

*Stephen G. Post*

## ***Stephen G. Post - Monthly Newsletter***

### **Greetings Friends:**

Thanks for glancing at my monthly Reflections Update. The format is (A) one short but important announcement, and (b) four brief Reflections of one paragraph each.

[Here's Why We Struggle To Make Connections With Our Physicians — And Why It Matters](#)

### **ANNOUNCEMENT (Repeated from a Month Ago because the Application Deadline is April 17)**

First, an ANNOUNCEMENT of the 2016 application deadline for the Larson Fellowship at the Library of Congress for researchers interested in health, spirituality, and associated themes. Dave Larson, MD, was one of my best friends for a decade before he died suddenly in 2001 at a relatively young age, leaving behind his wonderful wife Susan and two awesome children. Lots of great researchers and scholars have held this post since

inception 14 years ago. I can never forget going with Susan to visit the Librarian of Congress, James Billington, and selling him on having the Larson Chair at the Kluge Center. Mr. Billington (d. 2015) was the father of Susan Harper, whose husband Charles Harper was the incredibly brilliant Executive VP of the Templeton Foundation at the time. Sir John was thrilled with this development, as he also was a close friend and supporter of Dr. Larson.

The John W. Kluge Center at the Library of Congress is now accepting applications for the David B. Larson Fellowship in Health and Spirituality. The application deadline is April 17, 2016.

The Larson Fellowship is a post-doctoral fellowship for advanced research in the field of health and spirituality. Made possible by a generous endowment from the International Center for the Integration of Health and Spirituality (ICHS), the fellowship is named in honor of the Center's late founder, David B. Larson, an epidemiologist and psychiatrist, who focused on potentially relevant but understudied factors which might help in prevention, coping, and recovering from illness. The fellowship is designed to continue Dr. Larson's legacy of promoting meaningful, scholarly study of these two important and increasingly interrelated fields. It seeks to encourage the pursuit of scholarly excellence in the scientific study of the relation of religiousness and spirituality to physical, mental, and social health.

Conducting full time research on-site at the Library of Congress, the fellowship provides an opportunity for a period of 6 to 12 months of concentrated use of the collections of the Library of Congress, through full-time residency in the Library's John W. Kluge Center. A stipend of \$4,200 per month supports the Fellow.

Apply for the Larson Fellowship by visiting:

<http://www.loc.gov/loc/kluge/fellowships/larson.html>

The application deadline is April 17, 2016.

Received this email from a colleague? [Subscribe](#) to our RSS feed to stay up-to-date on [research opportunities](#) from The John W. Kluge Center. Follow us on Twitter: @KlugeCtr.

The John W. Kluge Center was established at the Library of Congress in 2000 to foster a mutually enriching relationship between the world of ideas and the world of action, between scholars and political leaders. The Center attracts outstanding scholarly figures to Washington, D.C., facilitates their access to the Library's remarkable collections, and helps them engage in conversation with policymakers and the public. Learn more at: <http://www.loc.gov/kluge>.

## FOUR BRIEF REFLECTIONS

### MARCH 20: NATIONAL "WON'T YOU BE MY NEIGHBOR DAY"?

On March 20, Mr. Fred Rogers would have celebrated his 88th birthday. He was one of the greatest people of his time and a friend for a few years prior to his dying in 2003. An ordained Presbyterian minister with his Masters of Divinity degree from Pittsburgh Theological Seminary, he made the world a kinder place. One day in 1998 he had to take the New York subway, which was unusual because he was so easily recognized in public that he preferred cabs. But it was raining hard so he ducked into the subway. No one seemed to recognize him, and no one asked for an autograph even though the subway had lots of kids in it on their way home from school. Strange, he thought, until the entire subway car broke out in a chorus singing "Won't You Be My Neighbor?" and everyone kept singing as the train went from station to station to station across Manhattan. Perhaps today we can all together proclaim March 20th National Won't You Be My Neighbor Day and despite the

gremlin-like language and behaviors that capture the headlines and bring our culture lower and lower, we can each ask one person we don't necessarily like, "Won't you be my neighbor?" See, Mr. Rogers believed that when we do that with someone we are a little uncomfortable around, we have engaged in the real "work" and "struggle" of love. He often referred to an old passage, emphasized by Kierkegaard in his great book Works of Love, "If you love those who love you what reward will you get?"

