr. Martin Adson of the Mayo Clinic called the capacity for caring. What does the average 20-something medical school graduate know of love or loss or crisis unless they witnessed a parent or loved one navigate that crisis? At what age can we expect transcendent love to become part of the soul of an excellent book learner? That growth is the product of years of witness and loss and is one objective of coaching.



LOVE AFFAIR AND PRIVILEGE

British neurosurgeon Henry Marsh described the all-encompassing love affair and privilege, albeit a painful one, of practicing medicine. Pain is acute and profound because, despite all the preparation, sacrifice, and labor as a physician, death, disability, errors, and complications are part of daily work. Reason number two: the dominant culture inside medicine avoids acknowledging the painful side of practice. In fact, Marsh—not alone—believes, I think quite wrongly, that one must be "hardened" against patients' suffering in order to survive. Just as we expect not to flinch in the face of disaster, an unspoken expectation is that we be stoic or resilient—or appear that way.

A third, modern, powerful contributor: People and institutions found ways to profit from patients' misfortune. Their economic power controls how much time physicians can spend with patients and whether people can afford to be or to get well. Physicians' lives always included a commitment to steady homework to stay abreast of scientific advance. Now, data entry in the electronic medical record crowds out time for patients, education, and family. Modern

burdens can easily match or exceed the rewards of practice.

Those forces powerfully overwhelm love as an element of medicine and society. Physician suicide, depression, burnout, and early retirement are the "check engine" lights of a health care system whose driving forces row against the ethic of care. As a one-on-one coach, I get daily gratification from helping physicians reframe their perceptions, their interactions, their health care relationships and re-align their lives to their original motives.

We show who we are as a society when we allow inadequately paid teachers to use their income to better shape learners. Likewise, our indifference to health and caring defines our character. Inhumanity is a matter of public policy—a societal malady, not an individual issue. Bishop Curry seems to think we—teachers, health care workers, ministers, all—are capable of unselfish, sacrificial love. hkh

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