



December 2019

Dear friends of the international Médecine de la Personne group,

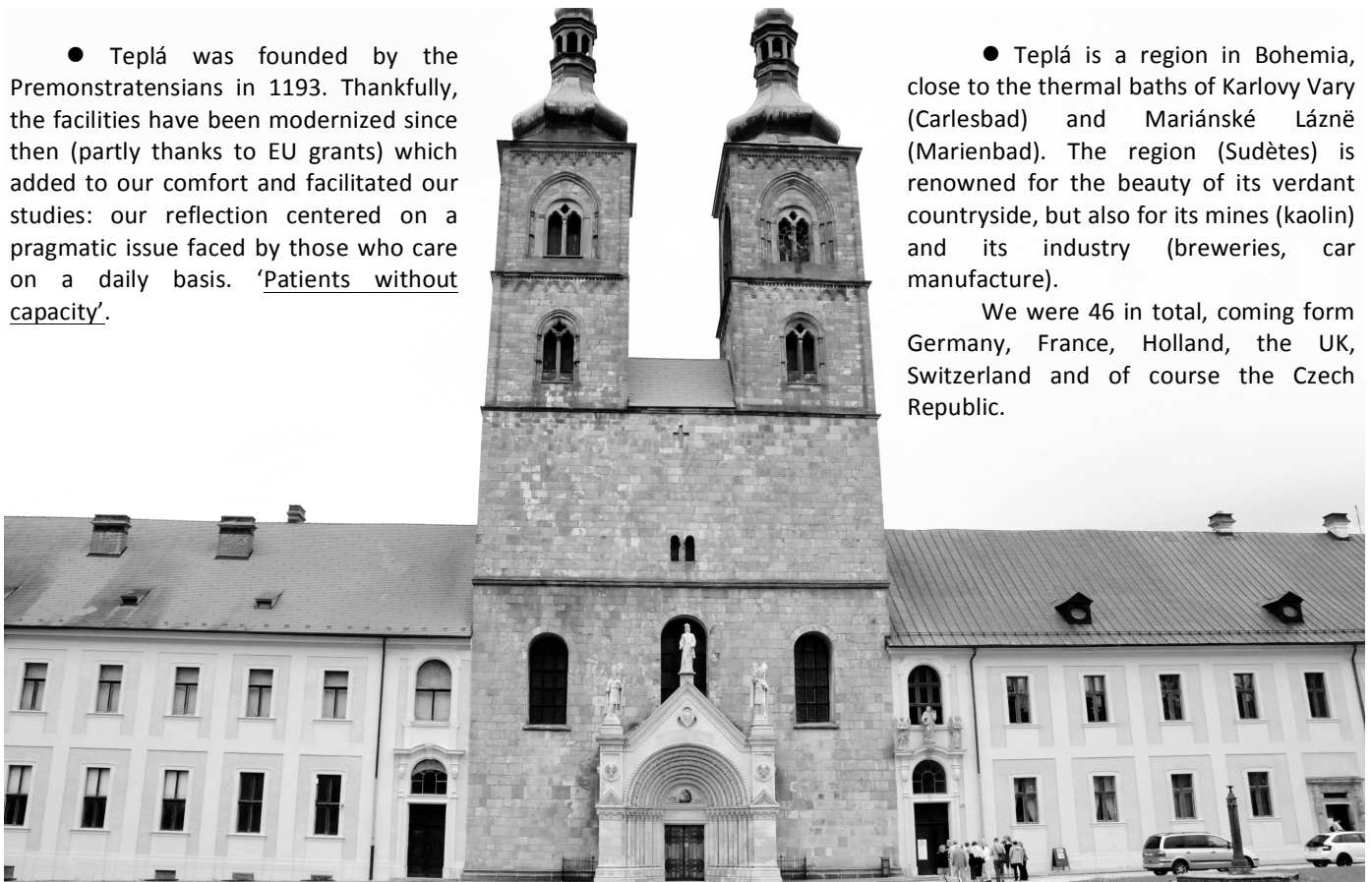
Some of you attended our summer meeting 2019. Others, sadly, were unable to join us. Here, for all of you, are a few echoes of that international meeting:

It took place in Teplá, in the Czech Republic, from the 11th to the 17th August 2019. We were lodged in Teplá monastery, a vast and remarkable collection of buildings:

- Teplá was founded by the Premonstratensians in 1193. Thankfully, the facilities have been modernized since then (partly thanks to EU grants) which added to our comfort and facilitated our studies: our reflection centered on a pragmatic issue faced by those who care on a daily basis. 'Patients without capacity'.

