COMMENTARY

The First International Congress on Whole Person Care—A Report

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BACKGROUND

This report on the First International Congress on Whole Person Care is based on the experiences of two of the authors while attending the conference. (The first-person accounts are authored by Gary Huffaker, MD.) It was held in Montreal, Quebec, Canada, October 17-20, 2013, and sponsored by McGill University. David Petrie, MD, FRCP, first informed me of the conference in early 2013, and in collaboration with several others from the Integral Health and Medicine Center, we developed a poster that was ultimately accepted by the conference for presentation.

I had attended many medical conferences previously, mostly in my specialty fields of ophthalmology and pediatric ophthalmology. Since retiring from full-time practice and obtaining an MA in Integral Theory from John F Kennedy University, the conferences I chose to attend began to "morph" into the broader fields of medicine (general medicine, cardiology, medical ethics) as I attempted to see my chosen field from a wider perspective. I had exchanged my "microscope" of pediatric ophthalmology for the "telescope" of integral theory and was searching for meetings that could satisfy my more inclusive interests. When Dr Petrie suggested that we prepare a poster for this conference on the basis of our studies at John F Kennedy University, my interest was piqued. Perhaps, I hoped, this event would satisfy my developing needs for a humanistic meeting with other physicians and caregivers who were likewise committed to a "big picture" perspective on medicine.

Our studies in Integral Theory had emphasized the importance of taking multiple perspectives in all areas of human inquiry. The Four Quadrant Model of Ken Wilber[1] (Figure 1) is just the beginning of a systematic approach from several perspectives suggested by Integral Theory. Interiors (thoughts, intentions, will) of both physician and patient are as important as the exteriors (the measurable parameters, such as lab results) that we often emphasize. Collective cultural and social mores anchor and affect medicine in ways that we may be likely to overlook (society's customs as well as the systems of health care delivery and support).

PRELUDE

I arrived in Montreal the day before the first conference day, so I had an opportunity to explore the area around McGill University the next morning. Autumn was in the air with changing fall colors on trees at the nearby Parc du Mont Royal. Clad in my raincoat and hat, I dodged occasional raindrops while walking the streets and pathways of Montreal. The musical lilt of the French language filled the sidewalks and eateries and I made my first acquaintance with *poutine*, that well-known Quebec dish consisting of French fries topped with light-brown gravy and cheese curds. I reconnoitered the campus for several hours and was pleased to find the Music Department, which had appeared in a short movie that I particularly enjoyed, "Mr Mergler's Gift" (www.nfb.ca/film/mr_merglers_gift). This movie, dealing with end-of-life issues, proved more relevant to the congress than I expected.

THE CONFERENCE

Several hundred physicians and health caregivers attended the congress. Attendees were from around the world, including Australia, New Zealand, Japan, Taiwan, as well as Canada and the US. The meetings were arranged in plenary and break-out sessions each morning and afternoon. In addition, there were 30-minute morning and afternoon sessions on meditation, writing, music, or yoga called "Focus on Self-Care." One evening's activity included a film, followed by a panel discussion. On another evening two of Montreal's entertainers performed "A Magical Evening of Stories and Music."

CONFERENCE HIGHLIGHTS

The opening public lecture by Gregory Fricchione, MD, Director of the Division of Psychiatry and Medicine at Massachusetts General Hospital, was based on his book *Compassion and Healing in Medicine and Society.*[2] Titled "A New Vision for Healthcare in the 21st Century," the lecture began by emphasizing a distinction between sickness and suffering. He defined *sickness* as dysfunction of the body and *suffering* as primarily a psychological and mental experience. Although technologic medicine is skilled at addressing sickness, it is not so well suited to psychological suffering. He argued that suffering may be seen as a reaction to the trauma of "separation" that occurs when the emotional salience of illness becomes so overwhelming that it results in a "splitting" of patient mental wholeness into disconnected fragments. The solution, he claimed, comes through "attachment," a repair of disconnection that may be mediated by the skilled physician. The deep and salutary relationship that is provided by the caregiver can restore the patient

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to wholeness, regardless of the course of the disease itself. This "attachment solution to the detachment problem," as he put it, can be facilitated by many different modalities, but the strength of the physician's emotional connection to the patient is key to its implementation. His excellent book was available at the congress (see Sidebar: Books Written by Conference Presenters).

