

Medicine of the Person  
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## **On being a patient**

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There's a phrase in Shakespeare which I understand a bit more now. I understand it more because for the first time after many years of ministry, I have to keep an eye on a Churchyard and its graves – some with Victorian inscriptions about acceptance and resignation. This phrase from Shakespeare describes how it is when you have a figure carved to one side of the headstone, a figure who shows the right kind of enduring acceptance. The phrase is 'Like patience on a monument.' (1)

To be patient is to put up with things – whether it's the feelings that come through bereavement, or through unjust treatment, or because we feel powerless in the face of adversity. It is to be passive rather than active. It is to be in a situation where you feel there is no scope for you to effect any change. You realise that things are being done to you and that you have ceased to be any kind of agent. You are still the subject, the subject of experience, but now you are the passive subject.

If you learn a language like Latin or Greek, then you learn active and passive endings as you learn your verbs, regular and irregular. It's not quite like that in the languages that derive from Latin and Greek, but the forms of our languages always make this distinction between the times when we are active and the times when our scope for action is reduced, reduced a lot, or quite taken away. So to be passive, to be patient are all on that side of life's dynamic. Then there is another word to put on that same side of the contrast – the word to suffer. It derives from a Latin word (subfero) which suggests a kind of Atlas figure – someone enduring underneath all the trials that weigh heavily upon him. But then the word that is used most often in Latin for to suffer is 'patior': and that basically means to be patient, to be passive, to have things done to you, to let them be done to you.

These are pointers from the languages of the past which link with all our present languages. With this distinction between active and passive there's also a spiritual point. In Methodist Churches it is a common practice at the beginning of a New Year to have what is called a Covenant Service. The congregation is reminded of God's promises and God's faithfulness. On their side they are asked to affirm their commitment and to promise to be faithful in their response. Different kinds of service for Christ's sake are mentioned; then at the end, and almost as a climax, comes the petition 'Put me to doing, put me to suffering.' Yes, we all like to be active, to take the initiative and to know that sometimes what we have done has made a difference. That's natural, and all that can be done offered humbly and in faith. But then there's this other side 'Put me to suffering.' Is that faithful offering or just masochism?

So I've approached my topic through some reminders given in language, and through the Methodist Covenant service. I also approach it on the basis of my own story and on how I reflect on that. I have had some experience of the surgeon's knife since I have a scar from my appendicectomy. Even though my smoking has contracted to nothing, I can still be subject to bronchitis and so in need of antibiotics and brisk physio on my back. In those situations I was and am conscious of being the patient - of being in a less than healthy state, of needing to have things done to me, and of needing to be positive and hopeful in spite of some degree of frustration and discomfort.

What has figured more in my story, and which hopefully gives me some insight goes back to the first time I sought psychiatric help in my early twenties, and so forty years ago. Since then there has been a lot of talking, more understanding, some physical treatment and continuing medication. Within all that the same kind of contrast is found. As depression becomes most dark and destructive, then you feel less and less able to be an agent; the smallest tasks can seem too much; and you can feel trapped within a set of attitudes which leave you disabled and fearful. In that situation one treatment on offer is electro convulsive therapy (ECT). To some people that's a violation of a patient's dignity. Other people, myself included, have said Yes to that treatment, trusting that it has been beneficial in other cases, and almost glad for something drastic to be done so that the cycle can be broken. As with surgery of a routine or of a critical nature, you let the anaesthetic take its course; you become fully a patient as the agreed procedures are applied; and in all this you have trust in the doctors, in their competence, and in what they have told you about the likely outcome.

To make clear contrasts is one way to sort out our experience. In practice as well as black and white there is a large area of grey. Before the advent of effective anaesthetics, a patient would have to be held down or strapped before surgery was attempted. The patient would then seem to be an extreme example, a paradigm case of someone who was at the mercy of the doctor – passive, apart from involuntary spasms of pain, and letting things be done to him. And yet, in spite of those involuntary reactions over which he would have little control, a sufferer like that could show a measure of courage, even resolve and the beginnings of endurance and trust. He would be the victim on the table; but he would also be a person, not just the patient undergoing a brutal operation.

