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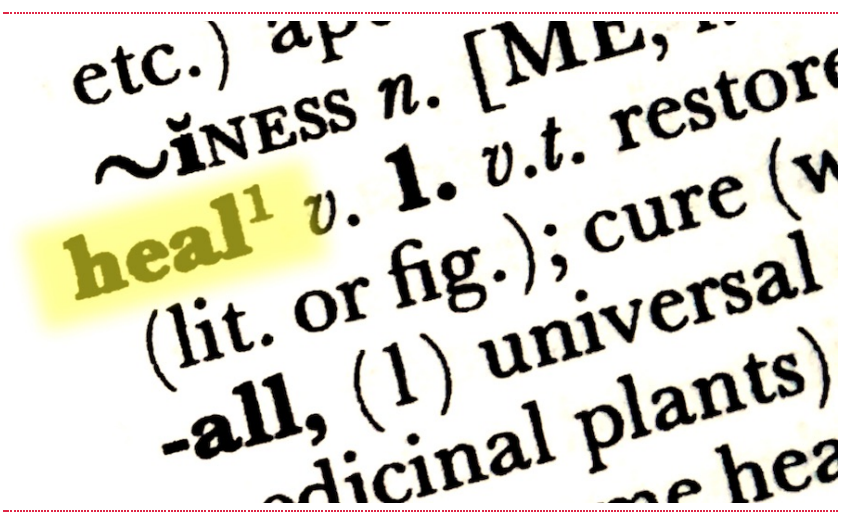
PRACTICE

a doctor and a healer?

**Reclaiming our
identity as
healers?**

31 January 2019

HEALERS | IDENTITY | PURPOSE



"You shouldn't use the term 'healer' – it has negative connotations." The peer review of my article about the role of compassion in healthcare was blunt. Although my article was commissioned by the editors of a prestigious medical journal, following peer review it was rejected. I took it personally.

I chose a career in medicine because I cared. I wanted to offer my care, compassion and healing to those who were suffering. This most profound part of my identity and purpose has been denied and vilified in a medical culture that values detachment and objectivity more than human connection.

What comes to mind when we talk of healers? For most of my career, I imagined a mysterious alternative practitioner offering miracle cures, without scientific foundation. In short, a quack. Such was my indoctrination in biomedicine and a narrow definition of medical science that eliminates any effect of healing relationships.

How was the notion of healing so debased, so quickly dismissed as 'non-scientific'?

I now see compassion and healing as two sides of the same coin. Compassion is defined as *'the ability to understand suffering, and a motivation to address it'*. Healing is defined as *'transcending suffering'*. So when we step into the role of compassionate caring, we become healers but we're not allowed to use the word.

Healing is not equated with cure. Indeed the most profound healing may occur in the face of incurable disease, in the patient finding acceptance, peace and resolution. But science is now on the side of healing, with growing evidence that the quality of relationship between health professional and patient has a profound impact on clinical outcomes.

Patients mostly recover from illness, trauma and surgery because of their innate healing powers. When we care for the whole person, instead of fighting the disease, we support that natural healing process.

Its not only the profession of medicine that quashes our idea of being a healer. Jill Maben, a nurse academic in London, researched the fate of new nurse graduates

working in the NHS. They graduated with high ideals of compassionate, whole person care but within two years their ideals were 'compromised and crushed'.

This disconnection between professional ideals and the prevalent culture of medicine is a significant cause of burnout. In our travels around the world, we have seen health professionals weep at the tragedy of their caring identity denied, and also weep for joy in remembering rare instances of extraordinary healing connection. What's the cost of this disconnection? Horrifying rates of burnout among health professionals, who suffer emotional exhaustion, depersonalisation and a complete loss of job satisfaction.

What's at stake? The difference between a healing approach and a disease-centred approach is stark.

Consider the 80% of patients who present to their family doctor with anxiety, depression, obesity, hypertension, diabetes, reflux, addictions, and chronic pain. When we dutifully practice 'evidence-based medicine' we write a drug prescription for almost every patient. We are treating the symptoms, not the cause. The work is joyless and the demand is relentless.

