

RETURNING THE SOUL TO MEDICAL EDUCATION

Gail Bernice Holland

"We're now trying to encourage students who want to be physicians," says Pali Delevitt, executive director of The Global Medicine Education Foundation, "to follow one golden rule: Physician heal thyself."

"Forget the old model of the doctor who used to smoke while telling his patients not to smoke," explains Delevitt, "or the overweight doctor advising his patients to go on a diet. It's about walking your talk, and being authentic. The foundation for becoming a physician starts with knowing yourself, and knowing how to take care of yourself, so that you become a model of wholeness and wellness for your patients."

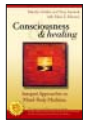
Delevitt tells this story to emphasize her point: "A mother came to the Hindu leader Mahatma Gandhi and said, 'Gandhiji tell my child to stop eating sugar.' Gandhi responded, 'Come back in three days.' The mother was puzzled, but she went away for three days. She returned and once again pleaded, 'Gandhiji, please tell my child to stop eating sugar.' He looked at the child and said 'Stop eating sugar.' Then the mother asked why it took him three days to give this instruction to her child. He replied, 'Three days ago I was still eating sugar.' "

In any role of leadership, especially the doctor-patient relationship, says Delevitt, you need to model the behavior you're espousing. For this reason, she is trying to motivate medical schools to pay more attention to how students retain their own health. The fact is, she says, under the present system many medical students do not take care of themselves. Moreover, some medical schools, with their rigorous, hectic schedules, tend to discourage students from pursuing a healthy lifestyle.

"It's instilled in us not to lead a healthy lifestyle," observes medical student Jodi Sherman. "If you sleep, if you eat right, if you exercise, it's assumed you're neglecting your patients."

Another student Mara Merritt adds, "In many ways we're talking about the work ethic. In the U.S. we believe the harder we work, the more successful we'll be. We think people who don't work hard are lazy. The longer the hours you work, the more respect you get. Medical students are taught that if they don't work those long hours they're not learning. Yet if your body and mind need sleep, you can't learn. You're just getting by, and this changes the way you feel about your patients. You begin to resent your patients."

These comments by students worry Delevitt. During the last ten years, as an adjunct faculty professor, she has taught at different medical schools and medical conferences around the U.S. "As I travel around the country, what I keep hearing from medical students are remarks such as, 'I feel like I'm losing my soul,'" Delevitt recounts. "How much are students shutting down at a time when their spirit should be opening up? That's not what medical education should be about. It should be about nurturing, sustaining, and awakening the soul as we go through medical education. As soon as students walk in the door of medical school, they need to be given the message from the faculty, and from everybody involved, that being a whole human being is the bottom line. This is the challenge for students: Are you being honest



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and real with yourself, so that you can be honest and real with other people-especially patients? Are you modeling wholeness, modeling wellness, modeling a lifestyle?"

Provocative questions. As with any idealistic concept, the reality road is rocky, and anybody who tries to trek such a rough road needs guidance. Delevitt is offering guidance. She has initiated an innovative one-month elective course called The Global Medicine Education Program for senior students from medical schools around the country. The first session of this ongoing program, sponsored by private grants and fully accredited by the University of Florida College of Medicine, was offered in collaboration with the American Medical Student Association (AMSA), a national student-led medical organization. Another team partner was the Institute of Noetic Sciences (IONS). Both IONS and AMSA are interested in transforming the culture of medicine from its present focus on technology to a more humanistic, life-affirming outlook.

The Global Medicine Education Program, held on the IONS campus each spring, embodies this vision by presenting students with a personal and integrative approach to healing and health care, one that honors both science and the human spirit. In addition, by providing time and support for personal reflection and contemplation, the program encourages students to develop self-care skills and experience transformative changes in their own daily lives. "We hope," says Delevitt, "that this program will inspire a new direction in medical education."

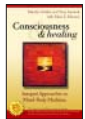
OFFERING A HOLISTIC FRAMEWORK

During the month-long program the students live together, eat together, work together, and play together. This gives them time to get to know one another and to hear and debate different viewpoints. Many students mention feeling wounded by the medical education system. However, student Chrissie Ott acknowledges that although she, too, had undergone negative experiences in medical school, it is crucial to remember this point: "The people who created difficulties for us in medical school are made of the same stuff as us. They've gone through the same trials. They came to medical school with hopes and dreams to create a better world. If their light got blown out, it wasn't because they chose to do so; it wasn't their fault. It wasn't because this is how they wanted it to be. It is simply because they were not given the tools to create a better place."

The Global Medicine Education Program is deliberately designed to provide new tools to approach healing from a more holistic perspective. In particular, students are introduced to the philosophy, principles, and practices of some of the world's major healing traditions in fields such as homeopathy, Chinese medicine, acupuncture, and ayurvedic medicine. The information the students receive is not intended to train them as experts in any one area, but the courses do help students gain knowledge and understanding of both the value and limitations of other holistic healing practices.

