Letters to the Editor

Reciprocal Healing in Healthcare

To the Editor:

In an address to the American College of Surgeons in 1952, Dr Alton Ochsner said, "While working for the benefit of humanity, let us not forget that our work is also for the benefit of the patients, the individual men and women who seek us out in their hours of trial and who need compassion and understanding as well as scientific care."

Dr Ochsner's focus on the individual is even more relevant today than it was in the early '50s. While empirical research on the positive effect of reciprocal healing relationships with patients has been conducted in many disciplines, such as anthropology, psychology, and nursing, until recently, little had been done on the healing aspects of the physician-patient relationship. For example, nurses have carried out empirical research on healing, especially in the area of caring.1 But models for positive effects of reciprocal healing relationships between physicians and patients are becoming more prevalent. One model identifies 3 processes necessary for such relationships to be developed and to be sustained: valuing (being nonjudgmental and empathic), appreciating power (partnering with the patient and communicating in lay terms), and abiding (establishing continuity with the patient through ongoing care and concern). The authors conclude that the wholeness underlying the dual role of clinicians as healers and providers of medicine can be very beneficial to both physicians and patients in the healing process.2 Stange calls taking an integrative approach to personalized care a moral imperative.3

To help reinforce the focus on caring for the individual that was the hallmark of Dr Ochsner's philosophy, the Institute of Medicine, Education, and Spirituality at Ochsner (IMESO) was established in 2011. Through research, department retreats, consulting services, and one-on-one interactions, IMESO emphasizes virtuous actions on the part of medical professionals and the primacy of the physician-patient relationship.

To help codify this relationship, the IMESO Executive Steering Committee created a statement on Reciprocal Healing in Healthcare. This statement was unanimously endorsed by the Committee at the April 2014 meeting:

Illness is a multifactorial mosaic experience because it affects the body, mind, and spirit. Any illness has the

potential to change the patient, and the healing experience has the potential to change the healer. In this reciprocal relationship, both the patient and the healthcare professional can find meaning and wholeness through enlightenment, compassion, and wisdom.

Establishing such a reciprocal healing relationship requires healthcare professionals to go beyond the sole consideration of the mechanisms of disease and illness and to see each patient as a person—a unique human being. When this reciprocity occurs, both the one seeking healing and the healer enter, consciously or not, into a spiritual—a self-transcendent—realm.

The Ochsner Institute of Medicine, Education, and Spirituality acknowledges and supports reciprocal healing in medicine.

It is the Committee's hope that this-statement will stimulate fruitful discussions systemwide and promote high-quality patient care and a workplace that has meaning and purpose, reflecting Dr Ochsner's emphasis on the health and welf-being of both patient and healer.

To see a brief video of Dr Ochsner discussing the importance of caring for the individual, click to https://www.dropbox.com/s/gg8rvzqdnxrzkhf/AO%20Treating%20Individual.mp4. For more information about IMESO, click to www.ochsner.org/imeso.

Respectfully.

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REFERENCES

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- 2 Scott JG, Cohen D, DiCicco-Bloom B, Miller WL, Stange KC, Crabtree BF Understanding healing relationships in primary care. Ann Fam Med 2008 Jul-Aug;6(4) 315-322
- 3 Stange KC Power to advocate for health Ann Fam Med 2010 Mar-Apr;8(2):100-107.

Editor's Reply

The Editorial Board appreciates Reverend De Concilius and the IMESO Executive Steering Committee providing our readers with information on reciprocal healing Physician-patient interactions remain a core component of quality healthcare. The efforts of our IMESO colleagues will hopefully increase the focus on this previously underappreci-

ated aspect of healthcare and help generate additional discussion and research. I am pleased that *The Ochsner Journal* can assist their laudatory contributions.

David E. Beck, MD Editor-in-Chief