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The effects of financial constraints on my medical practice amongst people who are in a vulnerable situation

Ladies, Gentlemen, dear colleagues,

It is a great honour for me to be amongst you today and I would like to thank the organizers for inviting me, and in particular Dr Etienne ROBIN who invited me to talk to you about my medical practice.

I am a psychiatrist and doctor of addiction in Paris, I practise at the European Georges POMPIDOU hospital.

Preparing for this talk has given me the opportunity of reading again the books of Paul TOURNIER, having put them to one side for the last ten years or so. I was gripped by them, torn between finding them quaint and slightly old-fashioned and at the same time hugely relevant. I discovered a bibliography full of titles to make you jealous, but above all, a huge collection of clinical scenarios, told simply but with a depth of meaning with their ethical and spiritual ramifications. He put faith at the centre of his medical practice with a transparency worthy of respect. Through his innumerable observations, he shows us how the person of the doctor, their probity, their integrity and their many other virtues are an integral part of (lit. not foreign to) medical practice which is done well.

What is there left to say after Dr TOURNIER ? He says out loud what no-one dares to say nowadays, including me, and it's magnificent.

My experience in alcohol addiction trained me, without my knowing it, in medicine of the person, and since we are an association self-selected to master the writings of Paul TOURNIER, I would like to share with you the importance of taking into account the philosophical and spiritual dimension in the way I practise and the way it can really speed up the management of my patients. What is more it is very economical! This is why this talk may appear to you to be off subject but in fact in our economically straitened times it is anything but! In the second part of my talk, I will address more particularly the question of economic austerity even though it runs as a thread through my whole talk.

For the last twenty or so years I have been practising medicine amongst people dealing with a variety of addictions, but mainly addiction to alcohol as that is also one of the most common. Thinking about it, I suppose that addiction medicine is fairly representative of medicine of the person. Characterised as it is by physical, psychological and social problems, this disease brings into play a very diverse range of factors in a complex manner. This gives it all its richness and explains the diversity of approaches and multidisciplinary

solutions. In effect, it is the whole person who is affected by pathological addiction; the body, the soul and the spirit and that makes it fairly unusual in the field of medicine.

The model of addiction is truly unique and a paradigm of the pathology of bonding and of meaning. Indeed, we don't count anymore those times when people suddenly give up their addiction because of a particular event in their lives, or a spiritual experience. In our medical jargon, we call them spontaneous remissions… but are they as spontaneous as they appear ?

Some psychiatrists, principally MILLER have taken an interest in the role of the spiritual dimension in the treatment of addiction and it is in studying this question of spontaneous remissions in order to research underlying mechanisms that he developed denotational therapies. He wrote his first paper on motivational interviews in 1983. It is a technique which works on the idea of engagement of the patient and of the therapist with change, in an atmosphere of trust and empathy. Motivational therapies have tried with greater or lesser success to integrate the question of purpose. The problem is that this dimension is often an empty husk (lit. shell) for our contemporaries and for our colleagues particularly here in France and, I imagine, elsewhere as well…

Addiction to alcohol is a prime example of disease of thirst, an insatiable need which pushes our patients to destroy themselves in an alcoholic world without name, without soul, in a sort of Jacob's wrestling match as if they are fighting against God or against themselves while pushing the limits of their being as far as the infinite ('l'infini') or even the unknown ('l'indéfini'). This defiant behaviour has been well understood by Alcoholics Anonymous who suggest as a first stage that one accepts that one is powerless in relation to alcohol, and that this signifies the laying down of arms of a quasi-God and the possible birth of a human being. There is something of religion in addiction, and Marguerite DURAS puts it still more formally, when she affirms : *'alcohol in no way consoles, and it cannot furnish the psychological spaces of the individual. It can only replace God (…) it comforts mankind in his madness, it transports him to those sovereign lands where he is master of his destiny… No human being, no woman, no poem… can replace alcohol in this role it has for mankind, the illusion of creating something major. It exists to replace that illusion. And it does it in a part of the world which should have believed in God, but no longer does. The absence of God is its cause.'* (1) And a member of Alcoholics Anonymous wrote in a very fine piece of work *'even if you don't believe it, the only thing which counts is a surrender without terms, the full and total acceptance of defeat'* (2). And finally, another member of AA adds, 'everything in my life had an absurd and hidden side since I didn't believe in anything in this life. Of course, no-one knows God, but for me, each person to whom I talk is His representative on earth. (3) And to finish Carlo COCCIOLI, in his work 'Man in flight' defines alcoholism as a *'mystical explosion in a negative direction, which cannot be treated unless one works very patiently to pick up and put together again those fragments of the personality and spirit which have been torn apart by the explosion'.* (4)

