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The patient at the centre of medical science and practice, embedded in spirituality

A challenging title : are we talking about a vision or even utopia? Wouldn't the title today have to be better formulated as: *The economy at the centre of medical science and medical care*? FULL STOP. With no mention of spirituality.
BUT, if you want to understand the present, you have to know the past in order to give shape to the future. Therefore, we need to look back at the *doctor's art* in considering this topic. This is based on four pillars:

1. Knowledge about the causes and processes of disease
2. Medical experience
3. Intuition
4. Preference of the patient (autonomy)

Caring for the patient, looking after him holistically, was the doctor's lifeblood and his actual vocation. Caring for a person is for me the profoundest and, at the same time, the highest form of love! Paracelsus (1493-1541) writes: "*The best medicine for people is people. The highest degree of medicine is love."* In English this is trenchantly expressed with the term '*caring*': "*Caring is a living expression of God's character of love. People who need care should be seen as an asset to the community rather than dismissed as a burden. All people are made in the image of God. If God cares for every human being, and we are made to be like God then we are made to care for each other*."[1] Our medical vocation is thus created by God himself who promised, at the same time, to care for us.

'God cares' was the banner of the European medical congress of the ICMDA (International Christian Medical and Dental Association) and the ACM (Association of Christian Medical Practitioners) in 2004 in Krelingen. It took place under the central theme: '*Who cares*?' We had chosen this theme because we had the impression that this caring for patients, care in the holistic sense, was at risk of being lost. That was 14 years ago.

What are the challenges today, for instance, with oft-cited demographic change, the increase in chronic illnesses and the rise in cancer cases, etc.?

I'd like to pick out just five points, and then elaborate on three of these:

[1] I. Scharrer, ICMDA Kongress 2014.

1. The influence of economic pressures on the everyday routine of a doctor. This leads to the doctor being caught in the vice of economic requirements;
2. Unreasonable pressures of work because of continually proliferating bureaucracy;
3. Digitalisation and telemedicine. Digital competence is becoming increasingly important. In daily routine, digitalisation and telemedicine are alleviating the situation enormously, but there is also the potential for risk;
4. Disrupted doctor-patient relationships. The patient has for a long time no longer been a patient, but a customer. This leads to an increasingly demanding attitude by the 'customer';
5. Very rapid growth in knowledge through success in research, e.g. in cancer medicine.

These are only some of the current challenges. I'd like to look further at three of these: economy, telemedicine and knowledge explosion.

1. Economy

In hospital, care of the patient is subordinated to the economic optimisation of the hospital's use. The leading figure in a hospital nowadays is the business manager. Disincentives have arisen through the implementation of Diagnostic Related Groups in Germany. Hospitals were, and still are at risk of making more provisions based on the technicalities of accounting. 'Communicative' medicine is being increasingly neglected. And this despite having several oaths, for example, the Hippocratic Oath, the Geneva declaration, the model profession code of conduct (in Germany). They contain the well-being of patients or beneficence, not doing harm (non-maleficence), autonomy, justice and the well-being of doctors.
Following this rather gloomy picture of the present, I'd like to talk briefly about a positive initiative. I was very happy and grateful that, shortly after my lecture on haemolytic anaemia, this year's congress of internists took place at the Mannheim Symposium and I was able to listen to a presentation on the **Clinicians' Code of the DGIM** (German Society for Inner Medicine) on: '*Medicine before Economics*'. It included 8 points. I'd just like to quote a few of the sentences from it: "*We shall meet those who come to us with appropriate care and stand by them; we shall try to deal with their health concerns and win their trust. We shall carry out our medical art as doctors without being motivated by economic pressure, financially incentivised systems or economic threats to turn away from our vocational ethics and the requirements of humanity*." (Deutsches Ärzteblatt, 114, 49, 2338-2340, 2017).

For me there are two basic pillars that come out of this which should and must be maintained. What must be maintained are:
1. The trust of the patient towards the doctor and
2. The responsibility of the doctor towards the patient.

