

Doctor Chaplain, can you help me?

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Commentary

What does an oncologist who provided palliative care do when he retires? It's not like I needed to stay busy, tending my Japanese garden does that. I don't miss the medical part of oncology. I simply want to continue serving patients and making their lives better.

After reading a book that described the experiences of Buddhist chaplains I realized that was a path I could follow. (For the record I am active in both Christian and Buddhist faith communities.) What intrigued me was the idea of simply being present, without a premeditated agenda. They described the chaplain's role as to be completely in the present moment and thus create the Presence (with a capital P) that allows good things to happen.

As physicians we are trained to fix things. I gave chemotherapy in hopes to cure or prolong life. My patients and I both expected this. That's how I was trained: do something to make things better. Throughout my 35+ years of practice I always thought about actions I could take, even when that action was simply listening and letting my patients know I would not abandon them.

The idea of helping without doing was a new possibility. I knew from my meditation practice that sitting quietly and mindfully could allow things to improve. Beyond the common sense perception that things are changing all the time, it seemed that I might influence the outcome. In *The Way of Zen* Alan Watts notes that in Zen "one might become, without actually intending it, the source of marvelous accidents." If I could remain in the present moment maybe these accidents would occur with the individuals I was helping.

I was friends with the hospital chaplain and asked about becoming a volunteer in the Spiritual Care department. He lit up as if he had just won the lottery and immediately started filling out the papers for me to become a volunteer. My pastor and Buddhist teachers all endorsed the idea, noting that I might find the transition challenging. Chaplains (volunteers included) don't have the same role as physicians. They don't write orders in the chart, they don't interrupt patients when they are telling their stories, and they aren't expected to fix medical problems.

Hospital chaplains provide spiritual help and comfort, addressing the distress that accompanies being sick, fearing a loved one might die, and all the existential problems that morphine won't solve. Commonly this is done with prayers but becoming the Presence in which healing occurs is also possible.

I realized that I would need to overcome the mental habits I had successfully used in my pre-retirement role. I would have to undergo metanoia, the Greek word that means a change of heart but is often translated as repent. I shifted my meditation and prayer practice to concentrate on emptying myself of doctor expectations. I even signed up for a one-year course (with lots of homework and papers to write, just like in college) on chaplaincy. I also realized I would have to study

more theology and understand the perspectives of those who pray or meditate differently. Chaplains have a different job description than doctors and though I remain a volunteer, I would have to expand my skill set.

When I took the one-day volunteer training at the hospital it became clear to me that it will be harder than I thought to break old habits and learn new ones. The chaplains teaching the course were gentle to me as I read my response to a patient vignette. I had to acknowledge that my words were "a little too aggressive" and obviously came from a person who "wanted that patient to become different." I replied to their feedback, "That's why I need the training."

We choose to be in palliative care because we want to decrease suffering. We've been trained to know how to manage symptoms with drugs, talk to patients and their families about shifting the goal of treatment to the quality of life, not just the length of it. Yet, because we are recognized as physicians we carry with us the expectation—in ourselves and in our patients—that we will do something that can be seen or heard. Though we know that compassionate silence is sometimes the best thing to do, we walk away from that encounter and still have a mental list of what we have to do next.

The idea of becoming the space in which "marvelous accidents" occur is inviting. We aren't the ones who make things happen. We don't have to always be perfect or even skillful. We just have to empty ourselves of everything but what is there in the moment: what the family says with their bodies as they see their father or wife dying or what the requests for information hold in terms of emotions. Most of all we need to recognize what happens inside us as we expose ourselves to the vast suffering we encounter and how we react to what we see and hear.

No human, whether doctor or clergy, is free of reactions to the events we experience. My doctor habitual responses are obvious to me if not others. I'm sure there are chaplain habitual responses too. What I hope to learn is how not to react to my reactions. Though we enter the field of palliative care to help others, helping is different from serving. In service we are equal partners in the process, though with different positions. We are sitting in the chair, they are lying bed. We are not facing immanent death and not dependent on others for our daily needs.

We know that the doctor-patient relationship is a key therapeutic tool. But do we really believe it is enough without the doctor behind it? Can we trust that good will happen if we enter the room, empty of everything but an open heart and the patience to observe what is happening in us and around us?

I don't know the answers to those questions. I have only just begun to change roles and, yes, identities. That is one of the perks of being retired. Multitasking, however, is open to everybody. You don't have to relinquish one identity to take on a different role. For most of us, however, the boundaries between roles are porous. The habits and

expectations we have developed in one role leak subtly into another one. We need training to act professionally as a (volunteer) chaplain or any other position that requires different responses from what we've practiced.

I still want to serve those who are sick or dying and have found a way to do it. I can help them. This path may not be attractive to everyone, but I'm glad I found it for me.