Finally, I cannot resist citing the former pope Benoit XVI for whom addiction is *'a pseudo mystical'.*

Clearly, a person is not just religious or spiritual, they are also philosophical, psychological and somatic; far be it for me to succumb to the temptation to reduce them to one or other of their dimensions. No approach excludes another, they complete each other and integrate one with another.

In alcohol medicine there is a magic word, and that is the trigger. The trigger is part of the jargon used by the patients. We can define it as a searing of the senses, the irruption of a sudden complete truth, which comes to illuminate their life in a completely new way. It does it with a consistency, with such coherence that it gives it the power of a newly created being. It has a liberating and transforming effect on the whole psyche, the intelligence and the will and thus allows a practical outworking of this new truth. This trigger, which has something of the spiritual, lies outside the field of medicine and is at the same time a thorn in the doctor's side and a dent to his pride. It isn't much studied or questioned by the medical body and it is even sometimes despised. Besides, patients don't talk much about it to their doctor.

I recall a patient with very severe alcohol dependency who, coming home in the early hours of the morning after a very boozy party, very nearly runs over a child. He slams on the brakes, gets out of his car, and goes home on foot and stops drinking alcohol permanently. In this event we are witnessing the eruption of *'kaïros'* in the life of the patient, in Greek, that opportune moment, that moment of realisation which was for that man a sort of *' you must not kill '* which lifted him out of barbarism. But the child very nearly died. Did it have to wait for that moment?

Our rather moralising colleagues will say rather limply or abstractedly that it is about awareness, but does it not run deeper than that ? In other words, if awareness is the seat of our liberty, it is about the whole being, the most intimate part of a person's life.

Religious conversion has this dimension. It is this type of experience which C.G.JUNG prescribed for Bill. W. the founder of Alcoholics Anonymous. It worked since Bill, despairing after an umpteenth treatment, cried to God and received the strength which liberated him from alcohol and allowed him to change his life.

If I am talking to you about this, it is because all these stories struck me, disturbed me and made me question the foundations of my practice. I asked myself what I had to do to provoke this trigger. Elsewhere, I thought it a shame to cleave the religious and the spiritual from the somato-psychic and I told myself that if I could manage to unite the strengths of the patient in a more coherent manner, I could perhaps manage to help set off this famous trigger!

I have never prescribed spiritual conversion like C.G.JUNG but I have developed a method which I could define as psycho-philosophico-spiritual with the aim of identifying and reanimating the origins of significance in my patients. Significance seen as reorganisation of the psyche and the being, allowing him to reach for his end (fin) in the sense of purpose (finalité).This approach is similar to that of Dr Paul TOURNIER.

Day to day, it is often a superficial solution which is proposed to the patient. For example, do something which gives you pleasure, eat some chocolate, go to the cinema, in short find things to do, treat yourself, and best of all, exchange whatever you are addicted to for something else less dangerous. But in the end, it is always within a dynamic of filling. As if replacing the thing is the solution, whereas the solution doesn't lie in filling but in doing without. It is about living this lack, or passing through it in order to make it become productive.