As a healer, we treat the person, not the disease. We tackle the dis-ease that sits behind so many chronic health issues and poor lifestyle choices. How many people have a well-developed sense of self-worth in our modern society? Very few. Instead, we are collectively burdened with emotional trauma, adverse events in childhood, and societal values at odds with our fundamental human nature. These are the things that healers can help their clients to address: then so many chronic health problems melt away and people are empowered to make healthy choices.

This work is incredibly gratifying, fulfilling and joyful. Instead of relentless demand, overwhelm and stress, we find abundance. Our patients are not a burden of demand, they are the source of healing.

The distance between the everyday experience of most health workers and the joyous possibility of what could be is a tragedy, most especially for idealistic young health professionals who become disillusioned and cynical.

I did not realise how much the pain of denial hurt me until I found a healing practice outside of my hospital medical role. Healing work is joyous. While I bring a deep healing intention and compassionate presence to my clients, I perceive that the healing is something that arises in the client, not something I do to the client. I let go of attachment to outcomes, while witnessing miraculous changes in the lives of the people I serve. A day of healing work leaves me filled with love, awe and joy – not stressed and exhausted.

Yes, I find opportunities for healing in my hospital practice and I know that my presence sometimes make a huge difference to patients. I also know that when I bring a healing intention to my clinical tasks, I make better judgments and apply my technical knowledge and skills more effectively.

But much of my clinical work is soulless and I worry that it may be doing more harm than good. Around 80% of the conditions we treat in hospital are preventable. What if we brought healing to the lives of patients instead of expensive and sometimes harmful medical treatment?

So I think it's time we reclaimed our deepest identity. I want to be a doctor AND a healer. I want the word healer to represent the best in us, not to be dismissed as quackery.

As a nurse, a therapist, a midwife, a dentist, a social worker – are you ready to reclaim your deepest identity and purpose? Will you stand with me? How much longer will we tolerate a healthcare system that steals our deepest identity, our purpose and our joy?

Times are changing. When I began campaigning fifteen years ago for humane and compassionate healthcare, the word 'compassion' was absent in the entire medical literature. It took courage to stand on the stage and defy medical norms and to talk about compassion and caring. Now its OK to talk about being a compassionate doctor.

Even my own profession of anesthesiology and intensive care – the pinnacle of technical medicine – is now openly talking about the importance of compassion, not only for patients but for our trainees.

Now is the time for us to be courageous in claiming our identity as healers. If we stand together, we can no longer be denied.

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21 Responses to “Reclaiming our identity as healers?”

Marlies says:

[February 3, 2019 at 10:54 pm](#)

Hi Robin, following our email exchange I said I would respond to your post on line. Here I am. I'm sorry it has become a very long post, but I'm going to send it off, now that I've got to the end of it! 😊 I hope the platform can handle it.

I am finding this a difficult topic to respond to. I have absolutely no difficulty in standing with you in calling myself a compassionate health professional, in fact I would and proudly do so! I signed your submission when you were calling for compassion to be included in the NZ Code of Rights for people receiving a health or disability service.

I find this topic of “reclaiming health professionals' deepest identity as healers” not so easy to resonate with as a whole.

I absolutely support all the following descriptions of healing that you write about:

- Healing as transcending suffering
- Healing not being equated with cure
- that the most profound healing can occur in the face of incurable disease
- that clinical outcomes are profoundly impacted by the relationship between the person seeking healthcare (I don't like the label of being a patient, for me it takes away my sense of personhood) and the health provider
- people mostly recover from health related problems because of their innate healing powers, our natural in-built healing process
- the utmost importance of a healing approach to healthcare (rather than what often happens in our 'disease-care system')
- partnering / collaborating with the whole person, to support them to find ways towards health and wellbeing that tap into and make use of all of their own resources (physical, emotional, cognitive, social, spiritual, cultural, and including the physical, natural and institutional environment – all of them intricately intertwined)
- bringing a deep healing intention and compassionate presence to all health encounters
- healing arises within a person, not by something that I do to the person

Almost all of these speak of a shift, a transformation, that occurs within the person seeking better health.