Now that pain control is taken for granted during and after surgery, going to the operating theatre is not marked by dread and terror. Yet there is still the realisation that you and your life are 'in their hands.' To drift off into unconsciousness is a sure sign of that. You should be spared pain but you also need to have the trust that those now in charge know what they are doing. That has been my experience as a patient, having a general anaesthetic before ECT, and having a local when a pace-maker was being fitted. I was the patient, letting things be done and trusting those authorised to carry out the procedures. But again it is not quite the clear-cut contrast of the active and all-powerful doctor, and the compliant and quite passive patient. For before treatment or surgery of any kind and as recovery begins or goes further, it will make a great difference if the patient shows active trust – saying Yes to the proposed treatment; saying Yes to taking his part in the process of recovery; or saying Yes if recovery is not going to be the outcome. That can be true for all people; and all the more true if the patient and those close to him have some measure of religious faith, 'He's in good hands' someone once said to me of her husband. 'Yes' I said, thinking she meant the doctor who happened to be a mutual friend. Then I realised that her words went deeper, that she knew her husband was safe with God, whatever the medical outcome.

A patient then can be very much involved because of his trust and acceptance; he is not just inert and passive. If the patient is contributing more than might be supposed at first, then it's also true that those who are managing the medical treatment need to recognize their limitations. What can be done in these days of high-tec medicine is amazing. But while doctors facilitate so much in the process of healing and recovery, yet they also have to wait for the process of recovery to be safely established. The Psalmist says that 'we are fearfully and wonderfully made.' (2)

In relation to psychiatric illness the doctor needs to recognize all the more what he is up against and what his limitations might be. If a patient stays locked in a negative mind-set, he may be desperate to escape. Or, in spite of every kind of counsel and treatment, he may still stay there since that is what he is used to and where he feels safe. Some people can be quite sophisticated and manipulative. I know one parishioner who stresses that her life is full of frustration. There are so many things she would like to do but feels she cannot do. In fact she is in a situation that is largely of her own making and it's where she wants to stay. She speaks as a patient trapped and unable to escape. In fact she is

choosing to stay within the confines which she says are so unfair. Some patients then are not quite the patients they present themselves as being; and that must make any minister or any psychiatrist realise their limitations.

So doctors as people of power, but as those who need to know their limits and who can sometimes find that their efforts are always being frustrated. What finally, in thinking of action, passivity and suffering, of a possible doctrine of God ? It can seem very straightforward. The almightiness of God is total. As one Sunday School hymn puts it:

‘My god is strong, so great and so powerful,  
There’s nothing that he cannot do.’

With this approach believers either become very definite about all that God can do in their lives; or they can resent all the more any trials that come their way. One of the most famous quotes about God’s providence is found in the English writer, Julian of Norwich. She was writing at the time of the Black Death; she was well aware that human hearts and minds could be very perverse. But she is still able to say:

‘All shall be well, and all manner of things shall be well.’ (3)

Her central insight is that the power of God is rooted in his love – a love that endures, that is not defeated and which will prevail. God too, on this view, will sometimes wait patiently, loving, longing and in that way inviting a response so that change can come. It can seem the way of weakness – why not less patience and more decisive action? Or it can be the way of hope and trust and so the way to change. As Paul puts it ‘Love believes all things, hopes all things, endures all things.’ (4)

Endurance is a word that comes in the New Testament in both the Gospels and the Epistles. It doesn’t mean accepting grimly, while inside you curse. It doesn’t just mean being like Atlas, carrying on your shoulders one grief after another. For it is in and through the patience, in and through being patient, in and through being the patient that the gifts of faith, hope and love take root and grow. That makes the transforming difference; that is the hidden work of God; that, for me, is what it means to be the patient.

- 1) From *Twelfth Night II scene 4*
- 2) Psalm 139 v 14
- 3) Revelations of Divine Love chapter 86
- 4) 1 Corinthians 13 v 7