

# A Way Forward for Health Care and Healers

Robin S. Gotler, MA, *Reflections Editor*

Kurt C. Stange, MD, PhD, *Editor*

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The reaction<sup>1</sup> to Egnew's essay "Suffering, Meaning, and Healing: Challenges of Contemporary Medicine"<sup>2</sup> reveals deep yearnings and strong convictions among clinicians, patients, and medical students. Clinicians describe a yearning for an integrative approach to medicine in which "relational wisdom and clinical wisdom [are] inextricably tied together"<sup>3</sup> so that we can "reclaim our own souls, and...learn to heal again."<sup>4</sup> On an individual level, this requires self-awareness<sup>5</sup> and a willingness to provide patients with space in which healing can take place.<sup>6</sup> On a broader level, it requires medical training that emphasizes patient centeredness<sup>7</sup> and the ability not only to communicate but to connect.<sup>6</sup> In addition, according to a medical student, role models of physician healers "are essential to counteracting the sometimes unhealthy pressures we face as students."<sup>8</sup> Patients describe the transformative power in self-defined healing,<sup>9</sup> and they challenge us to develop language that reflects a true partnership between clinicians and beneficiaries of care.<sup>10</sup> Family medicine, which sprang from a desire to revolutionize care, may be a natural home for the physician-healer movement, according to Farber: "My hope is the old revolutionaries of Family Medicine will join forces with the new revolutionaries of Palliative Care to further move us along the path of training and supporting physician healers."<sup>11</sup>

This powerful essay and compelling discussion light an undeniable path forward to re-form health care, starting with ourselves, to reduce suffering, restore meaning and promote true healing. Consider reading the essay and discussion on paper, away from your computer, but close to your heart. Then, consider how you can begin the inner transformation and external action that these words compel.

## MORE HIGHLIGHTS

The rich online discussion also includes suggestions for:

- Overcoming fragmented health care<sup>12</sup>
- Refocusing generalists and specialists on their most effective and efficient roles and shared care<sup>13</sup>
- Using listening and relationship rather than tests to foster a sense of patient well-being<sup>14</sup>

- Implementing incentives so that they do more good than harm<sup>15</sup>
- Improving maternity care access and comprehensiveness<sup>16,17</sup>
- Reframing our interpretation of the effect of personality on study data completeness<sup>18</sup>
- Making the cholesterol-lowering benefits of barley tolerable<sup>19</sup>
- Improving quality of care<sup>20</sup>
- Improving communication with a pause during care and by reforming care away from only brief encounters<sup>21</sup>
- Understanding how important health literacy is to effective health care<sup>22</sup>
- Approaching the multifactorial nature of asthma and its multilevel treatment<sup>23</sup>
- Overcoming underrecognition of the impact of direct-to-consumer advertising on the outpatient visit and prescribing<sup>24</sup>
- Fanning or slaking turf wars around who should perform colonoscopy<sup>25</sup>
- Assessing the trade-offs involved in using short or long instruments to screen for postpartum depression<sup>26</sup>
- Implementing processes for detecting and managing post-myocardial infarction depression<sup>27</sup>
- Reconsidering relevancy and bureaucratic load of the National Committee for Quality Assurance assessment of the patient-centered medical home concept<sup>28</sup>
- Understanding uncertainty<sup>29</sup>
- Considering the trade-offs in paper vs electronic data collection in office-based research<sup>30</sup>

We were delighted to see the comments of a residency journal club.<sup>31</sup> We encourage other local journal clubs, and all readers, to join the discussion at <http://www.AnnFamMed.org>

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## CORRECTIONS

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In the Association of Family Medicine Residency Directors' Family Medicine Update for the March/April issue of the *Annals*, "Innovation in Family Medicine Residency Training" (*Ann Fam Med*. 2009;7:182-183), the abbreviation for the National Institute for Program Director Development should be NIPDD.

The Correction in the print version of the March/April 2009 issue of the *Annals* (*Ann Fam Med*. 2009;7:181) is missing its article citation and digital object identifier number: *Ann Fam Med* 2009;7:181. DOI: 10.1370/afm.984. This line appears in the online version; therefore, the print version departs from the online version.