

Departure From the Darkness and the Cold

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The Hope of Renewal for the
Soul of Medicine in Patient Care

Lawrence J. Hergott, M.D.



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*Departure From the Darkness and the Cold:
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For Sienna,

And a Life of Love

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“The best moments in reading...are when you come across something—a thought...a feeling...a way of looking at things—that you’d thought special...particular to you—and here it is! Set down by someone else...a person you’ve never met...maybe even someone long dead. And...it’s as if a hand has come out... and taken yours.”

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FOREWORD

Sometime in the early 1980s, I fell into a mid-life crisis. I had a loving wife, a growing family, considerable academic success, and a great deal of satisfaction taking care of patients. So what could be lacking? Seamus Heaney's translation of the opening lines of Dante's *Inferno* almost exactly captured my predicament:

In the middle of the journey of our life
I found myself astray in a dark wood
where the straight road had been lost sight of.

How hard it is to say what it was like
in the thicket of thickets, in a wood so dense and gnarled
the very thought of it renews my panic.¹

After some struggle, I found that my straight road forward lay in poetry. I began to write. Well, it wasn't the poetry itself that freed me from the thicket, but rather the process of reflection and self-discovery that resulted in poems. It turned out that the meaning in my life had been present all around me. I just hadn't fully experienced it. As William Osler wrote, "Nothing will sustain you more potently in your humdrum routine...than the power to recognize the true poetry of life—the poetry of the commonplace, of the ordinary man, of the plain, toil-worn woman, with their loves and their joys, their sorrows and their griefs."²

In this wonderful collection of essays and poems, Lawrence Hergott employs Dante's "lost in a dark wood" as a metaphor to today's physicians and the profession as a whole. These are difficult times. Multiple external pressures threaten the core values of medicine—empathy,

compassion, excellence, fidelity, integrity, and humility. Many physicians are sensing that indeed the right road has been lost sight of. They ask themselves how to pursue a life of service in a world of markets and machines? How to maintain a healing bond with patients in the era of Big Medicine? What is happening to the soul of medicine?

Dr. Hergott addresses these questions with experience and insight. A veteran of decades of medical practice, he witnesses to the burden and sacrifice, as well as the profound personal fulfillment, of a life in medicine. He acknowledges external pressures but, in his stories and reflections, he serves as a role model of resilience and creativity, suggesting how others, young physicians and medical students, might discover their own straight road.

These are the reflections of a thoughtful physician about his life experience as a whole, not just tales of treating patients. We learn of Dr. Hergott's great personal loss, the death of his son in an airplane crash, but also about the quiet joy he and his wife experienced when his career change offered the prospect of spending more time with family. We read of his "Blessing for a Newborn Child," and mull over his poem of gratitude, "A Letter to a Dying Friend." A full life, and a full experience for the reader.

In one of his essays, Dr. Hergott quotes Joseph Campbell as saying, "The trouble we are having in the United States, doctors, is that we are often practicing medicine as *prose* rather than the *poetry* it really is."

Lawrence Hergott practices as poetry.
Jack Coulehan, MD, MPH

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2. Osler W. The student life. In *Osler's 'A Way of Life' & Other Addresses With Commentary & Annotations*, Eds. S Hinohara and H Niki, Durham, Duke University Press, 2001, p. 305.

INTRODUCTION

I am writing the beginning of this introduction sitting in a cloistered square enclosed by the stone walls of a hospital Queen Isabella and King Ferdinand built in the Spanish town of Santiago de Compostela in 1501. The long wooden table I write on is more than 150 years old, as is the small but exceedingly heavy wooden chair on which I sit. The center of the square is filled with a sculpted, arched stone well, waist-high deep-green bushes, and a vast assortment of pleurably colored flowers brightened by a radiant sun. The square is a meditative, inspirational place in which to contemplate and write.

When Isabella and Ferdinand came to visit Santiago de Compostela, they were troubled by the mutilation of many of the pilgrims who walked, sometimes hundreds of miles—“poorly fed and unclesaned”—to get to the Santiago de Compostela Cathedral to pray for help from St. James, one of Jesus’ apostles. Legend has it that the cathedral contains the bones of St. James, and pilgrims have journeyed to the cathedral for over a thousand years to seek his help. Pilgrims who arrived unwell could be treated at the ancient hospital at no charge and for as long as it took to restore their health.

I decided to write in the square not only because it is pleasant to be here, but also because it imparts a sense of depth to ponder disturbing inconsistencies between what the ancient hospital symbolized and accomplished long ago, and the structure of medical practice today that does the opposite, and imperils the wellbeing of both patients and physicians. *Departure From the Darkness and the Cold: The Hope of Renewal for the Soul of Medicine in Patient Care* is written in the spirit of hope that this transgression will be undone. An explanation of how and what has transgressed follows, which will set the stage for the stories and poems in the content of the book, which serve to encourage

clinicians—physicians, physicians’ assistants, nurse practitioners, nurses, pharmacists, etc.—to persevere. An explanation of the transgressions can also help non-medical readers understand the dilemma, and also get a glimpse of *the life of medicine* today.