But what are we talking about? How can you be good to yourself if you are ill, alone, sad and depressed and often with scant financial resources or in a precarious situation, and it is precisely in the fact that no-one has ever taken care of you that lies the trauma of your past? Besides the fact that looking after them on the medical level is often complex, it is doubtless because they lie outside our consumerist society that we don't know what to suggest or how to accompany them as we care for them. And yet what is left to the person on the streets, if not their being, their soul? I recall wonderful consultations with Michel, about thirty years old, who slept on the streets. Michel who had lived through horribly traumatic events in his adolescence would have liked to become a pilot. The core of our encounters often revolved around this topic and related literature. He often came to appointments with me about eight hours late, which is to say in the evening instead of in the morning. He was often the last to arrive, just at the moment where I was putting on my raincoat. Michel took the whole day to arrive, but he just needed me to wait for him and thus show interest in him and talk of his wishes and of his dreams. That was his most pressing need. Often we focus only on their material and physical needs, but who takes care of their inner life?

I have often been struck by the depth of thinking about the purpose of existence amongst some of my patients who are in very great trouble, but it is sometimes late at night, and it's true, it can take quite a bit of time…

Besides a biological and psychiatric approach, one of the issues in my consultations is to look for those desires, those dreams which have never been realised in order to revive the hidden forces of life. With a

view to opening my patients to their inner self I indirectly ask questions about their spiritual thirsts, their deepest aspirations, their need for truth and justice, eventually their religious aspirations, their ideas about their ultimate destiny….these thirsts are often important but neither looked for nor named. It is like an unveiling.

Equally I ask them what makes a life successful or not, I ask them about the essentials of their existence, the idea that they could have a mission in life, a vocation, a calling. I aim to explore (lit. dig over) their soul in the search for a cause which they could give their life to, or for people for whom they would be prepared to die. When you know for whom or for what you are prepared to die then you know your reason for living.

I also look for the often dried up sources or resources on the spiritual front, past enthusiasms, a link to nature, to art, to music…I search out the existence of an inner life, a capacity for silence, eventually for private prayer. It's often a part which has been ignored but just needs to be cleaned up, restored, and validated. An atheist patient to whom I suggested trying to stay silent 15 minutes per day (he chose to do it in a church) told me that it was the only time when he honestly examined his situation. He quickly stopped drinking alcohol as a result and was able to leave behind a guilt which was torturing him.

In reality, this work can take any and every form, but the key is to enable a direction to emerge, in spite of trials or in the midst of and as a result of tribulations.

Let us open doors for and to mankind, let us restore his thirsts. Let us seek the breath of life in men, wherever there are small signs of life, wherever there is truth. Very often, because I am opening that space, they deliver up to me a spiritual experience which was foundational, which they have never confided in anyone. I look to find some thread on the ethical, metaphysical, spiritual and even religious level which will help them to re-orientate themselves. Sometimes deep convictions and hope don't lie very far away but they need to go deeper. The wounded, suffering person is sometimes rebelling against God, but wants nothing more than to come home to the mystery.

I want to talk to you about Patricia, a lovely 40 year old lady, who was very unhappy. It's a little bit in her memory that I am talking to you today. When I first met her she was being treated with antidepressants and neuroleptics, scarred by a severe dependency on alcohol, depressive syndrome, a homosexuality lived very unhappily, previous termination of pregnancy and bilateral metastatic breast cancer. She lived a party life with lots of alcohol, which she represented as being very sociable and cultural and she often showed off her culture and how widely read she was. I wondered how to really reach her heart and the truth which she carried within her. I was right at the start of my research studying how to take account of the spiritual dimension in my patients, so I decided to leap in and open up a breach in the walls: I ask her if she has already read the bible. *'No, that's a good idea'* she replies. *'Tell me how to do it, and where I should start ?'* I reply while praying inwardly to the Holy Spirit to give me inspiration, *'Open the bible at random'*. Sometime later, she opens the Bible at the Song of Songs, finds the slightly risqué poetic passage, is surprised and seduced at the same time and subsequently undergoes a profound spiritual experience which changes her life. I hadn't dared to hope for as much, but He above had hopes for her. Before she died two years later, abstinent, she told me how peaceful it was to be ill with Christ and she was as an angel to the other patients in the hospice where she spent her last days. Finally her life had found purpose as it was opened to others, a love shared very simply, that is to say *'agape'*. She had ever known this love and she had so hoped to find it in her drunken nights. All that was needed was to open the Bible, and the Holy Spirit did the rest.

