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THE WISDOM TO NOT INTERVENE

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There are many definitions of wisdom. It is often considered the accumulated knowledge and experience of older people that can be passed on to the next generation. I was fortunate enough to have a wise, older physician as my mentor when I was a junior doctor, who shared his wisdom with me. He took me under his wing and taught me a great deal. His mentoring was largely by example; I learnt by observing him work with his patients.

One day, after we had finished an out-patient clinic (each seeing different patients, but discussing the consultations together), he looked at me and said “You know Paul, you are doing very well, but as you get older and more experienced you will stop prescribing so many drugs and realize that all you need to do is be there for your patients”.

I did not quite know what he meant by that and, much as I respected him, I thought it a silly comment. We were practicing rheumatology at a time when new exciting drugs were becoming available which promised to provide patients with inflammatory forms of arthritis (our main ‘clientele’) a lot of relief. But my mentor was always saying enigmatic things to me about medical practice. For example, another of his aphorisms

that stayed with me was “It is incredibly difficult for a doctor to do more good than harm, more than 50% of the time”.

I went on to pursue my own career in academic rheumatology. Early on, I undertook drug trials, and prescribed plenty of medicines, just like everyone else. But I never forgot those conversations that I had had with my mentor. And as time went on, I began to become disillusioned with some aspects of modern medicine, particularly the pharmaceutical industry. I realized that they liked to get us doctors to prescribe their drugs ‘at any cost’ – both figuratively and literally. It became clear to me that there was a lot of dishonesty in their promotional activity. Furthermore, all of their drugs caused frequent side effects, and many were downright dangerous. I stopped working with the industry and no longer accepted their largesse.

Then I had a ‘mid-life crisis’. An unusual form of mid-life crisis – I was taken hostage in Kuwait and Iraq for 5 months in 1990, as a result of being on a plane that refueled in Kuwait just as Iraq invaded the country.[1] I had many strange experiences whilst ‘away’, some of which awakened the spiritual side of my being (something that had been pushed aside by the ‘enculturation’ of scientific medicine).[2] When I emerged from the subsequent confusion and PTSD that followed my time as a hostage, I began to understand that the essence of good medicine lay in our caring for each other. Maybe that was what my mentor had been on about?

Through good fortune I was able to gradually change my research focus to placebo effects[3] and then to healing and healers.[4]

But I went on doing a little clinical rheumatology, consulting with small numbers of patients and trying to give them as much of my time as they needed.

Shortly before I finally retired from clinical practice, at the age of 70, I was doing an outpatient clinic in one of our local hospitals. I saw six different patients that afternoon. Afterwards, I reflected on my work, and realized that I had not prescribed a single drug, or indeed any other intervention, for any of those people. Nor had I ordered any investigations. I had listened, I had touched skin, I had laughed and cried with them, and I had offered some advice. The words of my mentor came back to me. Maybe he was right; and perhaps I had at last learned to simply ‘be there’ for my patients, and allow them to heal.

The wisdom to do less rather than more seems to be missing from most traditional Western medical clinical practices today. Indeed, we seem to be finding more things to investigate and more things to try to do all the time. We cannot let things be, or stand back and give nature a chance, as suggested by Victoria Sweet and the ‘Slow Medicine’ movement.[5]

So, what did my mentor mean by just 'being there' for my patients? He never explained it, but by observing the way he practiced medicine, I think he meant deep listening, great compassion, getting to understand their life and world, and perhaps love. The very first time I met him, when I was a medical student, he was doing a clinic. A lady with chronic rheumatoid arthritis came in and he immediately started talking to her about her family and her life at home. He really knew about her and her circumstances. He looked at her joints, felt them, all the time exchanging good-natured and amusing banter with her, and then reassured her that all was going well. Then he told her to 'bugger off' as she had had her time. She asked him when she could come again to which he responded there did not seem much point as he did not do anything or give her any medicines. "But doctor, you are my medicine", she responded.

That consultation had a huge effect on me. Eventually it led to my learning to be the patients' medicine, and not to rely too much on technology and drugs. I wish I had gained that wisdom earlier. ■

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Biographical note

Paul Dieppe qualified as a doctor in London in 1970. He was appointed Professor of Rheumatology at Bristol University in 1987 and became Dean of the Faculty of Medicine there in 1995. He then worked for the Medical Research Council before moving to the University of Exeter in 2009 to pursue his interest in healing.