Another highlight was the presentation by Craig Hassed, MD, a family physician and faculty member at Monash University in Melbourne, Australia and a leader in mindfulness training for medical students and physicians. He spoke on "Mindfulness and the Use of Self in Healthcare Practice." He outlined his rationale for the exercise of mindfulness in medicine, describing the advantages it provides to both practitioner and patient. The cost of not being mindful—not fully present—often leads to the waste of time, an increase in accidents, and less ability to communicate effectively. He related that his experiences have demonstrated the value of mindfulness in reducing stress and anxiety, increasing resilience and peace of mind, enhancing cognitive performance, and improving relationships between patients and their caregivers. In a later session, he emphasized how distracting multitasking can be for physicians and how tempting it is to engage in it. He advised simple acceptance of the most important task of the moment and accomplishing it before taking on a second assignment—for example, discontinuing work on an e-mail when the telephone rings with an important call.

Rita Charon, MD, PhD, internist and world expert on Narrative Medicine, is Professor of Clinical Medicine and Director of the Program in Narrative Medicine at Columbia University College of Physicians and Surgeons. She had several presentations at the conference related to her pioneering work in teaching physicians and medical students how to use narrative means to enhance access to inner intentions and feelings. Using a painting by 20th-century abstract artist Mark Rothko entitled "Summoned," she elicited a correspondence between art and narrative. The abstract image on the screen consisted of two panels, one of black and one of grey. Reflection upon the image eventually conveyed to me an understanding of choice in art—this (panel) and/or that (panel), a kind of digital language. Any narrative may also be seen as a choice of words, vehicles that cannot fully convey the meaning of an event but that are skillfully yet arbitrarily chosen to engender the feelings that the narratologist (Dr Charon's term) wishes to emphasize. In so doing, the words become representative of emotional elements that invite "affiliation" by the reader, who identifies with the story. Later Dr Charon shared that her teaching goals not only have been in teaching physicians to write narrative medicine, but also have sought to create better readers in her audience ("to deliver to the writer a good reader!").

Tom Hutchinson, MB, FRCP(C)'s topic was "Healing Healthcare." Nephrologist and Palliative Care physician, he is the Director of McGill Programs in Whole Person Care. And what is "whole person care"? It is the skillful application and combination of traditional "curing" of disease with "healing," the restoration of wholeness that Dr Fricchione had mentioned. Moving from suffering to integrity and wholeness is the hallmark of healing, regardless of the outcome of the disease process. It is a shift from an external focus to an internal one. Although curing is the province of science, healing is more accurately seen as the domain of art. Accordingly, it is important to spend "friendly" time with the patient, never losing sight of the need of every human for hope. Cultivating an open-minded presence creates the space in which patient needs and expectations can be verbalized and physician approaches to whole person care maximized. Medicine must never be forced to choose between academic, scientific skills and people skills. If health care is to thrive in the 21st century, we must insist on both!

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One of the plenary sessions was "Professionalism, Altruism and Self-Care in Clinical Practice," with Richard Cruess, MD; Sylvia Cruess, MD; and Dr Hassed. Drs Richard and Sylvia Cruess are members of the faculty of the McGill University School of Medicine. An imaginary situation was created for the discussion that involved a patient "of yours" who had just begun experiencing chest pain and was being evaluated by a competent colleague who was on call at the time. The dilemma for you, as the patient's regular physician, resulted as you happened to be leaving your office early to attend your daughter's high school graduation at the very time of the patient's admission. To provide reassurance, you decided to stop by the hospital briefly to speak to the patient. Quite unexpectedly the patient insisted that you stay with her. She was very frightened and found your presence comforting in this moment of need. What should you do? How could your daughter's graduation, important as it may be, compete with the life-and-death issues your patient was now facing? And yet how could you skip your own daughter's graduation, an event that would perhaps be remembered her entire life

Books Written by Conference Presenters

- Becker E. The denial of death. New York, NY: The Free Press; 1973.
- Charon R. Narrative medicine: honoring the stories of illness. New York, NY: Oxford University Press; 2006.
- Fricchione GL. Compassion and healing in medicine and society: on the nature and use of attachment solutions to separation challenges. Baltimore, MD: The Johns Hopkins University Press; 2011.
- Hassed C. The essence of health: the seven pillars of wellbeing. North Sydney, New South Wales, Australia: Ebury Press; 2008.
- Hutchinson TA, editor. Whole person care: a new paradigm for the 21st century. New York, NY: Springer Science+Business Media, LLC; 2011. DOI: http://dx.doi.org/10.1007/978-1-4419-9440-0.
- Wilber K. The integral vision: a very short introduction to the revolutionary integral approach to life, god, the universe, and everything. Boston, MA: Shambhala Publications, Inc; 2007.

Individual Interior: Upper Left Quadrant	Individual Exterior: Upper Right Quadrant
"I" Thoughts, intentions, will, desire, fears	"Me," "It" Bodily configuration, lab results, x-rays
Collective Interior: Lower Left Quadrant	**Collective Exterior: Lower Right Quadrant**
"We" Culture—Shared thoughts, intentions Physician-patient interaction	"Its" Social systems—Health and supportive systems

Figure 1. Four Quadrant Model by Ken Wilber: "Looking at Caregivers and Patients."