One might be tempted to say that that this woman died in a sense cured. In fact, she was able to live her vocation to love, just before she died, in the giving of herself which she had for so long been searching!

The French words 'santé' (health) and 'salut' (salvation) have very closely linked etymological origins and in several languages the same word can be used to translate them; for example in English (I think she means when they are used in greeting 'Cheers!' or 'Good Health!') and also in Spanish.

In Hebrew *'Shalom'* means *good health,* but also *spiritual healing* and equally *paying one's debt* !

Addiction, in ancient law, is a constraint exerted on the body for a debt which one is unable to pay.

On the subject of that debt, Claude BRUAIRE throws a very interesting light in his book, 'B*eing and Spirit'.* Midway between health and salvation one could say that there is the self. That self which is at the foundations of our moral existence. So, the human being is not just a collection of organs, he is linked to one Origin and has an ethical obligation to give. And it is this vocation for giving which might allow the self to redeem his debt from the Origin. My addicted patients, even though they carry psychological wounds, are often bound by the logic of this symbolic debt, as if they haven't freely received their existence. They are permanently on a quest or in debt to their identity, with the feeling always of being illegitimate. For them, to progress from the pathological debt to the ontological debt is very important, consisting of the conversion of guilt into responsibility, to live that responsibility by existing, starting with where they come from. This was a little bit like what happened to Patricia, who through her experience of giving was able to be reunited with the Origin by taking part in that great movement of life freely given and received. This happened thanks to her spiritual conversion, so being adopted into a family lineage ('filiation'), but one can also reach that point by experiencing the free gift of oneself, which allows one to re-appropriate one's deeply felt vocation. This is what is proposed by the self-help groups where each person becomes a teacher, helping each other, and through this, their own rehabilitation makes more and more sense. For Claude BRUAIRE, '*the logic of the gift is the truth of the logic of being free'*. (5) And the signs of it are joy, confidence, peace…

But advising or prescribing giving is not taken seriously in the medical world and then some will ask whether it is the doctor's responsibility. There are social workers for that! Sandra, 40 years old, a lady with a severe 'borderline personality' who repeatedly attempts suicide, who is very well known in the psychiatric emergency rooms told me recently that someone suggested to her that she go and visit old people in an old people's home, but that her psychiatrist advised her strongly not to do so, saying that it would be better if she started by looking after herself rather than looking after others. Sandra has a very traumatic past, and she wanders through life without any occupation other than filling her life with all sorts of behavioural difficulties. The A&E's are her second home. Finally, here was a good idea which conventional, non-humanist psychiatry strangled at birth. She is therefore condemned to look after herself, when she doesn't know who she is and she has so few possibilities of giving, of giving to herself and therefore of receiving in a true exchange of gifts. The most important thing for her doctor is that she takes her treatment. It's a real shame, it could have without doubt saved several hospitalizations in the future….but most of all it would have given her back life, real life.

Another example : a psychotic patient whose sole distraction was to play the clumsy fool on the streets because he felt so alone. I suggested to a colleague that he live a communal life, such as l'Arche or somewhere similar. She replied : *'but I'm not talking to you about monsieur X as a person but as a patient…',* and nothing changed for him. And yet my solution had zero cost and guaranteed added value. How not to rebel against that ideological, pseudo-scientific obscurantism ? How can people have such closed hearts? What has happened to the medical corps (heart) ? (In French the two words '*corps'* (living body) and '*coeur'* (heart) sound very similar.)

In psychiatry patients are treated as things. Few people spend time finding out if their life has any purpose, in looking for the way in which they can live their vocation for giving, for love. And yet sometimes it is so very simple, to be found in the little things.

They are more and more isolated because they are excluded from consumer society.

