

74th international meeting 4th – 10th August 2024

– Autumn letter –

Dear friends of Medicine of the Person

This year our conference was in Northampton, England. Kathy, supported by her husband Gareth, organised three **days of tourism**, and we spent our leisure days dis-covering interesting places in the area.

We started on Monday with a visit to the gardens of Castle Ashby, the ancestral home of the seventh Marquess of Northampton. We then moved on to Lamport Hall, where we had lunch followed by a guided tour of the house. At the end of the afternoon, we were delighted by a concert



given by Lo-Five, a jazz a cappella group comprising Kathy's daughter Sophie and four of her friends who met at Cambridge singing in the world-famous Trinity College choir.

The next morning, we visited Cambridge, starting with Kettle's Yard which is a 20th century art gallery and unique house. We then walked to Trinity College where four generations of Kathy's family studied. Our visit there included an organ concert in the college chapel by the Director of Music, Stephen Grahl, a delicious lunch and a tour of the college before time to explore Cambridge.



For the last day of exploring, we went to the Northampton Museum and



Art Gallery where there were various interesting exhibitions, including a display about the history of shoe making in Northampton and an exhibition about the Titanic.

We then walked to 78 Derngate, a charming house re-modelled in 1916 by the Scottish architect Charles Rennie Mackintosh. We had lunch at the gallery and a fascinating tour of the house,

then ended our day visiting a different style of garden at Coton Manor.

For the **conference** study days, we were with 42 old and new friends and colleagues from different parts of Europe, and on Wednesday evening Kathy welcomed the new arrivals joining us for the study days. Frédéric von Orelli then gave a talk about “Paul Tournier and Medicine of the Person”. Paul Tournier’s name is often mentioned in our meetings, and the talk was a helpful introduction for those who did not know much about him, as well as a useful refresher for those who read his books some time ago.



On Thursday *Netty Brink* gave a bible study on Luke 15 v11-32: The Prodigal Son. She explained that we can also say: “The Prodigal Father”, as it is the father who came to his youngest son with so much love. The father ran to embrace his son when his son was coming back to him. Let us be aware of the grace of God the Father for ourselves. God’s mercy is so wonderful. God is saying to us: “Everything that belongs to me, is also for you”.

Florence Depeursinge talked about the continuity of care needed to build a relationship of mutual trust. She gave some examples from her clinical practice and from the volunteering she does with people who are gravely ill which showed that a relationship of trust can diminish symptoms. She talked about different aspects of continuity of care. She mentioned the advantage it has in terms of the “win-win” situation for both patients and doctors: better results of treatment, fewer emergency admission to hospital, and a reduction in all-cause mortality.

She also mentioned some risks of continuity of care: doing the same thing out of habit, taking the person for granted, the danger that lurks in the exhaustion of powerlessness, the doctor influencing the patient, the patient becoming dependent of the doctor and the danger of narcissistic injury when the patient is not able to receive the kindness and love that we are able to give them. She proposed that we train students and doctors in the importance of the quality of human relationships, as well as preparing them personally, making space for the patient to express themselves, and nominating a doctor-patient or doctor-relative partnership to guarantee continuity of care right until the end.



Frédéric von Orelli talked about the important influence of pain on a person and what we can do to make it better. He used a few clinical cases to shed some light on the problems which accompany chronic pain and the effect they have on treatment, including his own fall and injury to his shoulder and the impact the pain had on him.

Pain can cause a lot of stress. Stress can make you ill and lead to more pain. Researchers have found that stress itself promotes inflammation. Frédéric explained how important it is to have a good relationship with the patient: to believe the patient, be patient as a doctor and treat the whole person. Pain and the process of healing is not entirely explainable by injuries or organic illness. Research shows that high risk genes for chronic disease can be formed in the first 24 months when a newborn is exposed to chronic stress. A new social activity can, however, result in a reduction in inflammatory activity of the high-risk genes. Psycho-neuro-immunological research shows that stress states and other emotional disturbances can lead to permanent inflammation.

