

# Letters to the editor



Dr. Richard Christensen visits with some of his homeless patients.

## On showing up

Having been what all doctors should be, but few are.

—W. H. Auden, *The Art of Healing*

A year ago, the Autumn 2015 issue of *The Pharos* contained an article by Richard Christensen (AQA, Medical College of Georgia at Augusta University, 1984), professor in the Division of Public Psychiatry at the University of Florida. Entitled “Caring for the Invisible and Forgotten,” (pp 48–50) the piece begins with an invitation the author received to speak to a group of graduating medical students. Christensen relates how such an invitation had him fretting

over what he would say—“On my morning runs, at night lying awake, and on my drives to and from the clinic, I propose, formulate, and discard potential topics...”

Finally, advised by a student to “just talk about your own work in medicine,” Christensen resolved to share the story of his 25 years caring for his city’s forgotten people. His patients “shoulder burdens most of us cannot begin to fathom,” and teach him “everything about the grinding pain that arises from human isolation and aloneness.” They are our jobless, homeless, and voiceless—unseen people for whom an appointment in Christensen’s clinic represents their only opportunity to be heard, and to be reminded that their lives matter.

Christensen shared the story of a disheveled young woman who appeared in his clinic one day. Not one of the regular patients, she introduced herself as “Dead Girl,” and explained how, since her boyfriend committed suicide several years ago, she believed that her internal organs had rotted away, leaving her a “ghost,” invisible to others.

Roused by such encounters, Christensen’s calling was

to go forth and meet his patients where they live, on the street. He is their doctor, but he is also their witness, and his first mission is simply to show up and say, “I see you. I hear you.”

Christensen’s is not a tale of medical heroism, or the exploits of a successful academic psychiatrist who answers the call to devote himself to the care of society’s unwanted—though every word of such a story would ring with truth. Instead, it represents an educational memoir, the story of a physician whose care summons other health professionals to join him in seeking out a new source of insight and compassion.

His invisible patients are also “exemplary teachers,” whose encounters convey better than any textbook the power of an “empathetic presence” to connect with the unseen and forgotten.

Last November, Richard Christensen, caring physician par excellence, was in Zambia on a mission trip for Habitat for Humanity. Looking forward to celebrating his wedding anniversary with his beloved wife, Kathy, he had gone out for one of the morning runs he relied on not just to nourish his health but to clear his mind and open his heart. There in the early morning hours of Thanksgiving Day, he was struck and killed by a hit and run driver, prematurely ending his service to the poor of Jacksonville, Florida, at the age of 60.

Christensen did not deliver health care. He reached out to human beings, literally remembering the dismembered fragments of our humanity.

He revealed to them, and to us, the beauty of presence, of showing up, of being there, of caring for the human in every human being, and searching for hope among even the hopeless.

No longer will he be seen scouring the streets of the city in his van, the “Hope Team” in tow, seeking out patients whose hidden places, obscure names, and forgotten stories languish in silence and darkness.

He will be sorely missed.

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## “The uses of medical oaths in the twenty-first century”

I was pleased to see that Drs. Foster, Iles-Shih, and Stull have continued the long tradition of the late Dr. Crawshaw by surveying North American medical schools regarding the usage of medical oaths (*The Pharos*, Spring 2016, pp 20–25).

Their addition of new questions to inquire about statements of principles will shed new light on the ancient and evolving practice of oath-taking. One fact that emerges from a sequential study of this practice is that there has been a profound change regarding to whom the oath is sworn, as I tried to point out in the single survey that I conducted in the early 1990s.<sup>1</sup>

An oath is a promise sworn to deity: “a solemn usually formal calling upon God or a god to witness to the truth of what one says, or to witness that one sincerely intends to do what one says” (Merriam-Webster, 2016). A code, on the other hand, is “a set of laws or regulations, or a set of ideas or rules about how to behave” (Merriam-Webster, 2016), i.e., a promise sworn to people rather than to divinity.

I am presuming that a statement of principles would be established by people, and sworn to them. This raises the question whether codes and statements of principles are, in fact, oaths at all.

It is interesting, and I think instructive, to note that in the 1993 survey only 16 medical schools in the U.S. and Canada administered oaths sworn to deity; 52 used oaths sworn to “whatever I hold most sacred;” and the remaining 82 swore an oath without designating to whom it was sworn, presumably making a promise to the school or the profession. One can speculate that many of the students/graduates at those 52 schools hold God as most sacred, but some might swear on their grandmother’s grave, or even on their own wallets.

We do not have precise data regarding which oaths have been sworn over the decades, but from the historical review we did from 1928 to 1993, it seems clear that the classical oaths, which declare a promise to divinity, are gradually disappearing. This desanctification of medical oaths probably represents a shift to post-modern thinking, which rejects dogma and ideology, and moves the point of authority from divinity to something or someone earthly, and ultimately on to oneself.

This shift raises a fundamental question about whether these swearing-in ceremonies should be called oath-taking or should be given some other designation, perhaps a

promise, or as used in some courts of law, an affirmation or asseveration. Sadly, in my view, this would represent another step in the deprofessionalization of the practice of medicine.

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### Reference

1. Orr RD, Pang N, Pellegrino ED, Siegler M. Use of the Hippocratic Oath: a review of twentieth century practice and a content analysis of oaths administered in medical schools in the U.S. and Canada in 1993. *J Clin Ethics*. 1997 Winter; 8(4): 377–88.

## “Time matters in caring for patients”

I have been to the asclepiions at Epidaurus, Pergamum, and Kos, and the International Hippocratic Foundation, also in Kos, so Dr. Byyny’s article “Time Matters in caring for patients: Twenty minutes isn’t enough” (*The Pharos*, Spring 2016, pp 2–8) struck a nerve.

The asclepion at Kos is surrounded by cypress trees, and climbs a hillside overlooking the Aegean Sea and the Turkish coast. There are the remains of temples to Apollo and Aesculapius, baths, and sleeping areas. It is beautiful and peaceful. But it is the exhibits at the Hippocratic Institute that are most moving, including quotes from Hippocrates’ teachings, such as:

Observe...the diet, customs, age of the patient, his speech manners, fashion, even his silence and his thoughts. If he sleeps or is suffering from lack of sleep. Leave nothing to chance, overlook nothing. Combine contradictory observations. Allow yourself enough time.

Contemporary physicians provide strong medications, sophisticated testing, invasive procedures, and lots of opportunity for adverse effects. Ancient physicians offered time, individualized attention, diet, exercise, water treatment, herbs, and communion with the gods, with minimal risk of side effects. Successful treatment may have been somewhat less likely, but patient satisfaction much higher.

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