On another subject, a certain number of people live on the street but attend hospital for treatment. A little while ago, I ran across an alcoholic man in my parish who had a surgical boot on his foot. When I question him, he says that he had major vascular problems and an infection on his foot which is dragging on and on. He lives on the streets and has his foot dressed at the hospital as a day case. Mostly he treats his problems with alcohol…how did he arrive at that point? They treat his foot but what about him? How can one imagine that his situation will get better in such living conditions? Who has any hope for him?

'Sometimes treating the illness is not the priority, nowadays people are dying of solitude (…) medical and social care need to unite against exclusion. It is no longer about caring but also about sheltering, listening, accompanying.' These words were written by Dr Xavier EMMANUELLI, founder of 'Samu Social de Paris' (a municipal humanitarian emergency service). Do not do to your brother that which you would not want done to you. We are a long way from that, a very long way. Doctors haven't lost their heads, they have lost their heart.

Spirituality in its broadest sense has always been an object of research in psychiatry but I think that the current lack of education in our society on this subject which also bothers those who care for others, no longer allows doctors to have access to it and to understand its relevance.

And yet the literature is replete with situations where it has been clearly shown that a religious affiliation, religious practice, belonging to a community are all good prognostic factors in the progression of disease and its response to treatment.

More and more we talk about the spiritual needs of patients but the real questions seem not to be addressed.

With our materialist society having hit him when he was down, our patient is lost when faced by a difficulty, plunged into survival-mode with absolutely no sense of purpose. The doctor often leaves him to face this cataclysm alone because he doesn't know what to say or he doesn't have the time. In effect technology and psychotropic medication are supposedly the solution, even if it will precipitate the patient still further into a philosophically absolute no man's land. He is sick and from now on, for medical services, will have the needs of a patient and no longer those of a person. It leads to irremediable break down.

In Aristotelian philosophy of being, a teleological philosophy, each natural being has a purpose or '*telos',* totally contained in the self with all its power, which each person can arrive at by searching for the good in themselves and for good things.

Viewed from that perspective, illness is reintegrated into the most intimate part of the person. It is no longer a stopping place, but it is written into life's progress, through which our patient needs to arrive at his own destiny. So, rather than placing illness on the outside of our patients' existence, let us place it at the heart of their life. Illness is therefore no longer the enemy but the ally in a process of personal and spiritual growth.

The purpose of suffering is possibly the most difficult to find in our lives.

According to individualistic logic and our current culture of materialism, a person exists in this world only to play, consume, make children so that something of his existence will remain, and then be wiped out by a cold, impersonal death and maybe there is no such thing as death anyway. In effect, we ask ourselves whether all that is left of death is that it is a pathway to Nothing. Coming from nowhere in order to go nowhere.

And so, I try to 'shake up the man', to make him ring like a bell, to make him resonate and live his life on an ethical and spiritual level.

Practically, on the ethical level, the research will be into how to bring into play the reasoning being by exercising his human faculties and exercising his virtues, even if that seems a little old-fashioned. The aim

is to build or to strengthen the philosophical being, the cultured individual by means of a well-ordered moral and intellectual life. A number of psychological and addictive disorders have their source in a life which is disorganized and empty. Looking for truth, justice, beauty does one good. We find there the whole Aristotelian education which allows the person to open themselves to the highest that they are capable of. ARISTOTLE designates that growth as humanisation. That is what I try to do in my approach, postulating that it is thus that I allow my patient to find the tools of their own healing and rehabilitation.

I have found, most notably in the prison environment that restoring the ethical dimension to a person allows them secondarily to be open to another more spiritual dimension. And so, through a re-ordered humanity, I observe that my patients become little by little more open to the mystery of their deepest personhood.

I work hard to restore coherence in their life. One of the aims is to allow them to live agape through *'eros'* and *'philia'*.