The major force of this misdirected situation is the loss of freedom for physicians in the current era, who now lead torturously intense and dispiritingly long days appeasing business-based overlords rather than giving comprehensive care to patients. One major miscalculation that affects clinicians’ clinic and hospital days is that they are now forced to regularly perform trivial, superfluous acts, similar to what John Muir described as “*cold enslaving musts*”—the experience that motivated him to escape from his job as a woodcutter to fulfill his passion for nature, thus giving his gift to the world.

At least at present, the great majority of clinicians, though in various states of duress, continue to work diligently to honor the call of caring they devoted themselves to, and remain true to what the late Irish philosopher and poet John O’Donohue offered in his poem, *For Presence*, “Respond to the call of your gift and the courage to follow its path.”

Tragically, an increasing number of clinicians are following Muir’s course, and literally escaping from their jobs. *How* medical practice changed and led to this harmful and non-sustaining state is well defined. Since *what* has risen from the changes is more relevant to this book than *how* the dysfunction occurred, I will offer an extensive description of the *what*, but start by briefly summarizing the *how*.

The source of sorrow—and anger—clinicians have carried in recent years relates to the mismanagement of challenges in contemporary medicine that were inconceivable a few decades ago. Decisions were made from these challenges mostly by nonclinical administrators—business oriented healthcare organizations, insurance companies, hospital executives, etc. Actions largely focused on productivity and profit rather than the foundational, healing practices of quality and concern, have thus overtaken the structure of patient care, and relegated clinicians to the level of pawns rather than highly valued individuals dedicated to the welfare of others. In centering on the business aspects of the structure of medical delivery, healthcare leaders

and executives have violated a proverb Buckminster Fuller declared in his book, *Critical Path*—a statement relevant to many modes of service, and certainly to medical practice—“You can make money, or you can make sense.” Also violated is Sir William Osler’s elucidation over a century ago of what medicine was, and is: “The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head.”

Physicians bear some responsibility for our current race to the bottom as well. We may not have paid enough attention, for example, to the rising and excessive costs of clinical care prior to the changes mentioned, or of our role in lowering those costs. Some physicians have tragically put their own monetary benefit ahead of patients’ needs—doing more procedures, operations, and interventions for profit rather than healing. As mentioned in the essay, *The View From Fiesole*, I asked a physician who called me to see if he could join our university group just why he wanted to join us. He said, “You know, to make it in the private world these days you have to sell your soul”—a statement bad enough on its own, but made even more troubling by his adding, “and I’m not sure I want to do that.”

Regarding *what* has changed for the worse, many scientific papers—including those championed by Drs. Mark Linzer, Tait Shanafelt, Christine Sinsky, and others—describe medical practitioners’ dissatisfaction in the current era. Data from the Emory University 2017–2018 Blue Ridge Academic Health Group summary paper indicate that about 54% of active physicians are not only unhappy but “burned out” in their work. In some specialties burnout may be as much as 70%. Those in the higher percentages are clinicians who are at the front-line of care—emergency room physicians, family medicine doctors, and internal medicine physicians especially. Aware of this, fewer medical students are showing interest in primary care careers, which are increasingly felt to be challenging and unsustainable. Also at the higher percentages of burnout are young and female doctors. In a 2019 *New England Journal of Medicine* article a national survey of general surgery residents demonstrated that mistreatment (discrimination, verbal or physical abuse, and sexual harassment) occurred frequently among the residents—especially in women—and is associated with burnout and

suicidal thoughts. This finding is of exceptional importance because suicide is the second leading cause of death among trainees.

Elements of physician burnout listed in various studies include: less time with patients and the ability to nurture caring relationships; an erosion of the sense of meaning or fulfillment in medical practice; the possibility of decreased physical empathy for patients; a growing incidence of medical errors; loss of work-life balance, including inadequate time for families and intimate relationships, inadequate sleep, an often unbalanced diet, and absent exercise regimens; a growing rate of physicians leaving their practice (i.e., a ‘turnover’, the lost revenue of one person leaving a group being \$500,000 or more); and, an increase in “pajama time”—spending late evenings at home doing catchup work on a computer, at the expense of rest and relaxation, and even professional literature review.

A research paper headed by Dr. Sinsky showed that in an ambulatory clinic setting physicians spent nearly two hours on desk and electronic medical record duties for every hour spent face-to-face with a patient.

A study from the American Medical Group Association (AMGA) shows that the rate of early retirement has increased from 12% to 18%.