I have some difficulty with the notion of 'claiming my identity as a healer' – some of the reasons:

- My biggest question in all of this is: when that shift happens, how can I say it was 'me' who was the healer? I can see the possibility that all of the deepest healing intentions I brought to that situation were important in and contributed to that shift. However, I see it more in terms of me helping to create the container in which 'the person's own capacity for healing occurred'
- Who determines which health professionals are healers? The ones who call themselves healers? Or the people who feel a healing process has taken place in the presence and the way of working of this service provider (they may not even be a health professional) – a bit like the person receiving health services is the only one who can decide whether the health provide is culturally competent (for them) or not.
- In that context I might be considered a 'healer' by some people, and not by others, when something in the relationship or in the approach or whatever does not quite hit the spot for healing to occur
- I also feel uneasy about 'claiming my identity' as a healer... if anything it would have to be endeavouring to “be” in a way that contributes to a healing environment, and recognizing my human fallibility in that endeavour. Anyone could claim they are a healer, and some people do without any solid healthcare

skills and knowledge, and some people are healers without any apparently solid healthcare skills and knowledge.

This topic feels like a challenging and difficult terrain to navigate. Not to say that we shouldn't try, but these are the things that are coming up for me when I read your posts. They feel important enough for me to respond in this public forum, something I always feel pretty vulnerable about.

In responding I want to honour your courage to put yourself out there, and to honour your invitation to contribute to this discussion.

I look forward to seeing how the discussion and your mission will evolve. Warmest regards, Marlies

Patti Heaps says:

[February 3, 2019 at 4:30 am](#)

Robin, there are so many things I want to say. I just retired after 40 yrs of nursing. I left hospital nursing after 5 yrs because the system did not want an intuitive compassionate nurse. I spent the next 25 yrs doing various nurse related administrative work which paid the bills but did not fill the soul.

Learning about palliative care from my volunteering as a parish nurse, I fell in love with the principles and practices. I lobbied for 3 yrs to be hired by a local hospital as an inpatient palliative care nurse. The first 4 years were brutal. My nursing peers were openly hostile toward the way I related to patients and families. I was too kind, listened too much, and accused of making them look bad when bringing in articles and books about our specialty. I was shocked and disillusioned, but I fought back because I was not going to be pushed out of nursing again.

The physician in charge of the hospitalists saw my skill, compassion, and drive. She asked me to do a pilot in our emergency room (where all plans of care are begun in our hospital system) and to see patients with life-limiting medical issues and to attend all critical cases that came into the ER.

Based on the outcomes and feedback from patients and staff, an ER based palliative care team was created. Modeling compassionate care and using palliative care skills, our ER physicians learned the value of a goal of care conversation and those healing moments with patients and families did not take more time. Nursing and ancillary staff learned how to care for dying patients and their families and that they too had time for compassion in their fast-paced task-oriented jobs. And more importantly, hundreds of patients were able to voice the intensity of intervention and hundreds more opted for in-home palliative care or hospice. On average we saw 2000 patients a year and 200 of those avoided hospital admission for more conservative medical pathways.

The joy that so many have talked about was a daily experience. This is not to say that immersing into pain and suffering day after day was not extremely difficult. Finding ways to process and support one another often took us to seek counseling with professionals such as the chaplains or our own therapists.

By reading your book and others on compassion and its impact (Jeff Kane being another champion) I now can name and describe the joy of being a healer. It is my hope to continue to learn and to teach what it means to be a healer in a modern medical world. I have no idea what it will look like as I move forward but thank you for leading the way for change.

Emma Bragdon says:

[February 2, 2019 at 1:24 am](#)

Thank you for articulating the need to give back to doctors, nurses and healthcare providers their true calling as caring healers. What a shame that they have become agents of the pharmaceutical industry! What a shame that we have trapped healthcare providers into that role!

Robin, we would welcome your words at "Integrative Mental Health for You", IMHU.org. We provide online presentations on topics related to mental health for patients, their loved ones, and providers. We are forwarding the "integrative" approach that recognizes the power of peer support (authentic relationship) and turns to meds with great caution.

Do we have your permission to reprint the above article as a blog at <https://imhu.org/blog?>

Robin says:

[February 2, 2019 at 7:56 am](#)

Yes, you can reprint the article 😊

Kit Scott says:

[February 1, 2019 at 7:32 pm](#)

I've been walking a healing path for the last 8+ yrs with the mental, physical, emotional, spiritual, sexual, social, financial & cultural traumas I've been healing due to the entrenched Domestic Family Violence (abuse, neglect & dysfunction) I grew up in, so healing is something very close to my body, mind, heart, soul and spirit.