I wholeheartedly share FRANCKL's opinion (you all know him), that the great majority of depression is by nature existential. He calls them 'no-ogenic' depressions in the Aristotelian sense of '*noùs'.* For ARISTOTLE, '*at the narrow point of the soul we find the noùs or spirit which embraces the most important questions (…), commandments, the notion of what is good and divine, of what there is in us that is most divine* '.(7)

For FRANCKL, *'alone the spiritual dimension allows the being to avoid dispersion (….) it creates the unity and the wholeness of this being which is man (…) that physico-psycho-spiritual whole'*. (8)

The intuition inherent in talking therapies is that psychological health can only be arrived at in the context of a purposeful existence. And so, does the man of today still have to means to really get better, cut off as he is from his spiritual, living principle, '*the organ of hope'* as FRANCKL calls it ?

For the psychiatrist of this school, psychotherapy cannot impose a life purpose on the patients from the outside. It is nonetheless part of his role to help that spiritual purpose which has often been repressed to emerge from inside. FRANCKL also agrees on the fact that the spiritual life can produce psychological healing as a side-effect. It can lead the patient to consciously resume their religious faith which they thought they had abandoned, but which they had just repressed. Talking therapies strengthen the ability to make free decisions by exercising responsibility. FRANCKL says *'that responsibility is the other face of liberty'*. (9) Talking therapy proposes three ways of finding a direction in life; through an action or a good deed, through the experience of what is beautiful, true and right or through love, and finally through suffering by finding in it a fruitfulness, a significance. It is this direction and purpose which the person is called to seize and to appropriate in their decisions because they are free and responsible.

And it works ! I can assure you. It is simply a question of allowing our patients to become aware of what is important in their life, of constructing the monument to their existence, of buying the field or finding the pearl according to the parable in the Gospels.

As for me, after ten years of practice, I can bear witness to the real effectiveness of this approach both in results for the patients and in time-saving. And that is on top of the joy it brings me.

I have been able to experience through this method of practice, that the patients very rapidly find hope again, they pick up again their enthusiasms, in a life that is coherent, in a life characterised by grace, openness, service, and I have to say they often find again their faith or an opening towards transcendence.

Healing comes with gift of self, purpose, coherence, generosity, exceeding one's expectations…those historic drinking associations have long understood it.

To heal, is to give back those possibilities to the existential process. One of the signs of a deep healing of the self is joy. So, it is about allowing our patients to experience the joy of existing, the joy of being, a bit like the joy of the infant, simple, completely relational.

All this poses the question of the real purpose of medicine.

Let us remind ourselves, Paul TOURNIER who affirms : *'we know very well that technology treats ills which have psychological and spiritual causes.'* (10) and *'just treating the patient and not the illness, is to help our patients to resolve their life's problems.'*(11)

And Professor FOLSCHEID, a philosopher adds *'Medicine really achieves its aims when it succeeds in restoring the ability of the patient to exist, in offering him a way of life which allows him to lead an authentic existence. That is why one cannot just make the restoration of the sick body the sole purpose of medicine…health is not the real purpose of medicine…but the absolute aim of medicine is the person themselves'*. (12)

In the 5th century, BOECE is already defining the person as an indivisible substance with a reasoning nature, in other words, a being united by relationship. The problem is that specialised medicine, for whom the object (and not the subject) is the organ, has objectified the body by separation and has ended by cutting the person into pieces. Concomitantly, materialism has assumed rights over the person, the practice of medicine and the doctor.

The carer is a sovereign piece in this process of holistic healing.

Man is the only being in Creation who has to make sense of his life and we all know that that is even more vital when we are confronted by illness.

In order to do that the whole behaviour of the doctor, all his words, have to bear witness to his humanity. Let us remind ourselves of the patient quoted at the start of this talk who expects each person who talks to him to be a representative of God on earth. That might seem a bit naïve but there is something true in his words. In effect, it is through us doctors that the patient is going to be able to make sense of his sufferings and to open himself to his true destiny. It is also through us that he will be able to make contact or not with God Above.