In my view, economics must support medicine, and not medicine economics!
There must not be rationing, even if rationalisation is often the result, where the quality of medical performance and care and attention must continue to be guaranteed. The fact this currently a risk was illustrated recently with the introduction of a care manager at a large clinic in our neighbouring town. She said: "*Care must be freed from wanting to provide for the patient from A-Z. Care must take place in half the time. We, therefore, need to set priorities and deploy our time in a very targeted and custom-fit manner. Those who do not wish to do this, or whose self-image of their vocation does not fit in with this, will just have to go*." In a clinic like this one the patient is, unfortunately, no longer at the centre.

2. Telemedicine

At this year's German Doctor's Conference in Erfurt, telemedicine (remote treatment) was integrated into the German code of professional practice. Dermatologists were the first medical discipline in Germany

represented by the professional association to publish guidelines in which telemedicine could be implemented legally, ethically and medically within dermatology. It is to be used as a helpful way of supporting familiar patients and checking on their progress. In doing so, it is important to note that personal impressions of the patient, such as findings on examination, body language, smells and accompanying psychosomatic circumstances should be also taken into consideration. The nature of the relationship and a doctor's intuition are perhaps possible, but also more difficult (Example: a patient came to my outpatient clinic with her husband. I noticed that something was not right with the patient. The first thing I asked her was: "Have you lost weight?" The husband answered quickly: "Far from it. My wife has been putting on weight." Then I asked her: "Is something troubling you?" Again the husband answered quickly: "No, my wife has no worries." At this I intervened and said, perhaps a little brusquely: "I'd like to hear what your wife has to say and not what you have to say," and asked her very directly: "What's the matter?" and smiled at her. At this, the woman began to cry and stuttered: "Our house is completely flooded from a burst pipe and so much has been ruined." To this I answered: "Oh, I can understand that, a short while ago our flat was extensively burgled." The patient's face suddenly lit up and she said: "Thanks for your understanding." It's unlikely that would have been possible with telemedicine, (or there again, perhaps it would?)

At this year's Congress of Internists, to which I've already alluded, the president, Professor Sieber, wrote under an article in his report '*High tech not without High touch in internal medicine*'. Both should contribute to the patient's benefit.
A further example: one of my patients, an enthusiastic supporter of telemedicine, gave a promotional lecture for telemedicine in our lecture hall. He concluded by saying: "*The only thing I've missed until now with telemedicine is Frau Scharrer's hand on my shoulder* ". Once again, *High tech not without high touch in internal medicine*.

3. Explosion of knowledge

For example, in oncology, with reference to basic research, clinical research and translational research. Through it the possibilities of cancer diagnosis and treatment have increased exponentially. The oncologist Prof. Hallek from Cologne recently wrote in a position paper of the DGHO (German Society for Haematology and Oncology): "*Research equals therapy and therapy equals research*." B. Naunyn coined the famous saying: "*Medicine must be science or it won't exist*." I'd like to contradict this. Our medical art does not just consist of science and technology. B. Lown, the famous cardiologist and author of the book *The Lost Art of Healing* expressed it as follows: "*The good doctor practises the art of medicine and at the same time is a master of the science*."
Scientific understanding of the causes and processes of illness is important. But in this the patient must and should be at the centre of things. This is what is taught at universities. Students should achieve an academic way of thinking, for example by completing a doctorate. Understanding complex situations with illnesses, and not just knowledge of facts, should be taught, and also enthuse and interest students. At the same time, in Germany, there is a lively discussion going on about the restructuring of studies according to the 2020 master plan. This concerns what is called competence-oriented training for strengthening general medicine. Practice oriented competence should be at the forefront of training. The medical faculty fears that this reform will introduce 'medicine light' at a university level. This is a discussion where those both for and against have good arguments.