My dyslexic self showed me a while ago that the word heal is in the word HEALTH, so I've been BEing & doing my best putting the HEALing back into HEALTH care & that's what it means for me to be a healer, along with bridging systemic gaps addressing HEALTH & HEALing Holistically

Blissings

Kit 

Catherine Lothian says:

[February 1, 2019 at 1:00 pm](#)

As a Clinical Nurse Educator I see the effects of stress, workplace bullying and compassion fatigue in our new graduate nurses. I am a part of a research team investigating why some New Graduate Nurses thrive and other merely survive, and compassion fatigue, environment and culture appear to be major themes.

My team and I provide Clinical Supervision to this vulnerable group for their first 12 months of employment. In one session we discuss a compassion box, it can be as simple as a shoe box. They fill it with 'me time' things, a book, a fluffy blanket or other tactile item or a stress ball to squish, a book of coupons to do 'me things' e.g. take a bubble bath, meditate, breathing exercises, watch a movie, listen to music. Other things to add is a notebook and pen for journaling, crossword puzzles, knitting, something to smell, a candle or perfume. Just something so they can have a bit of down time to not think about work, to refocus on their inner self and reenergise.

As a group of Clinical Educators we do a team building day at the end of the year, each division takes turns to plan the day, one year we had tables set up with pens, pencils, glitter and lots of Christmas ornament pictures to colour in and decorate the tree with. It was a mindful experience and once the initial jostling for the right colour, we all settled into our inner self and the room was quiet, we enjoyed each other's company and appreciated that we had some 'me time'. Afterwards some of the CNEs expressed feeling guilty as the ward staff were working and they were here enjoying themselves. We explored this feeling of guilt, and turned it around to compassion, and caring for yourself, allow yourself time to relax, then you are able to help others. After reading your story and reflecting I suppose in a way we were healing ourselves, so that we can heal our patients.

U L I Sappok says:

[February 1, 2019 at 9:32 am](#)

"Healing is not equated with cure." But people think that this is it and do not know: "Healing is defined as 'transcending suffering'." So the rejection comes from the pharmaceutical science system and the belief that treating a symptom is curing disease.

The spiritual aspect of disease, the chance to grow, to change, to become yourself: far away in economic thinking environment we are mostly a part of.

As a GP in my work the problem were the roles and the give away of responsibility for the own life of the patients, until to look for economic disease benefit. Never learned. So I leave this ill System, that pays me good for my role as a symptom-treater. Not for have time to look how changing could be possible through the patient himself (self healing) and to go in an active attitude. Now I am a Medical Coach for those, who want to swim in their own river of life (Antonovsky

Parabel). Most people seem to need first the suffering to start the transcendence journey of life. But we as the healers can try to start it very early: in every contact. But YOU, patient, YOU have to do it (to swim).

Kathy Torpie says:

February 1, 2019 at 7:47 am

Thanks for the invitation to comment from the patient perspective Robin. –

The traditional healthcare paradigm is of patients presenting problems and the healthcare industry providing the solutions. This is the basis of the “consumer/provider” thinking that perpetuates the status quo from both ends of the spectrum. It is a vicious circle! The partnership between patients and health professionals that is so essential for a truly healing relationship can only happen when BOTH parties are ready to enter into a new relationship with each other.

Partnering with those delivering care is essential for patients. In the clinician/patient relationship, I am reminded at times of the relationship between adolescents and their parents as they make the transition from a parent/child relationship to an adult/adult relationship. Almost always the child begins to demand greater control over their own life well before they are willing to (or even know how to) take on the responsibility that comes with that power. And long before the parent is prepared (or even knows how to) give up that control. BOTH have to learn how to relate in a new way. As in the transition from childhood dependence to adult partnership, when a clinician is unprepared to see the patient as a partner, the patient remains in a helpless “child” role. That may well lead to oppositional (ie. “difficult”) or passive patient behaviour. Neither is conducive to healing. Equally, when a patient demands more and more control in the relationship without sharing the responsibility for their health, that too is not conducive to healing. A shift is slowly taking place. But the entrenched thinking is still very real on both sides of the bed. We have a long way to go, and the only way to get there is together.