For that we need to be profoundly human, capable of being perfected, simple, as much as possible working with gentleness with joy. I make an effort for my consultations to be full of joy. I need to be loving as well, even if it is poorly thought of by the psychiatrists and I follow in the example of Dr David SERVAN SCHREIBER's praise for that love directed at our patients. Love of friendship as expressed by ARISTOTLE, or simple love, or even love of God which I need to allow through in one way or another if I want my patients to get better at the deepest level of themselves. It is not always easy, as you will appreciate, but it seems to me to be so indispensable. To be witness to the infinite love of Father God for his people, that is what is for me the most important thing.

After that explanation of my clinical practice, how can we broach the question of the economic constraints which we are experiencing in our daily practice ? Are we applying our efforts in the right places ? Are they just ? In 2013, the psychiatrist on call at night was abolished at the European George POMPIDOU hospital in Paris. In other words, the slightest psychiatric problem at night meant the patients were transferred by ambulance to St Anne's psychiatric hospital.

In addiction medicine, we are cruelly deprived of senior hospital posts and fixed contract or vacancies comprise the great majority of available posts. And yet, if there is one discipline it is difficult to have too much of, this has to be it.

I sometimes really get the impression that it is the less expensive services which are cut first, and in any case centres of research have expanded to the point where hospital walls are being pushed outwards to erect new buildings.

But, we can ask ourselves to what point current scientific progress really represents the greatest benefit to our patients, on the human level? And even if we don't throw everything at research, far from it, we

cannot be ignorant of the fact that we are evolving today in a world characterised by places of restitution, a concept largely developed by Pope John Paul II. One of the questions to be answered is knowing if progress on the one hand and financial austerity on the other hand have respect for the virtue of justice. In other words, give to each what they are owed according to St Thomas AQUINAS. This implies that we acknowledge what we owe each other and that we give it to them.

The greatest proportion of health expenditure in the world is spent on the minority and the principle of justice is not adhered to. Whether it is the poorer countries, the homeless in our cities or the unwanted embryos, they fail to receive what they have a right to by reason of their humanity. We are told that there is not enough money to keep our hospitals functioning yet there is plenty left for a multitude of treatments where the cost has often not been balanced against the dubious benefits. At the risk of repeating myself, there is plenty of money left for 200,000 terminations per year in France. What is worrying is that we have left behind any sort of coherent thought about the matter and that the person is no longer the purpose of healthcare but it is a union of financial powers in the service of dominant ideologies of a utilitarian variety which prevail. Scientific research has got carried away, everyone knows it and it is technology which is imposing its philosophy according to ulterior motives from different sources.

We have sadly to conclude that we haven't accompanied scientific progress by a deepening of ethical thought adapted to the person's purpose in life. But the worm was in the fruit as soon as our society, separated from God, constructed a man without soul, which is to say without purpose. We have moved, according to Gaston FESSART, a Jesuit father, *'from humanisation to hominisation'*.

So atheism and hyper consumerism which is its correlate reached their final conclusion, that is to say, the dehumanisation of our contemporaries, who have become themselves the instruments of their own consumption. Here we have the utilitarian society so dreamed of by BACON !

It is a whole collection of factors which has allowed research to run away with itself, in a crazy race which has become independent of any anthropological model.

In effect, technology has become technique and the *'logos'* has disappeared on the path of progress. There is no longer any connexion between technique on the one hand and discussion about the technique on the other hand.

So, the object of research has become research itself. It has given itself its own reason to exist and it no longer has as its purpose the common good or the person.

This joins together with the message conveyed by the current scientific age which would have us think that medicine is neutral, that it is underpinned by no *'logos'*, it is objective and not subjective. In other words it is beyond criticism. Everyone has the right to it, even if it isn't necessarily the best treatment for them or if it is the most costly collectively. For example, oral substitute therapies in drug addiction have become the incontestable treatment for anyone who has tried heroin and even cocaine and they are prescribed today as a means to come off drugs. Imagining those patients off all addictive substance is the measure of success for the carers, who are creating a people in thrall. It is as though it is a perversion of medicine to prefer the principle of precaution to the real healing of the person. Hence the shooting rooms promoted by certain professionals !