It seems that the body is equipped not only to defend itself against viruses and bacteria, but also against psychological trauma with reactions similar to those of the immune system. Such traumas are harmful when the activation of the sympathetic nervous system with all its immune defences becomes chronic and the parasympathetic system is not able to set off an opposing reaction, which, once the danger is eliminated, initiates healing. So, the constant flooding of cortisol, in chronic stress, becomes itself an attack on the body's cells responsible for defence. Frédéric ended his talk by emphasising that it is not the method (mindfulness etc) but the attitude, the personal relationship which is decisive for the outcome of treatment.

On Friday *Jocelyne* and *Cédric Déruaz-Drapel* started with a bible study on Mark 5 v21-43: Continuity of care: following the example of Christ. On our journeys as carers, we try to accompany our patients on their life journey, as Christ did during his time on earth.

Kathy Webb-Peploe, a cardiologist specialising in chronic heart failure and valve disease, gave a talk on how much she still enjoys seeing patients in clinic. In her experience regular consultation, even just once a year, provides continuity of care. She notices abnormalities and deteriorating heart function in time for a needed intervention. If there were a competition for the highest new patient to follow-up patient ratio in her department, she would lose.



However, it is these follow-up appointments which have given her the greatest satisfaction, and these patients with whom she forged the strongest relationships. She views chronic heart disease as a journey with a beginning, a middle with various treatment possibilities and an end where she eventually accompanies her patients towards death.



Etienne Robin, nephrologist, gave an elaborate lecture about the question: Was continuity of care only temporary? It was at an optimum when Medicine of the Person developed and has declined ever since. He gave a personal, pessimistic but still humorous view on why there has been a decline in continuity of care. He compared continuity of care with the endangered white rhinoceros, though in the case of continuity of care there seem few people working to save it. His definition of continuity of care is about the medical intervention and

human support in a personal relationship over time as Paul Tournier indicated.

Etienne explained multiple changes in society which inevitably cause a decline in the continuity of care and some solutions. As a conclusion he noted that continuity of care remains rooted in many practices. For instance, he is still in awe of what he sees in the dialysis service where they treat patients three times a week for many years and forge a bond with patients for life!

In the evening another musically talented child of Kathy and Gareth, Jonny, gave a wonderful concert with his barbershop quartet Short Back and Sides, and we followed that with a social evening.



On Saturday *Anja-Uta Wilms*, ophthalmologist, held a bible study on Mark 7 v24-30: Keeping going and not giving up. This passage describes a woman from Syro-Phoenicia who doesn't give up asking Jesus to heal her daughter from an unclean spirit. Her perseverance leads to the best result. Anja explained that God wants us to persevere in having a personal relationship with him, without giving up or letting go.

Béatrice Beauverd, sociotherapist and art therapist, then gave a lecture on "The power of the word". In relation to personalised follow-up in care, she looked at four aspects: the patient, the practitioner, a case study of a meeting with a patient, and theoretical aspects as an aid to understanding. She explained that a patient may be afraid: anxious about the diagnosis and afraid of dying. The practitioner has to see the importance of supporting medical treatment with speech (or the Word) to give substance to the patient's existence rather than to his survival as both Viktor Frankl and Paul Tournier emphasised.

The Word underlines the very essence of the Divine, which is relationship, communication and creativity. In her case report Béatrice described a 16-year-old girl who hid from everyone and had a broken relationships even with her family. Béatrice saw her and addressed her in English. This alternative approach delighted her, making her joyful and helping things start to change for her. The words she heard opened up a new place of trust for her.

Theoretical concepts are about understanding the other, not teaching or learning. Béatrice has developed some simple outlines to allow people without specific training to understand the meaning of their emotions. Her conclusion was "Whoever does not find meaning in life suffers doubly. He suffers from suffering and from the fact that it is absurd".

On Saturday afternoon Reverend *Judith Henderson-Smith* ended our time together with an ecumenical service.



Every day we talked in our small groups: the English, the French and the two German groups discussing what touched us most, what worried us and what we would like to change in clinical practice as caregivers and as patients. We would like to thank all the people who made this conference possible: speakers, translators and a special thanks to Kathy and Gareth for all their work in organising the conference!

Next year the conference will be held in Switzerland at Montmirail from 17th to 23rd August 2025, and the theme of the study days will be "How do we live Medicine of the Person today?". More information about the tourism programme and the theme is available on the website.

We wish everyone a wonderful and inspiring year and we hope to see you next year.

Best wishes,

Netty Brink and Ingenet Anoff-Kwafo