I managed to resolve much of the helpless fear I so often felt as a patient (though the memory of it still haunts me) through writing. I eventually “got it” that I wasn’t the only one trying to cope with the complexities and demands of the system. It was through that understanding that I found compassion for the busy – and often stressed – health professionals looking after me.

Each week I nervously awaited my doctor’s ward rounds. Stuck in my bed, unable to do anything other than eat, sleep and think all week, the doctor’s rounds represented the only time that I could participate as an agent of my own healing. I anxiously awaited the opportunity to share concerns about my condition, to ask the questions I had held onto all week and to be given some understanding and assurance that I was indeed making progress to get me through the next week. Ward rounds were brief. They began with a greeting followed by the team talking about me rather than to me. There was no time for the acknowledgment and inclusion that I craved.

One week I did something different. I acknowledged the demands on the consultant’s time. “It’s 10AM” I ventured, “And I’ll bet you’ve seen dozens of patients already before you begin at the clinic.” He looked slightly surprised. “You’ve got that just about right” he chuckled. “This is the most important time of the week for me.” I explained, “While you’re busy keeping up with all your patients, I am just laying here waiting.” I felt like that was the first time he seemed to actually see me. Possibly because it was the first time I actually saw him as a person. Until then we were simply stuck in our roles. Doctor and patient. Now commonly referred to as “provider” and “consumer”, a commercial designation of roles that leaves little room for compassion.

Robin says:

February 1, 2019 at 8:41 am

Dear Kathy, as always you write with wisdom and insight. Yes, there is a big change to negotiate and deeply vested interests are maintaining the status quo, unless we break free. In the Maori world there is an expression, ‘tangata whaiora’, which translates as ‘people seeking health’. It seems to be a useful concept for a better relationship involving the partnership you envisage.

Mitzi Blennerhassett says:

[February 1, 2019 at 3:13 am](#)

For me, a 'healing' doctor is one in whom I can put absolute trust. Someone who treats me with an innate kindness and total honesty – who does not withhold information (because they think they are doing so for my best interests – or for ANY other reason); who treats me with the respect they themselves would like; someone who can acknowledge that treatments cause harms, sometimes serious harms, and so will do their best to reduce my suffering and pain, rather than ignore it or refer to it as 'discomfort'. A healing doctor is a compassionate doctor. He or she does not have to share/feel my pain or sadness, but just understand and acknowledge my needs and provide compassionate care. The reassurance from such a doctor reduces stress and fear and provides the healing powers of hope, strength and security – in other words, 'compassionate care'.

Robin says:

[February 1, 2019 at 8:49 am](#)

Thanks Mitzi, once again it's great to have the 'patient' perspective. Neuroscience adds some nuance to the empathy/compassion debate. Empathy is required to understand the patient's situation/experience and if the patient is suffering, so the health professional feels the pain too. Empathy alone is a risk of burnout. However, if we add the magical ingredients of loving kindness and a desire to relieve the suffering, then empathy becomes compassion, with very different neural impacts. The brain circuits for pain become less active but the brain circuits for love, bonding and affiliation are activated. So pain is replaced by positive feelings, which benefit both the patient and the health professional. The pre-requisite is self-care by the professional.

Julie says:

[January 31, 2019 at 10:48 pm](#)

I thank you for your great work Robin, and how you have opened up the conversation on compassionate care. And also think that, until we also bring up and admit to our darkest truths, we cannot bring the whole of ourselves to work. And for me, I have long been aware that, no matter how caring I try to be- I need people to be ill to pay my bills and feed my family. And what I also see in myself is that if I label myself a 'compassionate healer' it to some extent puffs up my ego, helping me feel superior to perhaps other healthcare professionals, and can separate me from my 'patients' . I love what Sandy says above. The true healer is the one who is 'unwell' – if the definition of healer is 'one who heals' , as you say we all have that innate healing power within us, that others can only support. We cannot actually heal others any more than we can digest their food for them. Whilst I have formerly resonated with your feeling that we have ' a healthcare system that steals our deepest identity, our purpose and our joy', and have bought and distributed several of your books, I don't quite believe that any longer due to a shift that , thanks to the 'inside out understanding' /3 principles, means that I now feel it to be true that nothing outside of ourselves can make us feel a certain way, even though it looks really , really true. After many years of anxiety and depression, it has been such a relief to feel that at my deepest level, I am not broken, and don't need fixing, and I feel if we can show up for our patients from that place and feel it is true for them as well, then we can hold the space and awareness in which there are new possibilities for their health and wellbeing.

