

## Spirituality Symposium: Panel Discussion

**Dr Janisse:** I want to thank our panel for their thoughtful, informative, and entertaining presentations. I would like to open this discussion up for questions.

### Time

**Audience member:** I love connecting with my patients, and it's always the time issue. Once you start connecting with them, they really want to open up and let it all out as though you were from the behavioral science department. So what do we do with that? Do you have something specific that you stay with and focus on with the patient, and how do you stop them without invalidating them when they start to go on and on?

**Dr Sutherland:** Because I practice on the fringes of medical society, so to speak, I have the luxury of spending sometimes an hour, sometimes an hour and a half with patients, and maybe I'll ask two questions in that time. The first question I'll ask is, "How can I help you?" At which point they'll either tell me what's in their chart, for example, "I've just been diagnosed with ovarian cancer." I'll say that I already know that. What I'm interested in is what is your experience: I want to know your story. Or they'll cry, and that's when I know I'm really doing good work. They'll cry because no one has ever asked them, how can I help you. So, how can I help you? And then maybe I'll ask, "What else?"

What we're really talking about is the cultivation within you, the practitioner, of certain qualities. How you describe these qualities, I think, is whatever resonates with you. Dr Schlitz talked about compassionate intent. I talk about being fully present and deeply listening. So this is something, as I think all of the panelists have mentioned, that a practice we do all the time. Hopefully we're successful with it in that moment with a patient, but it's not something that we can turn into a technique. When you practice it all the time, you can step into it immediately because it's a state that is always there so you can connect with it.

When you have that demeanor, your patient is going to feel you've really spent a lot of time with them even if it's only seven minutes. You probably heard about a statistic recently that surgeons who don't get sued spend more time with patients than surgeons who do. Do

you know how much more time they spend with patients? It's not 90 minutes. Three minutes. Three minutes, but it was something about their demeanor. So in terms of how to redirect a patient when you're running out of time: One, is the fact that you have listened so deeply that patient is going to feel acknowledged so then whatever you say (because you will in that state allow the words to come to you rather than forcing words), they'll still feel acknowledged. You can say to them: I think what you're saying to me is so important that I really want to continue exploring this with you. We've run out of time, so I'd like you to make another appointment. This leads to you, the practitioner, getting comfortable doing nothing, because when you think you're doing nothing that's actually when the healing is happening. To send that patient away without a prescription, maybe the only thing you say to them is: In the coming week, in the coming month I'd like you to spend ten minutes on your own thinking about your experience right now and see what it brings up for you and then tell me about it when you come back.

**Mr Smidt-Jernstrom:** I would add to what Dr Sutherland has said, only that you can communicate compassion and understanding and it doesn't necessarily take a long time. I can appreciate that there are times that you feel this particular patient has just given you something you don't have time for, and that's when handoffs are good, like referrals, as a way of redirecting. You can say, "This is really important, and I'm wondering if you might be willing to talk with someone else about this."

As I mentioned about doing a spiritual history, I know of a physician, for instance, who asks his patients: "What are you doing for yourself besides taking your pills?"

**Dr Elder:** I think the presence of the clinician is, in itself, healing. What we can do that doesn't take a lot of time is just be ourselves and take care of ourselves. Then, when the patient comes in sick, s/he will pick up on that energy, and that is itself therapeutic. The other point is that it doesn't take a lot of time to make positive comments to the patient, because we forget how powerfully we communicate to the patient through

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our body language and other nonverbal behavior. These reflect who we are and how happy we are in our own circumstance. We also communicate through what we say to the patient, like, “You’ll be better in two weeks,” or “You’re looking great.”

**Dr Schlitz:** There’s that expression: The doctor will see you now. Really seeing someone doesn’t take long.

### Applying Meditation in Clinical Practice

**Audience member:** How do you think we could use meditation, and in what conditions and situations would this be particularly valuable?

**Dr Elder:** There’s a lot of data supporting the use of meditation in cardiovascular disease, that’s number one. Number two, in substance abuse. Number three, depression and anxiety. Learning these techniques isn’t inexpensive but is cost-effective in the long run when you consider that, for example, the average cost of being on a drug is about \$1500 a year per drug. So, if we can give patients alternatives to medication, we can go a long way in terms of being cost-effective.

**Dr Schlitz:** Also, just as a resource, on the Institute of Noetic Sciences Web site<sup>1</sup> is a meditation bibliography, called *The Psychological and Physiological Correlates of Meditation*. There are different illness categories and the research.

**Mr Smidt-Jernstrom:** Practically speaking, oftentimes I suggest a focus on breathing as a way for people to clear their mind and slow their breathing. Sometimes people find a certain phrase helpful, and they use it over and over. Sometimes music. A single parent I work with in the hospital focuses on her youngest child and uses that as a starting point for her meditation. It could be a walk in the woods.

**Ms Newhouse:** In the Diablo Service Area in Northern California, we have a trainer in a technique called mindful meditation, developed by Jon Kabat-Zinn. It’s non-sectarian. It’s available in a course for physicians and also for patients, for example those with chronic pain. Dr Kabat-Zinn initially worked with chronic pain patients in his clinic to discover their own power of healing and has had a lot of success through applying this technique.