A friend planning early retirement summarized our current troubles well: “It is becoming more and more difficult trying to keep up. The workload keeps increasing without a concomitant increase in technical and professional manpower support—doing more with less, for less, and faster, seems to be the thinking of administration.”

It is because of *what* has happened to clinicians from imperiling changes that *Departure From the Darkness and the Cold: The Hope of Renewal for the Soul of Medicine in Patient Care* is written. Because of the troubles described, the spirit-killing sense so many physicians carry have left an integral and transcendent part of patient care, the *soul of medicine*, smoldering in the distance rather than blazing within us. I define the soul of medicine as: *That thing beyond the biomedical, immutable, and sustaining: the caring, compassionate, dedicated, enthusiastic attitude that set us on the difficult-by-nature, enriching journey called the medical life.* Medical practitioners yearn to rekindle the soul of medicine, and be fully present and helpful to patients again.

With the epidemic we face being well defined and devolving, attempts to correct the course we are on have begun. Various universities, practices, and healthcare organizations are attempting to adopt wellness agendas, and are beginning to lay out ways to minimize the physical, intellectual, and emotional stresses of healthcare personnel—to the benefit of not only clinicians, but patients and healthcare organizations as well. Our long and complicated first pass at offering modern-day medical care has failed. Achieving our goal will require a broader perspective than before, and cooperation rather than seclusion in the people involved. Parties developing our reconstruction, together, could benefit from reflecting on the fact that Daedalus did not tell Icarus to keep from flying too close to the sun. He ordered Icarus to fly the middle course, and avoid not only the heat of the sun but the spray of the sea, which could bring him down. Our first try at the delivery of contemporary health care avoided flying too close to the sun, but crashed by being brought down from the unknown risk of the ocean spray.

Working together, all of us learning from our mistakes, and dedicated to the benefit of others more than ourselves, we can create a lifegiving and honorable system. It is in hope that such an alliance will pronounce as its foundation a quote from the Chinese sage, Chuang Tzu: *‘When the heart is right, For and Against are forgotten.’*

A statement from Dr. Donald M. Berwick, of the Institute for Healthcare Improvement, offers a view of who we are and what we are as clinicians, and where we should be heading:

“It has long seemed a paradox to me that such depletion of joy in work can pervade as noble and meaningful an enterprise as health care. What we in the healing professions and its support roles get to do every day touches the highest aspirations of a compassionate civilization. We have chosen a calling that invites people who are worried and suffering to share their stories and allow us to help. If any work ought to give spiritual satisfaction to the workers, this is it. ‘Joy,’ not ‘burnout,’ ought to rule the day.”

Until that day comes, we will need inspiration and hope if we are to sustain. The stories and poems in this book manifest acts in which

the soul of medicine is not only present but flaming, stories and poems intended to remind experienced clinicians of when there was *time for kindness*, and, so different from now, how good it felt to treat patients in a caring, enthusiastic, unfettered way—a time when medical practice could feel nothing short of joyful. The sharing of stories and poems can also serve as encouragement for medical trainees and those considering a life in medicine, fostering hope that in their practice they will experience the kinds of interactions that used to be common.

Beyond the importance of adjusting medical practice so that doctors can flourish and deliver comprehensive care lies a more global need—the restitution of the field of medicine itself. As mentioned in the essay, *Lost in a Dark Wood*, think about what happens to a society when its most educated and humanistic individuals function as frenetic technicians in creativity killing systems. Think about what a culture loses when people with admirable traits work so intensely on assigned tasks that little energy is left for anything except (perhaps) an insular existence focused on one’s immediate family. There is much for doctors to attend to beyond their practice, and they need time and effort to do so. It might not be an overstatement to say that at this time, as stated in *Lost in a Dark Wood*, the *true way* is *wholly lost*.

Doctors have always provided a voice on behalf of humanity. It is critical now for physicians to expand their relevance and dedication to life, and speak out about the physical and mental dangers from global warming, gun violence, universal epidemics, nuclear weapons, etc. Think about what future generations of physicians, society, and the world will be like if we do not return to the *true way*.

In addition to what medical practitioners might take from reading this book, the stories and poems are also directed toward general public readers, so they can better understand how their doctors lead the fascinating and enigmatic medical life—and how that life may affect themselves as patients. The stories told and poems offered *lift the veil* that shades the medical life, and allows nonmedical readers to perceive many of its aspects. While there is a foundation of science in

the telling of the stories and poems this is not a scientific book. What is mostly described are interactions between medical personnel and patients that can be understood by nonmedical readers, especially as they recognize the presence of the soul of medicine in the interactions. As John O'Donohue declared about writing, "You respect the dignity and potential of the reader." Considering the complexity and depth of medicine, without an entrance such as the book, patients and their loved ones can know very little about their doctors.