But before the pressures imposed by economic austerity, when money flowed freely, were we doing things any better ? I have a patient who went through more than 20 detox courses in 10 years who is still drinking and lives with a totally humiliating feeling of failure.

And yet, we all know of private initiatives which don't cost much. In particular those experiences of community living which only cost the price of disability benefit, founded on friendship and solidarity which have helped psychiatric patients come through huge problems, have given them a taste for life again and the desire to take themselves in hand. I would like to mention the 'Association for Friendship'

(l'Association pour l'amitié, l'APA) founded by young Parisian professionals who set out to house together people off the street and often with huge psychological difficulties with others perfectly integrated both professionally and socially. It is often miraculous for the more fragile who find again a life of relationship and friendship. I must also mention the association 'The guests at the feast' founded by Dr Marie-Noëlle BESANCON who offers a community life to people who are affected by serious psychological troubles and which allows them to live a more beautiful life and to get much better psychologically. Why is it almost impossible in almost all cases in France to direct patients towards therapeutic, confessional communities ? This sacrosanct secular liberty has done a lot of damage in our country with very real loss of opportunities for our patients.

The result is catastrophic, our coffers are just about empty and the number of treatments is debatable from a human point of view before even addressing the systems for delivering those treatments.

The drift towards the organic and the scientific in medicine has amputated the person from their reason for living, for direction, for unity, coherence, being open to transcendence and therefore to any chance of profound healing. In any case, healing is no longer on the syllabus at least in my discipline. Hardly surprising since the current anthropological view of mankind is mechanistic.

It is because of this that according to the prevailing view of anthropology, the objectives of care cannot be compared neither can they be implemented.

Finally, I am sure that rather than the effect of economic austerity, it is the purpose of medicine which should be questioned together with its ultimate aim and therefore the choices taken as a result. It is less a question of cost than one of philosophy.

And it is because medicine of the person and technological medicine are no longer pursuing the same aims and no longer meet at the patient's bed-side, that they are competing with each other. But it could be so different if doctors took back control of their art.

You will have understood as a result of this talk, that I think that a more humane medicine would be less consuming of care and would more readily attain its objective, which is to look after the whole person and improve their well-being.

I will finish with two thoughts :

- Less funds means fewer patients treated, that is clear ; but let us remember the Good Shepherd in the Gospels who left his 99 sheep to go and find the one which was lost ! God does not count as we do ! He counts as far as one! This mystery means we must remain hopeful.
- Finally, I have on my heart the thought that our clinical encounters should be 'Mount TABOR' experiences, where the Transfiguration takes place in order to allow our patients to enter the great movement of divine adoption (or of filiation ?) and hear together with Christ : *'This is my Son, whom I love; with him I am well pleased. Listen to him !'* (13)

Thank you for your attention.

References

1. M. DURAS, *La vie matérielle*, Paris, 1987, p. 22
2. Anne V., *Jusqu'à plus soif*, NIL édition, 1999, p. 73
3. Thierry, Partage, N° 142-2000, p. 23
4. Carlo COCCIOLI, *Hommes en fuite*, p. 349
5. Cl. BRUAIRE, *L'être et l' esprit*, PUF, p. 64
6. Dr X. EMMANUELLI, in Bulletin de l'Ordre National des Médecins, N°35, 2014
7. ARISTOTE, *Ethique de Nicomaque*, Ed Flammarion, Paris, 1992, p. 309
8. V. FRANCKL, *Le Dieu Inconscient*, Ed le Centurion, p. 24
9. V. FRANCKL, *Découvrir un sens à sa vie*, Les Editions de l'homme, 2000, p. 127
10. P. TOURNIER, in *Médecine de la personne*, Ed DELACHAUX et NESTLE, p. 131
11. Ibid, p. 14
12. FOLSCHEID, WUNENBURGER, *La finalité de l'action médicale*, in Philosophie, éthique et droit de la médecine, PUF, 1997, p. 144
13. Matthew 17 v5