Robin says:

[February 1, 2019 at 8:54 am](#)

Thanks Julie. An important comment. I see the first duty of a healer is 'heal thyself'. I see healing as a quality of being rather than doing. And when one has transcended one's own suffering – as you have courageously done – then you see the incredible potential for healing in everyone else.

Olivia says:

[January 31, 2019 at 10:42 pm](#)

Let's face it, healing went out of medicine when Doctors became Drs of pharmaceutical medicine.

How about educating your patients in healthy living practices, prescribing a visit to a dietitian, a personal trainer to tailor an exercise programme, a councillor, a family therapist, a mindfulness programme, a yoga practice, . How about learning about natural medicine. How about going on line and reading at least a representative sample out of the tome of scientific evidence that not only validates natural medicine, but finds it more effective with far fewer side effects than the pharmaceutical equivalents. Read the original research and NOT the pharmaceutically controlled journals.

So yes start your journey with the intention of being a healer, but finish it by becoming one!

Judith says:

[January 31, 2019 at 10:38 pm](#)

In Palliative Care, we deal with people living with a life-limiting illness and facing their dying. If in addition to excellent symptom control, a compassionate presence is offered, they can come to find within themselves healing and realise what is truly important in their lives. Many experience profound personal growth and family reconciliation.

Indeed, as Canadian surgeon, Professor Balfour Mount, who coined the term "palliative care" wrote: "It is possible to die healed".

Holly says:

[January 31, 2019 at 10:30 pm](#)

My life as a nurse and a midwife in its varied phases has always been about the intent to heal, and to alleviate suffering. We teach our students that compassion and empathy are key requisites for competency. Our roles are about healing community and families and each other. Emotional intelligence is unrecognized and de-valued in our colonized approaches to healthcare. The research and teaching team that I work with and my community are trying to decolonize our thinking, and get back to cultural wisdom and practices around respect, elevating vulnerable voice and being accountable for who we are and what we do in our relationships with each other. It is only through doing this- by making the most elevated people accountable to the most vulnerable that we will start to be the civilization that we proclaim we are... civilized, democratic and humane...

Emma Williamson says:

[January 31, 2019 at 8:58 pm](#)

Well done... please keep going and reminding all of us to keep the faith. Your words are uplifting and as a nurse I am always ready to challenge the malaise we are confronted with day after day. xx

Angela Woltmann says:

[January 31, 2019 at 7:52 pm](#)

Hi Robin

I was going to write a big long story, but basically the word HEALTH is mainly HEAL isn't it!! Once I started to realise this my morning mantra has been "how am I going to help my patients today, this person, in front of me right now". That mind set of giving, of setting aside my attachment to outcomes, and then using all my skills for THIS person in a meaningful way is so rewarding I bounce into work every day like Tigger. I have joy in my job.

This all started for me after I attended one of your workshops. I even went through 12 months of cancer treatment myself, and couldn't wait to get back to work! I'm not saying it is always easy, and we have to know our stuff, but if we can inspire our patients and empower them in their wellbeing that can only be to the good

So stick to your guns Robin because we really are in the business of healing!

Sandy says:

[January 31, 2019 at 7:40 pm](#)

I am a healer, yet I do not heal others. I can teach and guide them and what they do with that information is up to their own physical, emotional and spiritual capabilities which is based on their own life experiences. Always work with truth, compassion and the best intentions and trust the person and the Universe to take care of the rest. Please remember to pay attention to the lessons that you will learn from each person who comes to you as well. Thank you Robin for being who you are.

Julie says:

[January 31, 2019 at 10:35 pm](#)

Great post , Sandy

Rosemary McKemmish says:

[January 31, 2019 at 4:59 pm](#)

Thank you Robin for your courage to call out the behaviour that we all know can negate that caring healer in us all. You have inspired me and I will work to ensure that all I meet across health care see the value of the clinician as a compassionate healer.

“When all members of an organization are motivated to understand and value the most favourable features of its culture, it can make rapid improvements.”

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