- Teplá is a region in Bohemia, close to the thermal baths of Karlovy Vary (Carlsbad) and Mariánské Lázně (Marienbad). The region (Sudètes) is renowned for the beauty of its verdant countryside, but also for its mines (kaolin) and its industry (breweries, car manufacture).

We were 46 in total, coming from Germany, France, Holland, the UK, Switzerland and of course the Czech Republic.

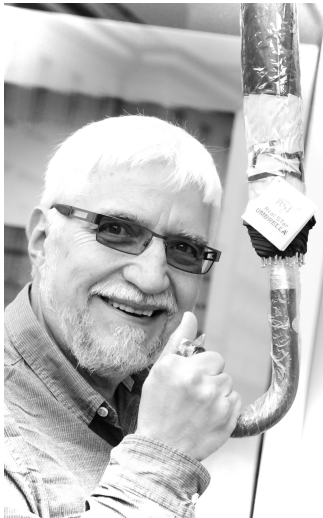


As in our previous meetings (2013 in Schoorl, Holland, 2014 in Hejnice in the Czech Republic, 2015 in Woltersdorf in Germany, 2016 in Uckfield in England, 2017 near Neuchâtel in Switzerland and 2018 in Paris) our session was preceded by three days of leisure; discovering the area around us as well as (re)discovering each other, having not seen each other for the past year.

- Dagmar and Petr Fiala were our guides during these cultural...and gastronomic days.
- In order to get us back on the right path, they constantly made use of umbrellas (how they used them we leave to your imagination!)
- We admired the refined architecture of Karlovy Vary and Mariánské Lázně. We must confess that we didn't drink much of the thermal water, given its taste, but also because we knew that we would be drinking the famous Pilsner beer at our next meal.
- We were taken to visit Thun, a factory making delicate porcelain. Perhaps it was to help us to realise the metaphor of our own fragility?
- At Soos, we walked several kilometres amidst hundreds of tiny steaming and bubbling thermal springs, emitting foul gases. Perhaps that was to remind us that in the deepest part of our being, ready to burst forth, the unconscious is rumbling, sensing the Sulphur and ready to erupt?



● At Mariánské Lázně, the more romantic amongst us sat on the edge of the famous ‘singing fountain’. We then amused ourselves, wandering round a park where there are lots of miniature reproductions of Czech buildings and structures (churches, bridges, castles, stations, airports...). Perhaps it was to cause us to reflect on the vertigo-inducing truth that we are ourselves Lilliputians in a gigantic universe?



● At Pilsen, in a vast beer factory, it was explained to us that alcoholic fermentation is a process which is not only slow, but also needs to be limited and interrupted by the brewers, so that the yeast is not killed by the alcohol which it is producing itself. Perhaps, we needed to see there a reminder that looking after our patients demands, of course time and patience, and also that therapeutic success is a nectar which can regrettably intoxicate the therapist?

● In Teplà monastery itself, the baroque decoration of the abbey church was breath-taking. Perhaps it was to remind some of us to enhance the charm of our wives with a certain abundance of fine clothing and jewellery? As for the sumptuous abbey library (100,000 volumes), was that not there to remind us of the paucity of our individual medical knowledge compared to the almost unlimited collective mass of knowledge accumulated in the scientific publications which we will never have the time to read?



● After these days of culture, three days of work, partly listening to our speakers, but also sharing on a more intimate level in our small groups, allowed us to go deeper into our theme for this year: ‘Patients without capacity.’