**Audience member:** I was very interested in the cardiologist who says a prayer before he goes into the procedure. It reminded me of the JAHCO standard now to have a time-out in the OR before every case. It’s an

incredibly powerful thing that when the patient is draped, prepped and getting ready for the procedure, the surgeon has to quiet everybody down, tell a brief history of the patient, then the circulating nurse and the anesthesiologist give their important points about that patient. It’s a powerful moment.

**Dr Schlitz:** This moment also allows a renewal for the practitioner because it’s a two-way interaction. How they can find, and we can find, our centering so that it’s a more responsible engagement.

**Mr Smidt-Jernstrom:** Recently, I met a young woman who had surgery, and she had listened to some wonderful meditation tapes and read a book on meditation. She came up with a list of statements that she wanted her surgeon to read to her before she went under anesthesia. The list contained such things as “You will only have minimal blood loss during surgery” and “You will recover completely and quickly from this procedure.” There were six things, and the surgeon read them all.

**Audience member:** How long is the meditation that you would suggest patients do? For a lot of people with their busy lives, trying to start meditating would probably take some practice.

**Dr Elder:** Twenty or 30 minutes of practice, once or twice daily, has been generally recommended for the techniques that we have studied at our Center for Health Research (including Transcendental Meditation and Qigong). In our studies, patients have generally reported 80-90% compliance. Some patients have told us that they find the mind-body practice time efficient because they can get so much more done with the rest of their day.”

**Dr Schlitz:** In Jon Kabat-Zinn’s work, it’s ten minutes, and it’s just a simple centering exercise that’s distilled from a number of different practices, so it can be a deeper immersion in the practice or it can be something so simple as just connecting to your core self and relaxing.

### Presence At Death

**Audience member:** Although I’m an endocrinologist, I still take hospital call, and I’m amazed in this day and age that I still have to declare people dead. When I enter the room, the family is there, and the patient’s dead. I’m entering that sacred space, if you will. That’s when I take my time-out—before I enter that room—because I don’t know this patient at all; never met them.

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I'm not their personal physician, I'm the hospitalist, and it still gives me goose bumps. I would do that until I stop practicing medicine. And when I entered medicine I never thought I would. I thought I would be afraid of death and would not honor it. We've talked today about birth, which is a beautiful thing, but the time of death is also when we can be present with the family. That is incredibly healing for the family. I just know that's true.

**Dr Schlitz:** Both birth and death are the transitional phases where the sacred comes and goes, so they're similar. They are so related, it's almost hard to divide them, and honoring that space doesn't take a lot of time. It's about your willingness to just center your spirit for a moment before you walk into that space, and the more aware you are of what is going on in your own heart and mind and being able to put that aside for a moment. When you're interfacing with critically ill patients or with patients who are very upset or in a state of crisis, holding that sacred space can be done in short fashion, and it begins with how in touch you are with your spirit. When they see you get centered, they get it right away. You can feel it, you can feel them zoom in on you.

**Dr Sutherland:** I wanted to give my talk today the title: "What is spirituality? Or what do you do when you think you have nothing to offer?" And we've been talking about profound experiences, people who are dead, patients who are facing death or birth. I'd just like to say again that spirituality is the human condition. It's something that's with us all the time and we can connect with it all the time. In the Tibetan tradition, they have mantras, which are like prayers, for everything. There is a mantra for going to the bathroom, and this is not making something sacred profane; it's saying that everything's sacred.

### Negative Effects?

**Audience member:** I went to medical school at Columbia with a surgeon named Emmett Oz. Whatever happened to his work about giving suggestions during surgery?

**Audience member:** He is still out there. People now believe this is very valuable, but what are the side effects of these practices? If you believe it works, then it could actually have a negative effect. In Emmett's research, he said that when playing music in the operating room, some music would actually reduce blood

loss during surgery but that some music would actually increase blood loss during surgery.

**Dr Schlitz:** That is such a good point. That's why research in this whole area is so critical. We just don't know enough. It's a whole new sort of discipline. When you consider something as benign as prayer, we just don't know enough about in what conditions it is helpful and in what conditions it is harmful.

**Dr Sutherland:** Because of this, it's safer to keep yourself as the instrument, because if you're listening, if you're being fully present, I really don't think you're going to do any harm.

**Mr Smidt-Jernstrom:** I think it is important to remain patient-focused. I always work within the belief system of the patient to enable them to tap into their own spiritual resources.

**Dr Elder:** Your point emphasizes the importance of thinking good thoughts about our patients, because in the course of a busy day, when we're seeing two dozen patients, we can come to a point when we're not at our best and we start having thoughts that aren't entirely positive about our worklife and the people whom we serve. If we believe that thinking positive things about our patients can have a positive impact, then the reverse is probably true, and so we need to be very mindful of that.

**Dr Sutherland:** What we're doing when we're with a patient is inviting them; we're not demanding. We're not saying, you know, I'm loving you unconditionally, what's your problem? Because we can do that. We can think our intent is loving kindness and it's putting energy into another person that they may not want. So you have to hold within yourself that: I want to know who you are. Let everything you do be an invitation.

**Dr Janisse:** Well, thank you all for coming. And a special thanks to the panel for bringing knowledge, experience and wisdom to this relevant subject. ❖

### Reference

1. The physical and psychological effects of meditation [monograph on the Internet]. Petaluma (CA): Institute of Noetic Sciences; 2004 [cited 2005 Jun 13]. Available from: [www.noetic.org/research/medbiblio/ch\\_intro1.htm](http://www.noetic.org/research/medbiblio/ch_intro1.htm).

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