

Heal-Healed-Healer

The endless horizon of health is what we pursue in our day to day living as osteopathic physicians. As such, my life allows me to embrace each person's story and we "dance" together with each visit. If I could, I would share with you some of these stories and I would do it without words. There is a piece of medicine that exists through touch, and through dissecting the story of one's illnesses as our hands work through their body uniting story and restriction, wrinkle and tingling, memory and pain. I see these stories in their similarities and in their uniqueness. I see in the person's eyes these stories when they first sit down with me and begin to speak. There is the story that they have been telling year after year. It is full of terminology that they have learned by speaking with the healthcare profession. There is the inflection, frustration, and assumption that they bring to the table as they present their sum total self in its illness and brokenness.

Thrown off center, I ask them to tell me a story or two about some period of their life, we go somewhere ELSE. This place does not exactly have a diagnosis or an identified explanation point. It has a feeling. It contains a trigger that unravels the headache or the clenched jaw or the rigid pelvis.

Let me just ask you, why do people hurt themselves? It is so amazing and rich to just discuss pain. The pain "that passes all understanding" - that pain that often is associated with anger, loss, abandonment. Why do we give our lives over to the albatross of pain? Why are so many people broken in their heart and why do we grow in this brokenness? That expanding brokenness is the somatic dysfunction that moves from one segment to one's whole postural decay. Why are the institutions set up to fix us or control us with medications while we ourselves surrender to the ideals of the pharmaceutical companies. Why do we ask the Institution to fix us?

Case study

B.A. is a 59 y.o. male who is legally blind, has DM2, chronic diffuse inflammatory pain, CAD, a recovering alcoholic, and lives alone in a subsidized apartment with a care taker who visits him Monday through Friday.

I see him once a month only because Medicare will no longer pay his bill if he needs to come more often. In fact presently Medicare is suggesting less visits. Chronic pain is too expensive to pay for unless it is with pills. Oh, but chronic pain and pills have gotten a bad wrap in the last few years. What to do, what to do? In Maine, cannabis is a reasonable alternative though our federal government is not in support of it therapeutically. However on this day, BA comes in groining but chipper. He uses his cane to get to the table. We get him situated on his back and he relaxes. For the next half hour BA and I talk. We laugh, we discuss what is new in his body, his apartment, with his ex wife who moved in down the hall, with the lady in the building that nags that all she smells is pot since he started using it. We discuss his plans for his vegetable garden this coming season. We discuss his chest pain, his concerns, his A1-C. We discuss that his PCP doesn't think he could use an insulin pump so he struggles with B.S. that are out of control and have sent him to

the ER. BA is frustrated and thinking that he might die soon. But he figures that that is ok.

“Sure it is ok to die, but why BA do YOU think it is ok to die?” Well, parents never really thought that much of him. BA chuckles. “BA, why would you laugh at something so painful”. Well, BA clearly knows that he feels pain and that he has felt pain his whole life when he thinks about his parents and his childhood. He had a failed marriage, now a daughter who is grown who doesn’t talk to him. He was a “drinker” so he knows he deserves it, but still, **it hurts**. He feels like a failure and he thinks he doesn’t deserve much. BA is a sweetie-pie! Well, perhaps he would have been a monster to be married to when he was younger and drinking. Perhaps now he would be unbearable to listen to if he got mad. But his pain that lives deep, deep inside of him keeps him from his wholeness.

Not every visit, with each patient, can get to the core of his or her pain. On the contrary, it is a dance – a dance in which you listen and observe the rhythm of the day. Who am I today, who is the patient? Are we talking health, disease, or Red Sox? Why does it seem that there are days when each person wants to discuss the weather and the new TV they bought but on another day they want to discuss End of Life planning or how they want to get off all these stupid medications? I don’t really need to know but I do know that as a physician I am in awl of my position in our society. My work allows me to heal.

As a health educator prior to medical school, I taught things like stress management, smoking cessation, and nutrition. Now as I review people’s habits and listen to their stories we are living stress management, we are living both smoking and forgiving. When I clench my jaw in times of stress I think of my patients and rethink my behaviors. Let us grow in love, in forgiveness, and in understanding of our brokenness so that we can move towards the unattainable horizon of health. I will be on that horizon with healers someday!

Victoria S. Thieme,, DO
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