● An initial point of view each day was provided by Bruno Bissuel (F), Jakyb Formanek (CZ) and Florence Depeursinge (CH) in their brief but powerful bible studies. The main points made were:

- ★ That Jesus, unlike a good number of doctors, was against his therapeutic successes being publicized by the sick he had healed.
- ★ That in certain difficult circumstances, the doctor must confront absurdity, and behave as a manipulator, similar to Abraham forced to trick Isaac.
- ★ Even in absurd and difficult situations doctors need to have the courage to believe that there is still meaning.
- ★ That if a patient is unable to express their wishes, it is up to the doctor to discern what they would have wanted.

● As for the conferences, how can I summarise so much information? Instead, why don’t you read or reread the whole text (in all three languages?) on the web site: <https://www.medecinedelapersonne.org/en/sessions>.

The personal experience and reflections of Alison Gray (UK), Christian Schäfer (D), Andreas Rost (D), Marcelle Delour (F) and Dominique Grimaud (F) will give you much to think about. Consider the following threads as an invitation to discuss and debate, rather than concrete assertions. They will allow you to react, compare, understand or question yourselves. Here are a few themes, not necessarily reconcilable with each other:

- ★ The patient has the right to take an imprudent decision or to make a choice which will cause them harm
- ★ Faced with a patient unable to decide, the decision taken by the doctor must be in the personal interests of the patient.
- ★ Keeping the patient alive almost always coincides with the personal interests of the patient.
- ★ Administering a treatment which the patient has refused to have, can legally be construed as assault.
- ★ A patient can legitimately, with full capacity, free of any depression, choose to die rather than to be treated.
- ★ If a patient is in a state of stress, they can lose the capacity to decide: from then on, the doctor is not obliged to follow the patient’s demands.



- ★ 'It's only if I have a purpose to my life that I am capable of taking a decision.'
- ★ When a husband says that his wife is 'mad', it is not always a relevant observation that the psychiatrist need take seriously as an objective diagnosis.
- ★ 'Maybe we should respect a patient's wish to have a drink in the evening?'
- ★ When 'informed consent' is impossible because the patient lacks capacity, it can be replaced by an 'advanced directive' or by an agent previously chosen by the patient (a person of trust) or by a guardian.
- ★ How much is this 'person of trust' able to discern what would be best for the patient, if they are taking the decision on behalf of the patient without capacity? Due to their experience, the doctor has a clearer understanding.
- ★ Sometimes, patients without capacity receive treatment, which is bad for them, but beneficial for the hospital or clinic's finances.
- ★ The doctor sometimes needs the help of a judge to oblige parents to have their child treated.
- ★ Ethnic and cultural differences between doctor and patient can prevent truly informed consent.
- ★ The doctors' fight to stop female genital mutilation is an area where parents' freedom to give informed consent is reduced because of pressure brought to bear by their community of origin.
- ★ The social chasm between patient and care-giver can lead the care-giver to mistakenly judge the patient's behaviour as unreasonable (parents who simultaneously ill-treat and love their children).
- ★ When a relative is making a decision on behalf of a patient who can no longer clearly communicate their wishes, their judgement as to whether a certain treatment is advisable or not may be influenced by their emotional ties to the patient.
- ★ It is remarkable that the doctor basically has duties, and the patient has rights.
- ★ The collective decision-taking (the doctor decides with the agreement of other care-givers and the next of kin of the patient) protects against inappropriate decisions being taken by an individual.
- ★ To care for (take care) and to treat (with medicines) are not one and the same thing.

Dear friends, the preceding thoughts will probably have convinced you that any discussions that we had need to be taken further! One more reason for the whole *Médecine de la Personne* équipe (organizing committee) to warmly invite you to our next summer conference (whose local organizer Rutger Meijer can be seen here carrying his umbrella just like our hosts in Teplá – a sign of continuity!).

19th to 25th July 2020
at Het Brandpunt,
3941 KA Doorn (NL)

*"Solitude and isolation
in healthcare"*

May 2020 be fruitful for our group, healing for your patients, and happy for each one of you.

Dr Étienne Robin