"The idea is for students to be more aware of what these different healing systems offer when they become physicians," explains Delevitt, "but the deeper question is: What is Healing? Whether one is studying healing from the point of view of an acupuncturist or from the perspective of a biochemist, to inquire into the nature of healing is ultimately the same journey-to explore the nature of our humanity and of our spiritual consciousness."

Joji Suzuki, a student in the program, decided to participate so he could get an introduction to the different global healing traditions. "But more than that," Suzuki says, "I wanted to learn about the art of medicine, not necessarily the techniques of medicine. There are many different



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ways we can practice, but there's an underlying art that transcends the actual techniques, and that's where healing comes in. Anybody can give an antibiotic shot to somebody else, but that's not necessarily practicing healing. You might be practicing a technique, not necessarily practicing the art. I think what we're doing is learning what it means to heal. I think that's the core issue of what we're trying to do for each other and hopefully for our patients in the future."

The faculty of physicians and mentors were chosen because of their commitment to working with students. Mitchell Krucoff, a cardiologist at Duke University Medical Center, offered a class titled "Spirituality in Healing." For more than a decade, he has been involved in clinical research programs (supported in part by IONS) that examine not only the physiological issues of heart disease but also the emotional and spiritual issues.

"In cardiology, and in every practice," he says, "sooner or later we encounter a patient who is extremely sick and who you are quite sure is going to die-but the person lives. Almost invariably, when you look around the hospital room, you find pictures of a newly born grandchild, or a religious icon, or a loving family member. As a practitioner, you find yourself thinking that this person has a link to a vital force that kept them alive, even though the physiological indicators were pointing to death. Unfortunately, the reverse also occurs. You have a young, relatively healthy person who comes in for a routine diagnostic test and he or she dies. It's not unusual to find that the patient was alone, or depressed, or both. We don't yet understand the complex reasons behind why some people survive and why some don't, but it's clear we need to explore this aspect of the human spirit and its role in health and illness. This doesn't mean rejecting the technologies that students learn in medical school, but we need to augment that information, because we are recognizing it's not only the gadgets and drugs that make a person well."

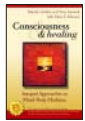
Suzuki, after attending Mitchell Krucoff's session, offered this response: "I realize our bodies and minds are not just machines that we need to fix. We have to look at the whole human-the mental life, the social life, spirit, soul. These are the aspects that cannot be ignored, and yet somehow in Western medicine we're forgetting this."

Above all, students were urged not to forget that to be healers they have to begin by healing themselves. Delevitt's own experience as a cancer survivor provides a powerful example. "At some point in your life," she tells students, "someone close to you, or even you, will face disease or trauma. Whether we are in the role of a physician or in the role of a patient, we're all human beings trying to understand the essence of healing. How do I heal and awaken to a new level of understanding of who I am and who I am in relationship to everyone else?"

"One of the reasons for this program," she emphasizes, "is to tap into the innate wisdom of each individual. It's not just shoving external information down the pipes. It's about allowing each person to access his or her own innate wisdom and understanding of where healing comes from. Then our knowledge and our wisdom merge to impact not just our patients but every life we touch. Everything we do is an act of healing and an act of spiritual awakening."

PHYSICIAN HEAL THYSELF; PHYSICIAN KNOW THYSELF

A portion of the curriculum is taught through experiential learning sessions, and all the classes are self-reflective. And because the main objective of this program is for students to learn not only how to take care of others but also how to take care of themselves, the schedule is specifically designed to include movement and exercise opportunities, time in nature,



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and time to relax. In addition, students learned how to plan and prepare nutritionally balanced meals and even participated in support sessions to discuss emotions and process concerns.

"In most medical school classes," says Krucoff, "students are lined up in rows, facing forward. You basically get lists of things you need to memorize from the teacher, and some concepts you need to glue together. But during this program, the students sat in a circle on the floor, with awareness of each other, as well as of the teacher. The faculty invited open-minded critical thinking. Education in this format is a different kind of process—a knowledge-gaining process that's interpersonal and involves the student's spirit."

"The majority of medical schools," notes Allen Neims, a former dean of the University of Florida School of Medicine, "have elective classes to introduce students to acupuncture and other health techniques. Some schools have experimented with short retreats, and almost every school offers programs for professional development. When I mention The Global Medicine program, people often say, 'We offer a program like that.' I don't mean to belittle what they offer, but their programs don't seem to come from the heart. Our purpose is to discover the heart in all healing."

Mike Hsu, one of the students, agrees. "At my school the sharing is almost exclusively about the sharing of research conclusions and knowledge—but nothing from the heart. Occasionally you'll get an attendee who will open up to his or her residents and medical students, but usually it's all about facts, knowledge, and protocols. Yet the reason we are doing medicine is to build a connection with our patients. That's where we learn our life lesson. The more you can create the heart connection, the better you are, as a person, as a healer."