## **PROFESSIONALISM CLARIFIED**

Medical students are in a continuous process of "professional identity formation" (PIF). What precisely do we mean by "professionalism"?

*Professio* refers to the public declaration by oath of a commitment to the good of an identifiable constituency, in this case, the good of patients, as a matter of primary concern and diligent activity. This good is the *telos* or ultimate goal of medicine, from which all professional expectations follow:

1. Students learn technical skills and achieve observable competence in them to the benefit patients, and know when to request help in this process so as to avoid patient harms.
2. Students develop communication skills: respectful, empathic, and honest communication reduces patient non-adherence, stress, and dissatisfaction, as well as physician error and premature diagnostic closure.
3. Students respect confidentiality to ensure that patients have a sense of security and control over information as they experience illness.
4. Students form habits of life-long learning in order to keep abreast of evolving treatments.
5. Students form emotional and social intelligence in working on inter-professional teams in order to prevent medical errors and enhance patient confidence in his or her providers.
6. Students learn to give and receive constructive feedback to peers, and to hold fellow providers accountable for behaviors and attitudes that may imperil the patient.
7. Students will view themselves as role models responsible for the transmission of professional identity and integrity.
8. Students make the good of the patient their priority at all times, and treat all patients with equal regard.
9. Students practice good self-care knowing that optimal patient-centered care is only possible when professionals manifest well-being, meaning, and wellness. This includes adequate "balance" in life, and the processing of the human and emotional side of provider experience.

Those who act in accordance with these norms are already avoiding behaviors and attitudes contrary to the patient's good. Thus, we define professionalism positively, knowing that unprofessional behaviors and attitudes will be self-evident and could never be fully imagined or listed. In general terms, the "do's already cover the don'ts."

## **INTRODUCING A NEW CONCEPT: "PATIENT AND PROVIDER CENTERED CARE," or PPCC**

Many residents and attending physicians, nurses, medical social workers, and others are experiencing a crisis in well-being. It stems from the bias of "Patient Centered Care," which happily came into existence 25 years ago or more in order to assure that the autonomy of patients and families be respected. But the very idea of "patient-centered care," while an important evolution from a time when patient preferences and autonomy meant little, is also one that leaves provider well-being (meaning and flourishing) and wellness (health) out of the picture. We (myself and colleague Michael M. Roess, PhD) therefore suggest a transition to "**Patient and Provider Centered Care,**" or **PPCC**, to convey to students,

clinicians, and healthcare systems that good patient care is absolutely dependent on provider well-being. This goes beyond the simple call for some balance in life (both *medi\_tation* and *medi\_cine* come from the same root word, *medi*, meaning balance) to the processing of the human side of provider experience through such things as reflection rounds, Schwartz rounds, and the like. The care of the self will vary greatly from provider to provider, as each individual is unique both physically and psychologically, but the neglect of self-care is ultimately bound to result in suboptimal patient care. So many providers (est. 53%) feel that they have lost the music of meaning, for all they want is connect meaningfully and caringly with patients, but the system has overwhelmed them with everything but that.

## **EASTER IS A DAY FOR EVERYONE TO CELEBRATE THE LIVES OF PEOPLE RECOVERED FROM MENTAL ILLNESS**

Okay, let's face it. Mary Magdalene, or Mary of Magdala, seems to have come from a reasonably well-off family and had a history of some mental illness. It took seven tries for Jesus to heal her of various "demons" so-called (Luke 8:2 and Mark 16:9). Now she was perhaps his most devoted follower because after all, he seems to have restored her to sanity. It must have been the power of his compassion and love that did the trick. After all, good psychiatrists do not live by pharma alone. But help! Now she sees her healer tortured and killed in the most brutal fashion, at the hands of human nature at its very worst (as Einstein quipped, the "most dangerous force in the universe is empowered mediocrity"). Mary must have been devastated. So she goes to the tomb just to do what she can to care for the body of her beloved healer, and it isn't there. She falls down in frustration and tears. But then she sees something, and hears his voice, and she is calmed by some form of presence that is way beyond understanding. Whatever you think of these mysteries, the key for me is that Jesus loved Mary greatly, which can be extended to say that he loved all people, regardless of mental condition, and seemed to know that attachment and tender loving care can make all the difference. So in the valley of despair, Mary found a peak of hope beyond anything she could ever have imagined. We should remember every Easter that the only follower who was clearly with Jesus through it all was a woman named Mary who had a history of mental illness, and who he cherished so deeply.

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