

## WHOLE PERSON CARE

Earlier this year I attended the Whole Person Care Symposium in Sydney. The theme was 'Making a Difference in the Space of Uncertainty'. The conference was directed at health professionals, particularly those working in the field of Palliative Care where our patients are faced with uncertainty that has the potential to provoke significant distress. 'Making a difference' in the lives of these patients requires a deeper level of commitment and connection to them and their families. Doing this in a sustainable manner demands a resilience that can be overwhelmed by suffering or eroded by the various pressures of our workplaces. The symposium therefore aimed to inspire participants to pause, reflect and re-engage with new skills and tools that would enable them to be truly present in each patient interaction. As quoted of Rachel Remen from her book entitled *Doctors and Patients: An Anthology*:

'Perhaps the most basic skill of the physician is the ability to have comfort with uncertainty, to recognize with humility the uncertainty inherent in all situations, to be open to the ever-present possibility of the surprising, the mysterious, and even the holy, and to meet people there.'

I enjoyed most of the symposium but I was most struck by the sessions with Professor Tom Hutchinson from McGill University in Montreal. He gave some helpful insights into the way we tend to separate the disease from the patient but 'healing' has been defined as giving a 'greater sense of integrity or wholeness in response to an illness or injury'.

Professor Hutchinson contrasted the Hippocratic and Asklepiian approaches in Greek history. The Hippocratic approach focuses on 'holding on' for cure and as such, its communication is conscious and centers around content and information. Its knowledge base is science and the results are real and measurable. In contrast, the Asklepiian approach focuses on healing by 'letting go', so communication is unconscious, contextual, sincere and often non-verbal; centering around relationship. Its knowledge base is art and the results are 'placebo' - discredited by science.

I found this comparison helpful. We are trained in the tradition of Hippocrates, where everything is explainable and reproducible, but our experience of illness through our patients is incongruent with the biology of disease. There is still much mystery, perhaps especially in Palliative Care. Life and health and death and peace are all broader than science, so meaningful connection with our patients needs to be broader too. Professor Hutchinson argued that both the Hippocratic and Asklepiian approaches needed to be taken simultaneously in order to provide whole person care.

Professor Hutchinson went on to teach a workshop about four communication stances he has identified being used by doctors when interacting with patients, which often follow in sequence as burn-out develops. The first was the 'placating stance', which is self-depreciating and self-discounting. This eventually leads to indignation and the second 'blaming stance', which discounts the patient rather than the self and asserts self as right and as having rights. As fatigue sets in, the third 'super-reasonable stance' is taken, which discounts both self and the patient, and is emotionless. Finally burnt out, the 'irrelevant stance' is taken, where the doctor is unaware of self, patient or context but instead multi-tasks, never fully engaging with the present moment. Professor Hutchinson stated our challenge was to be congruent, and authentically aware of self, patient and context simultaneously.

I hope that these snippets of what I learnt at the Whole Person Care Symposium are helpful to you, and enable you to more fully or more wholly engage with your patients (and indeed yourselves!) in spaces of uncertainty.

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## GANDARRA VOLUNTEERS



Death is the one topic in the community that people would like to avoid. How do we talk to someone who is dying in a way that will add meaning to what they are currently experiencing? At a time when life's journey comes to an end, many people do not know how to be with someone or what to say to them. However the Gandarra volunteers turn up every week, meet people for quite often the first time, and find a space where they can walk alongside someone even if it is just for the shortest of time. For it is in this shortness of time that is left in someone's life that they need to be heard, to feel valued, to have their life's history heard for some sense of purpose in life to have

been fulfilled. A total stranger to share the silence, discuss their fears and accept them for the person they are now, not necessarily for who or what they might have once been. To be able to do this for someone, is what makes a Gandarra volunteer so different to other volunteers in the community.

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