

# Healing

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**ABSTRACT**

My personal ethos of healing is an expression of the belief that I can and do act to heal patients while I attend to the traditional goals of medicine. The 7 supporting principles that inform my ethos are dignity, authenticity, integrity, transparency, solidarity, generosity, and resiliency. I invite others, including medical students, residents, and practicing physicians, to reflect and discover their own ethos of healing and the principles that guide their professional growth. A short digital documentary accompanies this essay for use as a reflective prompt to encourage personal and professional development.

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**F**or some, the gift of healing comes naturally. Others never quite get it right.

For me, the work of becoming a healer has been a deliberate practice since I started medical school more than 3 decades ago. It has meant acquiring a wealth of medical knowledge and integrating that knowledge with clinical examination and problem-solving skills. It has meant combining both my knowledge and skills with wisdom as I try to help patients navigate the health care system and make the inherent complexities of medical care straightforward and understandable.

Becoming a healer has meant, in addition, thoughtful study of the interpersonal and cultural processes that influence how others and I interact with patients. It has meant observing the work of those physicians who have excelled as role models and those who have not. It has meant being a witness to therapeutic acts made on my behalf when I personally was subject to serious illness.<sup>1</sup> It has also meant reflecting on my own attitudes toward and behaviors with patients. Becoming a healer (in addition to a physician) has meant learning, on the job, how to examine and enhance the ways I work with patients, coworkers, and colleagues.

Attending to these relational dimensions of healing has not been particularly easy; I suspect it has been similarly difficult for other medical practitioners, including students, residents, and experienced clinicians. Many journal articles, scholarly and literary books, and contemporary films have helped me consider what practicing healing entails (Table 1). The path to integrating the concepts they promote into my own professional identity has been far from simple, however, and is made especially challenging by the day-to-day pressures of working in a complex and rapidly changing health care environment. Yet, somewhere along this path, I developed my own ethos of healing: an expression of my belief that I can and do act to heal patients at the same time I attend to the traditional goals of medicine.<sup>2</sup>

Here and in the accompanying digital documentary (available at <http://www.annfammed.org/content/14/1/76/suppl/DC1>), I present this ethos of healing and review 7 supporting principles that inform it. My hope is that those who, like me, are not naturally gifted healers and that those for whom the gift of healing comes effortlessly might want to develop their own principles and ethos. My hope is that when all physicians reach my

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stage in their professional life cycles, they can reflect upon their careers with honest pride in honorable work well done.

## MY ETHOS OF HEALING

As a healer I engage with my patients to help them face sickness with less fear and more grace while balancing reality with hope as they adapt to illness in meaningful ways and move from feeling worse to feeling better.

## SUPPORTING PRINCIPLES

Seven key principles support my ethos of healing.

*Dignity* is the recognition that every single patient is a person of inherent worth, deserving of respect, time, and attention. Every patient is a whole person, not a collection of organs or physiological pathways, but an integral entity that is at once body, mind, and—yes!—soul. Every patient is a person with a history and future, made full by measures of success and failure; a person with hopes and fears, joys and frustrations; a person who, having entered this world, will face the challenges of disease and illness and, inexorably, will leave it.

*Authenticity* is the act of engaging the essence of my humanity in clinical encounters with patients. What

I bring to these encounters determines whether they function as crucibles for healing change. Am I honestly interested in my patients? Am I mindful, present, and self-assured without being arrogant? Am I creative in responding to patients' needs? Being authentic means knowing I am at my best when I am inquisitive, empathic, and passionate about the work I do while recognizing that mixing in-the-moment relationship building with matters biomedical has tremendous therapeutic value.

*Integrity* is the ability to connect dignity and authenticity: it is the capacity to see reality honestly, informed by a holistic biopsychosocial-existential awareness.<sup>3</sup> Personally, it means keeping current with the many the diagnostic and therapeutic advancements of medical science and balancing the application of this scientific knowledge with the understanding that suffering accompanies all illness experiences. Relationally, it means establishing with patients a shared presence from which effective treatment plans and improved outcomes arise.<sup>4</sup> At its core, integrity in whatever situation means doing the best I can, with what I have, wherever I am, in the moment at hand.

*Transparency* is the application of openness in healing encounters. It means listening attentively, asking questions using a probe-and-pause style, and acknowledging differences of opinion—all in hopes of reaching good enough decisions. It is not simply transferring information, it is not merely reciting risks and benefits expecting to obtain informed consent, it is not educating patients by thinking out loud. It most certainly is not abdicating my professional responsibility of guiding clinical care when such direction is called for. Transparency is a democratic proposition that lessens the asymmetries of power between my patients and me, one that encourages a collaborative give-and-take to clarify concerns, explore options, and settle on solutions.

