

# Exploring your own suffering will help in the healing of others

In order to better heal those we serve, we must first deal with our own suffering. Dr Anthony Gooley calls on Catholic health organisations to consider the suffering and burn-out of their own people...

Responding to suffering is a central element of the work of those involved in medical and aged care. It is not only doctors who must attend to the suffering of others but all who work in allied health and aged care. Suffering has many dimensions; "Humans suffer in many different ways, including physical, mental, emotional, and moral. While medicine can seek to ease physical, mental, and emotional suffering, it cannot approach moral suffering. We all suffer in different ways and to different degrees." (John Paul II *Salvifici Doloris*, 5)

How do we know if we are in the presence of suffering? Perhaps it is the physical pain experienced as part of an organic illness. It may be the anguish and suffering in the sense of helplessness or disorientation when illness or aging seems to reduce our sense of efficacy and agency and leaves us feeling vulnerable. It may be the emotional pain of being uprooted from a family home, with its familiar smells and sights, and relocated to an aged care facility with the look, feel and smell of an institution. People of faith, Christian or not, in our hospitals, community or aged care facilities, may experience a sense of doubt, or abandonment from God, or their meaning system, and experience this as another layer of suffering in the midst of all that they are experiencing.



## Dr Anthony Gooley

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We might also wonder to what extent our organisations acknowledge suffering and the impact that this may have on those who work within our systems. In our formation for mission do we attend to questions of suffering? In reflecting on suffering we need also to turn our attention toward our organisations and ask in what ways our systems, practices and procedures contribute to suffering and burn-out experienced by some staff.

Healing which truly values holistic care will be attentive to all the many ways that suffering can be present in the lives of those we serve and with whom we work. The kind of holistic care Catholic organisations attempt to provide will be attentive to and seek to respond to physical, emotional and spiritual suffering. CHA has recognised the need to grapple with the topic of suffering through the Ministry Leadership Program (MLP) which has a session devoted to the question of suffering. It provides an opportunity to reflect on the deeper meaning of suffering and to find ways to integrate Catholic reflections on suffering into the operations of Catholic health and aged care and community services.

### HOW ATTENTIVE ARE MEDICAL AND ALLIED HEALTH STAFF TO THEIR OWN SUFFERING?

The article over the page by a medical practitioner Thomas McGovern asks how attentive medical and allied health staff are to their own experience of suffering and their own response to suffering. He asks an important question about their learning and awareness about suffering during their training and later as practitioners, and how they respond to suffering in the lives of those for whom they care in a professional context and within their own life. I give thanks to Thomas for allowing me to share his work with Health Matters readers.



## Everybody Hurts – Healers and clients share a common language

by Thomas W. McGovern / Courtesy of America Magazine online and Mr McGovern

Patients and doctors (allied health and aged care workers), are allies separated [united] by a common language: suffering. Patients suffer because of their diseases, because of their feelings of alienation within a technocratic medical system and because their experience is ignored in our society that often believes the best way to get rid of suffering is to get rid of the sufferer.

In the face of these obstacles, patients seek physicians not only as experts in treating their illnesses and wounds but also as experts in alleviating their suffering. But are these expectations well founded? Patients and doctors are allies separated [united] by a common language: suffering. When I speak at medical conferences, I always ask the physicians, nurses and students if they learned anything about suffering—their own or that of their patients—during their training. Inevitably, no hands go up. Indeed, a 2017 study in Family Medicine found that such education is not taking place even though students want it. An accompanying editorial stated: "To be worthy to serve [suffering patients] means that we first must undertake the study of suffering. We cannot hope to address the phenomenon without exploring it within ourselves, our patients, our communities, and our society."

There is, however, a grievous obstacle, invisible to most patients that prevents doctors from undertaking "the study of suffering": Physicians themselves are suffering under the very same health care system as their patients. Over half of physicians satisfy criteria for burnout: emotional/physical exhaustion, cynicism/depersonalization and/or a lack of sense of accomplishment in patient care.

Electronic health records (EHR) and increasing government regulations contribute to physician burnout. Due to E.H.R.s, the average physician spends two to three minutes on a computer for each

minute spent face-to-face with a patient. Increased government-mandated administrative tasks, though well intentioned, can suck the joy out of physicians who start seeing their profession as a burden, instead of a meaningful calling. Unless this soul-crushing epidemic of physician burnout ends, doctors will not have the emotional energy or motivation to learn about and address their patients' suffering. Physicians themselves are suffering under the very same health care system as their patients.

While physician burnout and its solutions are multifaceted issues, the Catholic Medical Association (CMA, USA) is one innovator that is already addressing suffering among Catholic physicians and their patients.

In 2012, a colleague urged me to write a discussion-based course for health care professionals based on St. John Paul's apostolic letter, *On the Christian Meaning of Human Suffering*; "Salvifici Doloris." This free course, successfully used since 2014 by an increasing number of our 104 local physician guilds and 34 medical student guilds, teaches physicians how to understand and address their own suffering so they can empathically see their patients as fellow sufferers and learn how to practice compassion.

National and regional conferences, annual diocesan White Masses (for Medical and Allied Health Professionals) and local guilds provide places where physicians and students learn how to live the C.M.A. mission "to uphold the principles of the Catholic faith in the science and practice of medicine." Most important, in an age when the very definition of "person" seems up for grabs, a guild is a place where we learn how to become a certain kind of person: a physician inspired to imitate Jesus Christ.

We must not scold the little boy at the seashore tossing back starfish one by one after a storm, saying, "You can't make a difference to those thousands of starfish on the beach." We must be like the little boy who tosses in another starfish and says, "But it made a difference to that one." This approach will not change our health care system overnight, but it will begin to change the lives of numerous patients by healing the physicians, one-by-one, who treat them.

*"While medicine can seek to ease physical, mental, and emotional suffering, it cannot approach moral suffering."*

– Pope John Paul II



Thomas W. McGovern July 27, 2018 America Magazine online. This article also appeared in print, under the headline "Everybody Hurts," in the August 6, 2018 issue. Published in Health Matters with the kind permission of the publishers. The author has also generously shared his course on suffering and given permission for CHA to adapt and use in Australia.