



## Autumn letter 2017 – reflections on our annual meeting at Montmirail

Dear friends of Médecine de la Personne,

We met recently for a very fine conference which was enriched by new ideas and encounters. I would like to give you a small taste of the different talks without, naturally, being able to talk about them in any detail or about the discussions which arose as a result. Hence, this letter contains only an impression of our meeting from 13<sup>th</sup> to 19<sup>th</sup> August 2017 at Montmirail/Thielle, near Neuchâtel in Switzerland.

64 adults and 4 children met at Montmirail for the week, guests of the community of Don Camillo. Under the aegis of *Cécile and Heiner Schubert*, we were very comfortably put up.

Forty members made the most of beautifully summery weather for the days of relaxation and discovery which took us by boat to Morat, to the Locle and the underground mills and on the cliffs of the Creux du Van. In Fribourg, *Thierry Collaud* shared with us the mysteries of the cathedral and at Romainmotier, *Jean-Claude Jornod* did the same for the abbey.

After the introduction by *Jean-Claude Jornod*, we focussed on the topic: ‘When medical treatment makes life hard.’ Five **talks** and three **reflexions on bible passages** provided the stimulus to intense discussions in our small groups.

**François Rosselet**, chaplain in a palliative care team, spoke about ‘That which constitutes true care; broadening our vision of care.’ Drawing on his personal encounters with patients, he showed us how patients can get better faster or tolerate an onerous treatment more easily by living or embracing what seems to be irrational or non-scientific - drawing mandalas, having a drink with their doctor, enjoying a forest view through their window or listening to music. For a moment, it restores some purpose to their life. Four spiritual experiences in particular mark out a person’s path; 1. Searching for an interior equilibrium, both biological and psychological, which allows an external and internal harmony in human relationship. 2. The need for a beauty both internal and external which gives pleasure and which can be shared with others. ‘Spirituality is that which quivers behind appearances’. 3. Being there in a sacred space. The patient’s room (or my consulting room) can become a sacred space and influence how we behave. We are there for the patient, truly there with all of our being and give them time and space. 4. So they will be able to ‘die healed’ with equilibrium restored, surrounded by beauty and in good relationship with others around them.

I, **Frédéric von Orelli**, am impressed when I see how many of our patients have to live with the consequences of treatments which have failed or were not done well. Certain aspects stand out in particular. The patient himself suffers, doubts themselves, loses confidence in their doctors and in medical practice and, often, are not taken seriously by their companions. The doctor, for his part,



is called upon to review his technique and to understand the situation his patient finds themselves in, in order to find the right way forward. The relatives have a particularly important role to play in helping the patient to bear their suffering and to live it with him. For me, as family doctor, I can help the patient to emerge from a confrontational attitude and bitterness against medicine and doctors to tap into their creative resources instead.

*Sabine Hügin* shared with us what she lived through with her congenital disease, with treatments that resulted in part in bad side effects. She described for us very vividly the path which brought her to the point of being able to overcome and accept these side effects before finding a treatment which relieved her pain.

**Etienne Robin**, renal physician and specialist in dialysis, showed us how chronic dialysis can be very difficult to bear. Problems with the fistula, infection, fatigue, complications or even reprimands because of eating the wrong things and long dialysis sessions can transform each dialysis session into a torture session. Since the patients are often elderly, other organs are often failing as well making the person frailer, raising the question of whether it is useful or beneficial to continue dialysis. This difficult question must be broached and an answer arrived at using a team approach, together with the patient and their relatives. Many factors can make life on dialysis hard. Right from the beginning, it is crucially important to weigh the advantages and the medical risks when deciding whether to start dialysis or not, also the psychosocial situation of the patient and the technical capability of the dialysis centre. An overzealous doctor, lack of respect for the patient's autonomy, constraints imposed by social norms or the doctor's personality can make the treatment unpleasant, even dangerous and full of complications. In contrast there are also patients who have a lot of problems but who are grateful and willing to accept the difficulties of dialysis.

Drawing on his experience as a surgeon on call, **Michael Terry** drew to our attention the tension between technological possibilities – both diagnostic and therapeutic – and basic clinical medicine with careful history and examination. Here also it is important to notice the psychosocial and spiritual situation the patient finds themselves in to arrive at the right decision. The more techniques available, the more the tendency to abandon clinical principles and rely on technology. Also, the computer screen on the doctor's desk competes with the patient to engage the doctor's attention. The doctor can end up examining more closely the laboratory results, the X-rays, the medical reports than the patient even though they are in the same room together. Nowadays, the emergency doctor needs to carefully evaluate whether using modern techniques is best for the patient, or whether it would be better to wait, observe and talk quietly with the patient and their family.

Oncologist and palliative care physician, **Rainer Andreas Rost**, showed us how an appreciation of the right path to follow can change when we know the patient's point of view before we go to help them (quoting Kierkegaard). We often find that the patient's understanding of their illness and their state of health can give us precious indications of what they are capable of tolerating and



what they will be prepared to accept. Starting with patients' stories, Rost explained how, particularly in palliative care, each patient needs to be understood in terms of their needs and their peculiarities and that to achieve this, many different people need to be consulted (doctors, carers, family, friends). The decision to undertake additional tests and chemotherapy is not just dictated by the clinical situation and by protocols. Often, instead of medical techniques, we are called to offer the patient our presence, a listening ear and our time, for example to relieve him of the fear of death or of being alone. Delaying death is less important than accompanying the patient and being present for them.

**Tom Fryers** explained, through the parable of the healing of the paralysed man at the pool of Bethesda, that each healing or acceptance of suffering advances us a little bit further towards perfection. **Heiner Schubert** talked of the importance of community and of finding a new path to allow healing to take place: the four friends lowered the paralysed man through the roof to bring him to Jesus, who, started by forgiving him his sin before healing him. **Michael Webb-Peploe**, through the story of the healing of the man born blind at the pool of Siloam, explained that physical healing can lead us to see the one who heals: 'You see him now, it is he who is talking to you', which imparts light within and makes us change things in our lives.

In our six small groups, this year all one language but as usual international, we were able to share our experiences and delve deeper into our reflections on the subject of the talks in order to enrich our work and our personal encounters.

We are looking forward to the 70<sup>th</sup> meeting which our French friends are preparing for us in Paris. The subject will be; 'The art and science of medicine'. We will be exploring the tension between the two and seeking to understand the role of medicine of the person.

We will be meeting at Centre d'Accueil L'Enclos Rey, 57 rue Violet, in Paris (15<sup>th</sup> Arrondissement), for our days of discovery and then of study, from 22<sup>nd</sup> to 28<sup>th</sup> July 2018.

Until then, I wish you many fine personal encounters both in your medical practice and in your private life.

Frédéric von Orelli