Reprinted with kind permission from Wilber K. The integral vision: a very short introduction to the revolutionary integral approach to life, god, the universe, and everything. Boston, MA: Shambhala Publications, Inc; 2007.

as a kind of abandonment? Did the fact that your colleague who was evaluating her was highly competent change your decision in any way? After all, it was your presence, not your skill, that the patient seemed to need most. When must professional obligations be abandoned in favor of personal? In this case, the physician with the dilemma went to her daughter's graduation. But the variety of opinions in panel and audience indicated that such decisions are never easy to negotiate yet necessary to reflect upon.

During one of the evening sessions, the film *Flight from Death: The Quest for Immortality* was shown. In this film death anxiety was presented as a root cause of many of our behaviors on a psychological, spiritual, and cultural level. Many years ago, I read a mind-altering book titled *The Denial of Death*, by Ernest Becker.[3] I still remember writing "Wow!" at the book's conclusion. It is the work of this book that served as the basis for the later investigations presented in the film. Sheldon Solomon from the Department of Psychology at Skidmore College, who had done many of the follow-up studies, was interviewed in the film and appeared in person for a discussion immediately after its presentation. In the book, Ernest Becker contended that humanity's capacity for symbolic thought enables us to create what he termed "immortality projects" that help us deny our inevitable demise. These of course vary in their capacity to provide a sense of immortality, but who can forget Mahler's *Fifth Symphony* as an example of music that will last forever? The research at Skidmore College indicated that the more aware of death or demise a person becomes, the more intolerant and projective their death defenses also become. Reminders of our own mortality result in "mortality salience" and create more defensive reactions as, for example, we saw after the events of 9/11. Even physicians, when reminded of their own mortality, can become more single-minded about keeping their patients alive in order to assuage their own death fears. As physicians, the more aware we are of the power of mortality salience, the more mindful we will become of the challenge for us to face death and demise with courage and fortitude, as we know and accept its inevitability. Ernest Becker's book and this fine film are highly recommended to the reader.

POSTER PRESENTATION

Our poster, titled "Integral Medicine: Treating the Whole—Patient, Provider, Health Care System," was developed by a team of five authors at the Integral Health and Medicine Center, including Olga Jarrin, RN, PhD; Baron Short, MD; Joel Kreisberg, DC, CCH; David Petrie, MD; and Gary Huffaker, MD. Over several months, we attempted to present Integral Theory in a poster form that would demonstrate the capacity of the theory to inform whole person care. Perhaps the "Purpose" section of the poster summarizes the main point best: "Integral Medicine is an approach to health, disease and healing that invites multiple perspectives and modes of inquiry to synergistically support healing for patients, providers and health care systems." Using Ken Wilber's Four Quadrants[1] (Figure 1) and developmental models, we showed that a coherent set of perspectives could be developed that were able to address the "big picture" of health, healing, and wholeness. In the conclusion, we stated, "Treating the whole person becomes more than simply including body, mind and spirit. The whole person includes multiple epistemological ways of knowing." By acknowledging and using these different perspectives and methods, interacting with the patient becomes a complex tapestry of involvement, offering new ways to love, heal, and cure.

POSTLUDE

While preparing for the flight home, I found myself going through the security line at the airport with Dr Hassed, the physician from Monash University who had spoken on mindfulness. I discovered that he was traveling on the same flights as I to Toronto and then Los Angeles. Thereafter he was to fly from LA to Australia. Later, as we were going through the final stages of the security line, I absent-mindedly inquired again about his flight plans, only to be reminded that we were on the same flights all the way to LA. I could not help noticing that I had neglected to pay attention—and remember—when we had spoken earlier. What was going on? Was I demonstrating a lack of mindfulness to myself so soon after attending this conference? Of course I was, I realized in a flash of recognition, akin to recognizing a Freudian slip! The very reason for an emphasis on mindfulness was being demonstrated to me by my own encounter with the conference speaker! Taking another step back, this conference honored the side of medicine so often ignored in our professional gatherings—art, literature, and inner awareness. As physicians, many of us have forgotten these important aspects of our healing profession. This meeting was both a reminder of their importance and an opportunity to experience them firsthand. ❖

References

1. Wilber K. The integral vision: a very short introduction to the revolutionary integral approach to life, god, the universe, and everything. Boston, MA: Shambhala Publications, Inc; 2007.
2. Fricchione GL. Compassion and healing in medicine and society: on the nature and use of attachment solutions to separation challenges. Baltimore, MD: The Johns Hopkins University Press; 2011.
3. Becker E. The denial of death. New York, NY: The Free Press; 1973.