The question remains, though: Can the type of program that Delevitt created really make a difference in students' lives?

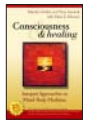
Mara Merritt, who has played a significant role in the American Medical Student Association (AMSA), believes that it can. "As medical students we are so ripe, so hungry. We've spent so much time being the nameless medical student in the white coat who wants to please others. Sometimes all it takes is a moment to make a difference in a person's outlook. Anyone who has had an epiphany knows that something that happens in a split second can affect the rest of your life. In that mode of thinking, four weeks is a long time to create this space to change how we think and act towards our own health.

"When we start medical school," continues Merritt, "most of us have a strong sense of self; medical school is a steady process of disempowerment. There's a feeling that as medical students, and even as residents, we're expendable. If you express discontent, there are hundreds of people waiting for your spot. It's very silencing."

QUESTIONING ETHICS

Ironically, Merritt was asked to be the student director of The Global Medicine Education Program, and in this role she was specifically encouraged to express her views so that other students would be equally honest. At one point in the program, the conversation turned to ethics and integrity.

"Medical education," acknowledges Merritt, "tends to promote dishonesty in many ways. For instance, when a doctor and medical student walk into a patient's room, the attending



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doctor often says, 'This is Dr. Merritt.' Does a student confront the doctor, and say 'I'm not a doctor; I am a student'? Or does the student keep silent and pretend they know more than they really do?

"Another common occurrence in the third and fourth year of medical school is that students are asked to do procedures they've never done before, without asking for consent from the patient. As medical students, many of us have done things we don't feel good about. But ultimately, how do we learn to become strong enough to stand on our ethical ground? It's about giving us the courage to know what is right and to face those consequences. Sometimes in a hospital that means you'll be asked to leave your residency; sometimes it means you'll get a hideous evaluation that affects the rest of your career. Yet as long as we maintain the secrecy, it's perpetuated. The only way to break the silence is to start speaking the truth.

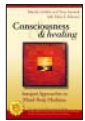
"People argue that the system has worked for nearly a hundred years," adds Merritt, "so why should we change it now? I think we are just reaching that point where there's a consensus that change is desperately needed."

Members of the Global Education faculty said that they, too, feel that a change in the medical education system is crucial. Wendy Kohatsu is an assistant professor of a family practice residency program at East Tennessee State University, where the goal is to foster a more holistic environment. At one time, she also pursued a two-year fellowship in integrative medicine with Andrew Weil, a well-known physician who has spoken out about the need to transform the medical system.

With this background Kohatsu offers her own perspective of medical education: "The present system was built on the paradigm that the harder you work, the better physician you become. It's a punitive type of system, but why would you want to have that kind of attitude in healing? It doesn't make sense, and we're starting to see the system fall apart. On multiple surveys, many physicians say they wouldn't ever choose to go into medicine again. In my opinion, medicine has lost its soul, but when you participate in programs like this you realize you can actually reclaim the soul of medicine. It's empowering. If all we did in medical school was teach students how to take care of themselves and how to listen with a compassionate heart to themselves as well as to patients, we would change the face of medicine. It's time to remember the altruistic reason why most people chose to be physicians."

Allen Neims, who was one of the physician faculty mentors, offers another viewpoint: "I don't consider the Global Education program revolutionary; I consider it evolutionary. Often you prevent change from occurring (or make it harder to achieve results) when you label other people the 'enemy.' This suddenly creates two camps. I don't think this helps. Medical faculty really want their patients to be better. I see us as being able to work gently within the medical system in an evolutionary way to help it heal itself. These students are the ones who can do it. I sincerely wish to approach this whole thing from a position of love and forgiveness."

As for the students, they see themselves as pioneers, and this work as a start of a global movement, similar to the peace movement and the environmental movement. To them, the underlying intent is the same: It's about changing one's consciousness, becoming more aware of how the heart and soul play a role in our lives, our environment, our world-in sickness and in health.



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"Health care," says Sherman, "is an integral part of society, and we have the power to accomplish true transformation."

"There's a worldwide shift in consciousness going on right now, and this is a powerful piece of it," says Ott. "As trained physicians, we have the cultural authority to legitimize that movement."

When Delevitt initiated her Global Medicine Program, she wrote the following statement: "It is our intention for students to take what they have learned from Global Medicine and its multidisciplinary perspective and disseminate it back into their community. They will be the teachers and the leaders, either directly or indirectly, who will help reshape both medical education and health care delivery." It seems many students are willing to make Delevitt's vision a reality.

For further information about the ongoing Global Medicine Education Program for students, physicians, and health-care professionals, see www.globalmedicineeducation.org.