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Author: Johanna Shapiro, Ph.D.
Position: Professor of Behavioral Sciences, Department of Family Medi
UC Irvine

University of California/Health Net
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ABSTRACT

Title of Proposed Lecture:

PHYSICIAN ATTITUDES WHICH WILL PROMOTE WELLNESS IN PATIENTS AND FAMILIES

Mailing Address (Institution/Dept./Campus):
Dept of Family Medicine
Bldg 200, Rte 81
101 City Dr. South
Orange, CA 92668

Phone: (714) 634-5171
Dept. Phone: (714) 634-5171

In recent years, there has been a dramatic shift in medical practice from disease to wellness models. Health maintenance and other health care delivery organizations have realized that it makes economic as well as medical sense to adopt preventive, educational approaches in patient care. At the same time, there has been increasing interest generated in the biopsychosocial model of health and illness, which contends that mind-body interactions have a significant role to play in wellbeing.

Wellness is generally understood to mean more than the absence of disease. It includes incorporation of goals of positive wellbeing and participation in health-promoting behaviors. Often, we think of specific programs which may use education and/or technology to stimulate a preventive approach to a particular health care concern (e.g., anti-smoking campaigns, or widespread advocacy of mammogram screening). However, wellness involves more intangible psychological factors as well, including for example, the adolescent's personal courage to withstand the blandishments of the tobacco industry, or the middle-aged woman's self-esteem to feel deserving of breast cancer screening. The successful promotion of this type of wellness is complex, but is related in part to attitudes held and communicated by the physicians who treat these patients.

An attitudinal shift on the part of physicians to a wellness model requires an emphasis on patient strengths and competencies, rather than their weaknesses and deficits. This doesn't sound too difficult. But Abraham Maslow once wrote of his own profession of psychology that it had developed a "pessimistic, negative, and limited conception" of people. That criticism might well apply to much of the practice of medicine today. Burdened by a health care system which supports inequity and often denies access to treatment, overwhelmed by a sometimes oppressive volume of culturally and ethnically diverse patients, physicians may resolt to compart-mentalizing both people and their problems. The result has been called the MacDonaldization of medicine, and has never been claimed to promote wellness.

To truly promote wellness on all levels of the patient's experience, there must be an assumption of basic respect, a desire to treat all patients and families with dignity and understanding. Physicians must be able to acknowledge the simultaneous existence of multiple interpretations of reality, and avoid blaming the patient for perceptions of their problem, and its solutions, which may be at variance with

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Position: Professor, Family Medicine
UC Irvine

the physician's own understandings. Rather than making negative judgments about individuals of different lifestyles, cultures, and circumstances, physicians should assume that most people are doing their best, but that they might be able to learn, with appropriate guidance and encouragement, to build more effectively on their existing strengths and resources. This attitude of respect and confidence implies that patients and families in general have the ability to solve their own problems with only minimal, although strategically crucial, help from their physicians. Such an assumption removes the onus of total responsibility for change from the physician, while recognizing the competency of patient and family.

Instead of the physician being expert, and patient and family being dysfunctional, a partnership of wellness between patient, family, and physician is pursued. This means the physician developing a therapeutic alliance with patient and family around the desire to change, and the willingness of the physician to negotiate limited but achievable goals. This approach contradicts the prevalent regrettable tendency to see patient and/or family as the problem, or even as the enemy. It also suggests that solutions to medical problems must be mutually constructed, incorporating the patient's reality and understandings as well as the physician's. This approach simultaneously reduces inappropriate physician control, and is empowering to the patient.

Finally, physicians need to listen to their patient's stories, a time-honored tradition in medicine now more honored in the breach than in practice. To listen to a patient's story with an attitude of optimism and hope, to respond to these stories in the language of possibility, is to help patients and families construct more positive stories about their lives. In itself this becomes an act of healing and a promotion of core wellness.

Will this approach take more time? In some cases, yes. Is it worth it? I believe so. The lesson we have learned about wellness is that preventive/educational approaches may require more time investment at the front end, but their long-term pay-offs are tremendous. We have also learned that, on the whole, the most effective approaches to wellness tend not to be glamorous high-tech medicine, and that sometimes complex problems can be helped by simple solutions. These are lessons of much relevance when we consider how physicians' attitudes may be mobilized to enhance patient wellness.

The development of such physician attitudes is not something that should be asked of members of the health care community on an individual basis. Rather, it implies a comprehensive recommitment to values of caring and compassion throughout the medical system. In part, this can be accomplished through education. An educational process that in itself is caring, respectful, and humanizing will tend to produce physicians who extend these same attitudes toward their patients. The other part of the answer is environmental. When society chooses to create a health care structure based on the ethical virtues of justice and compassion, individual physicians will find it much easier to function in ways which are humane and caring. In this process, physicians and patients alike will be able to construct of shared vision of human wellness which includes healing of the mind and soul as well as the body.

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