So, these in brief are some of the current challenges we are facing. But what has all this to do with spirituality, and how can spirituality help in meeting the many, contemporary challenges?
I wouldn't want to be misunderstood; there are very good doctors, who excel in caring for their patients, without any spiritual influences.
However, in my view spirituality is a gift, a great, unearned gift that can give us a new perspective in our daily lives, God's perspective.

I'd like to look at this gift together with you. I'd like to invite you to look at a mosaic picture within a golden frame.

In this picture we see 11 stones.

The first, red stone, is illuminated. It is called ***prayer***. Our medical-ethical values are, as I have already expounded, on trial. We must use current crises as a chance to re-evaluate things, including the power and possibility of prayer and intercession for each other.
Paul Tournier writes on page 184 of his book *Aggression – A Power for Good and Evil*: "*Medicine of the person is medicine with two hands: science uses it as responsibly and capably as possible for its purposes, yet in a way that the mysterious relationship for which our patients have such a need, is not neglected. But it's not enough to have only two hands; one must join them together. This joining together is the thousand-year old, universal gesture of prayer, the sign of the anticipation of God, the presence of God, the recognition of his sovereignty, the acceptance of his grace. For that reason the medicine of the person leads us to prayer*." I can't imagine my daily reality without reflection in prayer and in the community. This is prayer '*without ceasing*' (Eph. 5, 17) and in gratitude (Eph. 5, 8). I wouldn't want to be misunderstood here; we're not speaking here of some sort of automatic process. I don't stick my bankcard (the matter of concern) into the cash machine and immediately the 100 Euro note comes out (i.e. the result). We can't force anything or be deserving of anything, as the priest says in the famous joke: "*A priest and a reckless, speeding bus driver, who had jumped every red light, knock at heaven's gate and wait to be admitted by Peter. Peter opens and immediately lets the bus driver in without any hindrance. But he asks the priest to wait for a few weeks. The priest is angry and cries out: 'I've served God all my life and this bus driver …' Peter interrupts him and says: 'Yes, but with this bus driver all the passengers prayed, but with you the parishioners always slept during the service*."
Many hurried prayers have ascended towards heaven in the daily routine of my life as a doctor.
Yet I have also often experienced how, when prayer has been neglected because of time constraints or the worries of earning an existence, there has been a spiritual undernourishment, a spiritual crisis. This is situation in which we cannot work or survive well. We need this red mosaic stone for our everyday lives; it can give us great faith, like that of the Canaanite woman (Matt. 15, 27). This, too, is where the prayer "*God, please keep me from making medical mistakes*," belongs.

Let's look at the second, yellow mosaic stone. It is called ***empathy*** : compassion and sympathy in action. We have this more or less by our very natures. We find the best description of empathy in Luke 10, 33 with the Good Samaritan. The Samaritan 'had compassion' and acted. Then he carried on his journey. There are, of course, dangers lurking here. Possibly being exploited by patients. Loving care and attention, on the one hand, and keeping one's distance in recognition of one's own limits, on the other, go hand in hand. Empathy means putting oneself in the patient's situation, listening, sensing fear and never feeling that one is God in a white coat (for example, on doing rounds). Empathy is, I think, also possible via telemedicine, but sometimes only partially.

The third, green stone, emits the light of ***hope***, ***optimism*** and ***joy***. The patient should, after seeing and hearing us, feel better. But we mustn't play at being the 'sunny boy', but tell the truth in love and not lie. The patient needs sympathetic explanation, the conveying of hope and confidence. The patient's results and his condition should not be the same. A good friend of mine, a lady ill with metastatic ovarian cancer once asked me during the five years of her suffering: "*Why do doctors so rarely exude joy?*"

What is the fourth stone, lying right next to it, helping us to meet the further challenges of our demanding everyday lives? It is the violet one. It is defined by ***power***, ***self-discipline*** and ***resilience.***
Alongside sport, a healthy life-style and resilience, there is also a spiritual source of power we can and should tap to protect us from burnout. It is God's power or the cry for help for God's power (2 Cor. 12, 9): "*You will perform it, even though everything is hard and you do not know how things will turn out. For in you*

lives God's power, which can unfold when you are weak." And this is ***praise***. A doctoral student once gave me a card with a saying on it when I was suffering from major difficulties with my superior: "*Praise and glory to God strengthen you*."

