

The Trick of Treating

by Brenda Denzler

I know it's mean to say this (or maybe just stupid to admit it!), but when I think about all of my encounters with doctors since my cancer diagnosis in 2009, the picture that pops up in my head is of this whole flotilla of people dressed in long white coats with stethoscopes looping up out of a side pocket, superimposed by a picture of a tribal "witch doctor" or shaman in full ceremonial regalia.

It may be odd to think that a physician's white coat and a native healer's headdress and beads could be comparable, but, for some reason, in my head they seem to be. I guess it's because whenever I've had the best medical encounters, I've walked away feeling like I've seen a healer rather than just a medical professional. Anyone, I've decided, can be a physician. It takes someone special to be a healer.

My thoughts along these lines were recently reinforced by someone I met in a support group for people with thyroid cancer. One of the long-time participants explained that his disease was discovered because his doctor chose to believe what he said about his symptoms and how he felt rather than only believing the lab reports, which said that he was perfectly fine. I could only nod my head vigorously and say "Amen!" This man had been lucky enough to find a healer.

Judging from what I've seen of the fruits of medical school, it is excellent at producing physicians—but not so great at producing healers. It seems to be an enterprise devoted to inundating would-be physicians with countless lists, rules, rubrics and guidelines, all of which they are expected to memorize and be able to recite hands-down cold, even if they are half-comatose from lack of sleep and being pulled in a dozen different directions at once—which they are, as soon as they begin the clinical portion of their training. During this phase, they are hard at work 36 hours a day under the watchful eyes of everyone from the guy who was in their shoes just a year previously, to the nurses who have been providing hands-on patient care for years already, to the hoary old goat who has been around since God was

young and now heads up the department. This is where the new kids on the medical block learn how, when and where to apply all of those memorized rules, rubrics and guidelines: "The ankle-bone's still connected to the leg-bone." "The lab value is within the normal range." "Guideline says you're fine; go home."

Having learned the rules and practiced applying them to real people, the newly trained physician is turned loose for a lifetime of doing the same thing on his or her own. Trouble is, they have been taught medicine largely as a one-way street. The patient has the complaint; which triggers the doctor, who has the knowledge of diseases as encapsulated in the rules, rubrics, and guidelines; which triggers orders (also encapsulated in the guidelines) for images or lab tests that will support the choice of one diagnostic rubric or another; which triggers a certain treatment—or the refusal of a treatment if the tests support no diagnosis (also guideline-driven).

This is modern medicine most of the time. Not only is this the course of events due to the way doctors are trained, it is the course of events because this is the business of medicine. It is an efficient way to do things—if moving the maximum number of people through a process within a given time period is your definition of efficiency. Due to the fact that many diseases and conditions do fall within the vast bell curve of "ill health" that has been so neatly defined by the many rules, rubrics and guidelines, which are themselves based upon the hard data of images and lab reports, many patients manage to do alright within this system. They do alright with just a physician—a person who connects test result A with rubric B to come up with treatment C.

Sometimes, though, people need more. They need healers—physicians who will take the battery out of the time clock. Physicians who will run through their well-worn list of rubrics, rules and guidelines to come up with possible diagnoses, but are also able and willing to think about the oddities of ill health that don't always fit within those boxes but do, on occasion, occur. Physicians who will order tests to try to confirm this or that diagnosis,

but (and this is vitally important!) when the tests come back fine, will refuse to make the tests the final arbiter of whether the patient is "really" medically ill or not. Instead, they will turn back to the patient, listen again, and consider that the patient could be right, and the tests could be wrong. These physicians are more than rule-readers—they are healers.

Native healers—shamans—also go to a sort of "school" to learn their craft. Like modern physicians, they learn at the feet of teachers who share the accumulated wisdom of those who were healers before them, serving an apprenticeship to learn how to apply the knowledge they are given. Unlike modern physicians, however, they have few formal rules, rubrics and guidelines to shape and constrain their understanding of a patient and his illness. They have no hard and fast lab tests and images that can be used to confirm or deny the "true" health status of the patient. They have only their own training and the symptoms of the patient before them. Believe it or not, this kind of unboxed, unconstrained medicine can work, too.

Robertta Bivins, in her book *Alternative Medicine* (Oxford University Press, 2007), describes an incident that happened when she was a child living with her academic parents in the far reaches of Nigeria. She became very sick with a condition that the locals recognized all too well, it having taken the lives of many of the village children. It was refractory to every modern medicine her parents had brought with them, and they were miles and miles away from a doctor or hospital. Her mother was advised by the villagers to start mourning Bivins' death, but instead a local healer came in, listened carefully to the symptoms, and on that basis prepared a medicine for her that returned her to health.

There is a trick to treating people who are sick. It involves more than conducting a few tests and then slipping a patient's complaints into a handy diagnostic slot, from the safety of which a prescription can be written (or refused). Rather, it requires placing the patient's report about their health at the center of everything and refusing to allow it to be nudged out of the way as if it were only

preliminary data that can be—that must be—validated or discredited by tests. It requires that rubrics and guidelines be used as starting points for devising a treatment, rather than endpoints that define a treatment. The trick of treating requires, in short, that medicine be more than what is taught in medical school and residency. It requires more than the science of the physician. It requires the healing art of the shaman.

Brenda Denzler was diagnosed with inflammatory breast cancer in 2009. She became a cancer survivor on the very day she was diagnosed.

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