A striking example of the disparity between what a patient might perceive in an office or hospital visit and what a doctor brings into the room begins with a question my father-in-law asked of me regarding medicine: "Well, it's mostly just visiting isn't it?" The details of that question and its answer are in the chapter, *Alvin*. The disparities of my father-in-law's perception and what his family doctor brought into the room is nothing short of gargantuan, as the chapter reveals. There is much that is wondrous under the veil.

The essays and poems you will read are actual events people in the medical family have experienced. What is written is intended to offer interesting—and profound, and heartfelt, and sometimes humorous—encounters they have met.

The first essay in the book, *The Time of the Three Dynasties*, describes the troubles doctors and their loved ones experienced in the 1990's, before the radical changes in medicine added to our difficulties. The title of the essay comes from the ancient Chinese philosopher, Chuang Tzu—a salient question that applies to doctor's now:

*From the time of the Three Dynasties men have been running
in all directions. How can they find time to be human?*

The beginning of the essay tells the story of the death of my brother-in-law in a farm accident, and my realizing when our family went back to our small hometown to stay with his family that in essence the stresses he felt were much like those of physicians. Several stories are told about specific troubles physicians endured—and a few examples of some doctors making lifegiving changes upon their understanding the threatening implications of their troubles.

The poem, *A Small, Sacred Space*, expresses the clarity and comfort a doctor offers to a physician-friend anticipating the dangerous removal of a brain tumor.

The essay, *The Desktop Photo*, describes a critical decision a cardiothoracic surgeon had to face between medicine and his family. Medical practice can easily cause imbalance between its needs and a doctor's family—and too often leads to what Frank Lloyd Wright said about himself not being a good family man, “The architect absorbed the father.”

A Tender, Comforting Something is a poem about a physician who is fretful over the troubles of people unknown and far away. His apprehension manifests the broad relevance of concern that doctors can have even for strangers, the presence of the soul of medicine as their base. The poem is dedicated with gratitude to *New York Times* columnist Thomas Friedman, whose work over decades has demonstrated such concern for such people.

The poem, *A Separate Sacrifice*, offers what, how, and why a medical family can endure when a physician is on duty and absent.

An Elevator Blessing is an essay that demonstrates, in a descent in an elevator, how doctors can be of soulful benefit to patients not even their own, and in the most common of circumstances.

The poem, *Tragedy of Shadows*, given the 2015 *Annals Poetry Prize*—awarded by the international medical journal, *Annals of Internal Medicine*—depicts the shrouded “why” of the loss of a physician's beloved.

A particularly poignant essay, *A Single Cloud Eclipses the Sun*, begins with a moment-to-moment description of a tragic, erroneous outcome from a decision I made on a patient in my first year as a cardiologist. The essay goes on to describe what clinicians may carry forever when even a single judgment that harms one patient is made.

The next essay, *Facing Our Mistakes*, goes into detail about how hard clinicians work to avoid harming patients, dedicated always to the tenet, *primum non nocere*—*first do no harm*. The essay also shares some of the responsibilities physicians carry, and how they might progress over time when harm is done, to recover enough to persist in their call to heal—enough of a recovery to enter the room where the next patient sits, waiting in anticipation. The essay describes ways to approach

recovery, including such things as following the sayings of sages from Chuang Tzu to Thomas Merton.

The essay, *Playing the Moonlight Sonata From Memory*, is a passionate call for awareness of the wonders of medicine in physicians, which present themselves in our work hour after hour, day after day. Missing out or passing by such wonders is easy and understandable as we move through our intense and complex lives. The stories told in the essay serve for doctors to feel and appreciate the benefits available to them by moving beyond the biomedical, physical aspects of patient care, and considering the medical life in its whole.

The poem, *Sala de Esperanza*, considers the feelings and significance of loved ones as they sit in a waiting room anticipating the outcome of their beloved's treatment.

The poignant essay, *What She Saw*, affirms the profoundly deep connection that can occur between patients and their doctors—even when physically impossible.

The most personal of my experiences mentioned in the book begins with the essay, *A Journey Beyond Imagining*, which describes our family losing a son and brother with the death of our beloved Zachary in a plane crash. The theme of the essay describes experiences of myself and others in my going back to work after Zach's death. The essay not only describes my feelings in the months after returning to work, but also offers stories of many colleagues, friends, and even people I didn't know who helped sustain me—many of whom shared their experiences of loss as well. The essay also shares our family's learning, over time, to attain, "Freedom from the tyranny of grief in the midst of grief," as theological writer and clinical psychologist James Finley attests about grief and a number of other calamitous happenings.

The poem, *The Teardrop Approach*, is about Zach's death as well, but also addresses others who have not had a loss. *A Journey Beyond Imagining* and *The Teardrop Approach* were published in two international medical journals, *The Journal of the American Medical Association (JAMA)*, and *Annals of Internal Medicine*, the same week, Thanksgiving Week in 2009, so that some medical families gathered together that week might benefit from them.