The next, fifth mosaic stone, is a small brown stone, but also very important. It is defined as ***organisation***, ***delegation*** and ***time management***. Paul Tournier points to it on page 39 of his book *True and False Feelings of Guil*t: "*Our time belongs to God, and we are its stewards; we are responsible for every minute he gives us*." In the Bible we are also reminded in the story of Moses and his father-in-law about delegating. Moses' father-in-law says to him: "*You will only wear yourself out*" (Exodus 18, 13-24).

The sixth, orange stone, lights up. We can read it; being a doctor requires ***rejecting*** or sometimes ***putting up with vanity***, ***envy***, ***pride***, ***careerism***, ***competition*** and ***setbacks.*** Business isn't always stimulated by competition. It can also hurt and paralyse. Today so much misery and injustice is caused by vanity and envy. Success is not the same as the presence of God's blessing! The lack of success is not the same as the absence of God's blessing. I may be overlooked on the career ladder, but I am still a beloved child of God.

The seventh, grey stone, directly next to it, is defined by ***courage,*** courage towards superiors, colleagues, administrators, patients, etc. "*Lord, give me the right word at the right time and in the right place and keep me from cowardice and fear*" can and should then be our prayer.

The eighth, black neighbouring stone, is called ***tolerance of frustrations***, for example when accused of having made a medical mistake. Everyone can, and everyone one has at some time made a mistake, for example, with missing documentation or when overlooking a pathological laboratory reading, or such like. No doctor gets to heaven's gates innocently. Behaving as a colleague towards those accused is here the order of the day.
We also need a tolerance of frustration with the tiring and boring chores, such as invoicing or when, in the autumn, the tenth patient with influenza enters our practice.

That's why the next, ninth, pink stone, is called ***humour.*** I maintain that God himself has a sense of humour and takes delight in us (Zeph 3, 17b). How nice is it to greet the patient with humour and a smile that is then often reciprocated. "*Serenity is not freedom from the storm but peace amidst the storm.*" I found this saying, carved in stone, at St. George's Church in Montreal directly next to our congress centre. Clowns in hospitals can also drive out sadness.

The tenth, white stone, lying directly next to it, is headed by ***wisdom and friendship.*** "*Lord give me wisdom to do what is right and reject what is false."* (James 1, 5). *"Lord, give me friends who counsel me honestly, who put up with me and who love me."*

The next, eleventh stone, shines in blue. As we've already said, we are celebrating great success in science. That's why this stone is defined by ***integrity***, particularly in academic work. "*Success seduces*! " "*Publish or perish*" is an academic imperative. "*Lack of research funding seduces*! " Money leads the world astray. Yet research is an important foundation of our medical work and the doctor's art of healing. We need research and translation into clinical practice. Integrity here is of the greatest importance, if we think, for example, of the danger of plagiarism. It is particularly colleagues at university clinics who need our prayer for protection.

In conclusion, let us look at the golden frame which holds the mosaic picture. It is ***the hands of God***. The hand is the organ of touch, contact and relationships. Jesus had loving hands when he laid them on the heads of children and the sick. He blessed people and bread. His hands were pierced on the Cross. Yet shortly before his death, he called out: "*Father, into your hands I commit my spirit*." (Luke 23, 46)

We doctors, with our gifts, weaknesses and mistakes, are secure in God's good hands (Ps 63, 9). "*Your right hand upholds me*". "*Lord, you are and remain my God, what will become of me lies in your good hands. You surround me from all sides, God, your strong hand is above me and beneath me, in front of me and behind me; it leads me. I am secure within you*." (Kurt Scherer)