*Solidarity* is the understanding that I am working with, rather than just for, my patients. My patients and I, regardless of differences in our educations, social status, or economic wealth, live in an interdependent world. All benefit when the care we desire for ourselves we also desire for others. Through my choice of

**Table 1. Resources on Healing and Professional Development—Some Personal Favorites**

### Journal articles

- Brody H. The family physician: what sort of person? *Fam Med*. 1998;30(8):589-593
- Egnew TR. The meaning of healing: transcending suffering. *Ann Fam Med*. 2005;3(3):255-262
- Loxterkamp D. A vow of connectedness: views from the road to Beaver's farm. *Fam Med*. 2001;33(4):244-247
- Miller WL. Routine ceremony or drama: An exploratory field study of the primary care clinical encounter. *J Fam Pract*. 1992;34(3):289-296
- Scott JG, Cohen D, Diccico-Bloom B, Miller WL, Stange KC, Crabtree BF. Understanding healing relationships in primary care. *Ann Fam Med*. 2008 6(4):315-322

### Scholarly and literary books

- Cassell EJ. *The Nature of Suffering and the Goals of Medicine*, 2nd ed. New York, NY: Oxford University Press; 2004
- Kleinman A. *The Illness Narratives: Suffering, Healing, and the Human Condition*. New York, NY: Basic Books; 1988
- Nepo M. *Surviving Has Made Me Crazy*. Fort Lee, NJ: CavanKerry Press; 2007
- Remen RN. *Kitchen Table Wisdom: Stories that Heal*. New York, NY: Riverhead Books; 1996
- Williams WC. *The Doctor Stories*. New York, NY: New Directions Publishing Corporation; 1984

### Contemporary films

- Demme J. *Philadelphia*. Culver City, CA: TriStar Pictures; 1993
- Haines R. *The Doctor*. Burbank, CA: Touchstone Pictures; 1991
- Lynch D. *The Elephant Man*. Hollywood, CA: Paramount Pictures; 1980
- Nichols M. *Wit*. Los Angeles, CA: HBO Films/Avenue Pictures Productions; 2001
- Salles W. *Diarios de Motocicleta [The Motorcycle Diaries]*. Buenos Aires, Argentina: Argentina-USA-Chile-Perú; Filmfour/South Fork Pictures/Tu Vas Voir Production; 2004

Note: These articles reflect my development as a family physician. Residents and physicians from other specialties may find guidance in developing their own ethos of healing from authors in their respective disciplines.

work—where, how, and with whom I practice—I make manifest my belief in solidarity. Through a nonjudgmental stance, a relaxed confidence, and a sincere dose of humility, I transform that belief into healing.

*Generosity* is the willingness to give of my time, resources, and self. Distinct from altruism (which implies a heroic presence motivated by sacrifice), generosity suggests exchange: I offer others competent care, and in return I receive a trust and respect. Generosity thus involves a reciprocal sense of gratitude for the opportunity to help and be helped, gratitude shared not only with my patients, but also with other health care professionals who participate in their care.

*Resiliency* is the capacity to fall and get back up; to err in knowledge or judgment and continue forward; to know when I have done less than my best, honestly consider the situation and circumstances, move toward forgiveness, rekindle flames of wisdom, and grow.

Resilience is a process both humbling and enriching, one that encourages me to learn from my mistakes just as I learn from my accomplishments.

## REFLECTIONS AND CONCLUSIONS

Some physicians and medical educators will argue that I have completely missed the point of clinical practice. Medicine is a profession of diagnosis and treatment: the better we hone in on these tasks, the better we attend to our patients' needs. Not to deny the importance of accomplishing these tasks, I completely disagree. I believe curing and healing can and should coexist. I also believe that practical how-to approaches are valuable parts of any clinical process that purports to be therapeutic. That I have solely discussed an ethos and principles should not imply I do not use specific, goal-oriented, evidence-based techniques in my interactions with patients, techniques that are relationally centered, time efficient, and medically efficacious.<sup>4,5</sup>

Other physicians and educators will argue that giving consideration to healing during an era fixated on maximizing production is a fool's errand. I also firmly disagree with this contention. Finding creative ways to bring my ethos of healing to the forefront of my work—holding it as a light in darkness to guide my relationships with patients—not only helps me help others as they make their ways through life, but also helps me thrive personally and professionally in an otherwise challenging educational and practice environment.

I have defined my ethos of healing and its 7 supporting principles based on my own practice of medicine. My intent is not to convert medical students, residents, or other physicians to my beliefs. Rather, I invite them to reflect and discover their own ethos of healing and the principles that guide their professional developments. Such appreciative explorations of self-in-representation will not rectify all the problems that exist in health care today,<sup>6</sup> let alone eliminate the many triggers of present-day career dissatisfaction.<sup>7</sup> These explorations may, however, help us steer our own destinies as active participants in healing. They may help us alleviate, by some small measure, the suffering our patients bear. And they may help us not end up lamenting never having gotten it right but believing we have made, and continue to make, a healing difference every day.

**To read or post commentaries in response to this article, see it online at <http://www.annfammed.org/content/14/1/76>.**

**Key words:** medical education; medical ethics; medical philosophy; physician-patient relations; physician's role; professional competence

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 **Supplementary materials,** including a Spanish version of this essay are available at <http://www.AnnFamMed.org/content/14/1/76/suppl/DC1>.

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