

Winter letter 2025

Dear friends of Médecine de la Personne,

This year was the 75th meeting of Médecine de la Personne and 50 of us were fortunate enough to meet in Montmirail near Lac Neuchâtel in Switzerland to discover in what way we can experience MdIP in our practice today. We had some excellent presentations which gave us hope that we can and will continue to be able to deliver and experience whole-person medicine in spite of advances in technology, lack of doctors, our increasingly ageing population and the lack of time available for consultations.



Montmirail

As usual, a number of us who could arrive a few days early were able to explore the surrounding area, thanks to the programme organized by Frédéric von Orelli, Delphine Collaud and Thomas and Dorette Zürcher. On Monday we explored the town of Neuchâtel and were treated to a fine organ concert in the collegiate church and lunch on a boat touring the lake, returning to Montmirail in the evening for a delicious BBQ cooked by our host Hainer Schubert and his wife. On Tuesday we were plunged into the world of timekeeping with a tour of two clock museums at La Chaux-de-Fonds and Le Locle and then we took a boat trip to the waterfall at Le Saut du Doubs where we had supper. On Wednesday we had an interesting talk about Albert Anker, a well-known local artist, and then had a home-made lunch in a fascinating sculpture garden before exploring the Roman town of Avenches and its museum. Those days, which seemed to pass too fast, were a chance to relax together, catch up with old friends and make new ones. For me, having just this year applied for and received my Swiss passport, it was particularly meaningful to learn more about the area in Switzerland my family comes from. Thank you to all those who made those leisure days so interesting and enjoyable.



The cloisters at the Collegiate church.

The meeting started on Wednesday evening with a reproduction of a radio interview given by Paul Tournier to Gerard Kuntz re-enacted by Frederic and Etienne which illustrated in an immediately accessible way how Tournier was affected by losing his parents and by his childhood and early adulthood and how he came to practise whole person medicine. Also included in the handouts were testimonies from people who met and knew Paul Tournier in person.



Gerda chatting to Holm and Matthias

On Thursday, Gerda Dietze gave our first bible study on Romans 12:2ff about the importance of deriving our truth and purpose in life from prayer and fellowship and of having the courage to do good. Memorably, she spoke of risking expulsion from medical school because she would not learn how to shoot a gun. In the end the authorities had to relent as there were 12 medical students taking a stand. She ended by reminding us to ‘hold fast to the belief that human beings consist of body, soul, and spirit, which together are one.’

Pierre Carnoy spoke of his work as an emergency doctor manning the phones at night, and how he tries to connect with the different people calling in, even though time is short. He gave lots of examples of conversations that had been challenging or meaningful to him and talked about how he seeks to establish a relationship with each person he talks to, and finished with an overview of how calls are dealt with in different countries in Europe and beyond.

Susanne Schlueter-Müller, who works as a child and adolescent psychiatrist, spoke of how young people without values or purpose find it more difficult to discover significance to their life, what they mean to other people, and how to make decisions about relationships, to be vulnerable and receptive to the suffering and needs of others. She spoke of psychotherapy as allowing herself to be touched by the suffering of others, creating a space for resonance and of religion as being a relationship of response: ‘I have called you by your name, you are mine.’

On Thursday evening, Alain Tournier, Paul’s grandson, showed us family photos and talked about his memories of his grandfather. It was fascinating to see Paul Tournier, the family man, sat in the front row of the audience for family theatre productions and carefully choosing Christmas presents for each member of the family. Alain still has and treasures the briefcase and red sledge that his grandfather gave him when he was little.



Paul Tournier in his garden

On Friday, Richard Henderson-Smith gave our second bible study on 2 Kings 5: 1-19 on the healing by the prophet Elisha of Naaman. He gave us an overview of what having leprosy meant in those days, and what Elisha’s role was as Israel’s outstanding intellectual and religious leader. Naaman was a proud and powerful military leader obliged to take the advice of his wife’s servant girl, obey seemingly simple instructions to take a bath given via an intermediary rather than seeing the great prophet Elisha in person. He was required to humble himself to find healing and ‘to confront the meaning of his disease within the context of his life and responsibilities and to understand that this seemingly simple regimen would completely change his life.’

Friederike Matter-Tanski, spoke of the relevance of Paul Tournier's Christian point of view to her practice working in a centre for cardiac rehabilitation. Against a background of ever advancing technology, cardiac devices (complex pacemakers etc) and drug therapy, patients continue to feel even more lonely and abandoned. They look to blame someone or something when they fall ill. She gave examples of patients failing to recover well because of feelings of guilt, of being a burden, of fear, worry and shame. She proposes that 'confidence and hope for life can only be found in reliable, honest relationships,' and quotes Paul Tournier: 'For me, it is definitely this familiarity with Jesus, whose closeness, presence and participation in my life I perceive especially in times of trial. I believe that you can face anything if you feel loved.'

Susanne Renaud spoke animatedly and movingly about patients with neurological diseases being denied a fair chance of treatment and/or resuscitation, often because the doctors involved in their care know very little about their conditions and likely prognosis. She warned of the dangers to the patient of resuscitation status being decided by the most junior member of the medical team when the patient is admitted to hospital. The decision 'not for resuscitation' may result in treatment being withdrawn prematurely and 'hasty and unfairly pessimistic decisions' which don't consider 'the patient's life experience and personal values.' She also spoke of patients' desire to control the circumstances of their death, wishing to avoid a state of suffering and indignity, not wishing to become a financial burden on their loved ones. The family caregiver can become a central figure in interpreting the patient's wishes and in the decision-making process.

On Saturday, Caroline Wackernagel gave the bible study on John 4: 16-29 about Jesus' conversation with the woman at the well in Samaria. She invited us to imagine the woman's thoughts as she encounters Jesus, her curiosity about his willingness to talk to her, her feeling of being taken seriously despite her complex private life (married five times, living with someone not her husband). She returns to her village with the hope of 'being healed of all her traumatic experiences and of bettering her solitary life' and of 'knowing God the Father, of living prayer, and of once again participating in communal religious life.' She has encountered the longed-for Messiah.

Our final talk was given by Ilonka Boomsma, psychiatrist, talking about how understanding symptoms can open the way to a more meaningful life. She gave examples of patients who were led to see that their symptoms meant something and if they could regard them as something that belonged to them and offered clues relevant to their well-being, then they might offer an opportunity to change, to have more control or simply be more accepting of their situation. She also talked about the different expectations we have of male and female behaviour and how this colours what we consider to be normal. What is considered as normal can also vary between cultures. Our view of 'normal' will alter how we view our patients. She talked about a woman's group she worked with, which the female patients found particularly helpful in empowering them to embrace and understand their true selves.



Ruedi, Tom and Andreas

Our usual lively 90-minute small group discussions after each talk allowed us to explore the topics further including our personal response to the talks and to share personal experiences and insights with each other and with our speakers. We finished our time together with an ecumenical service held in the beautiful chapel at Montmirail on Saturday afternoon.

Next year we will be meeting in Issenheim, in Alsace from 29th July to 1st August and the theme of the study days will be 'How does medicine of the person fit in a digital world?'. As usual, a tourism programme will be available for the three days prior to the conference.

We hope to see you there.

With warmest good wishes,

Kathy Webb-Peploe and the organizing committee.