

SPIRITUALITY IN MEDICINE

**A GRATEFUL REFLECTION ON MY
GENERAL PRACTICE JOURNEY.**

**ADDRESS TO NORTHLAND RNZCGP
(FULL AND UNABRIDGED)
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I would like to share the following thoughts with you in the hope that my own journey might inspire you to rediscover the refreshing source of joy, hope, and profound peace in our work as healers. I can only speak from my experience as a general practitioner. Medicine is the privileged vocation to relieve pain, suffering, and sickness in our fellow human beings, and when we cannot cure, we must still care with attentive, mindful, and compassionate speech and touch.

Spirituality is our lived, ongoing response to God, the unknowable Other; the fullness of Reality, Being, Consciousness and Bliss; the source and goal of all creation, including our humanity and history. God alone is worthy of our praise, our total surrender.

I was blessed with loving parents, who were devout and prayerful Christians within the Roman communion. My mother came from a farming family in Bordertown, South Australia, and my father from Poland survived 2 years after 1940 in the horrors of a Russian concentration camp before he arrived in New Zealand as an orphan at the age of 14.

In my second to last year at college I was part of a student visiting group that went to the maximum security psychiatric prison at Oakley M3, Auckland. On Sunday afternoons we played table tennis, took lollies and cigarettes, and generally befriended the patients there. They were never released. One afternoon I noticed a certain patient whom I will call Bill was not there. I asked the male nurse where he was and he replied, "Ah Bill; he's been very naughty and he's in lock up!"

"Really," I said, "is he allowed visitors?"

"You want to visit Bill in solitary confinement?"

"Yes," I said boldly

So he took me through one, then another, then a third locked door before opening a cell door.

There was Bill in a small heavily padded cell 8' x 8' with a slops bucket on the corner and a single barred window at roof level. He blinked at this unexpected visit. The door closed behind me and I was alone with this huge 1.9 m and 160 kg hulk of a man. I held out my hand in a greeting handshake. He stared silently at me for a while, then suddenly without warning he grabbed me in a massive bear hug and lifted me off the ground and began to squeeze me. I could barely breathe and was terrified. Finally I managed to blurt out, "Bill you're hurting me, please put me down; perhaps we could pray together." His mind seemed to work ever so slowly, and just as quickly he dropped me on the floor. We then both knelt down and prayed. His prayer was like that of a child, and tears rolled down his cheeks. We lost our sense of time in the communion engendered by deep prayer, before the nurse returned, surprised to find us kneeling. This experience of oneness was emblematic of many subsequent experiences in medicine in which I experienced the combination of powerlessness and vulnerability, compassion for a fellow human being, heartfelt prayer in which the presence of God was deeply experienced, and a curious fascination to go beyond the limits determined by prudence and convention. I was 14 years old at the time. Two years later I began my medical training in Auckland.

Medical School was hard in more ways than one. I was two years younger than my peers, socially gauche, and pathologically shy, no doubt accentuated by a good dollop of mercury vapour from my amalgams and a 3 unit gold dental bridge. I mentally rejected operant psychology's take on humanity as no more than rats in a social cage pressing a lever for a reward, but I had to pass the exams. In second-year anatomy

Prof John Carman noticed me strangely silent one day as I dissected the forearm: “A penny for your thoughts,” he said. “I’m amazed how God has made this forearm, exquisitely perfect in every detail,” I replied.

“You can’t believe all that religious mumbo-jumbo now. You’re a medical student.”

“I do believe in God,” I said, “I’m a Christian.”

He put down his dissecting scalpel, and said, “Right! We’re going down the cafeteria to have this out!” So he made our group take the next hour off while he quizzed and debated with me at length. My fellow students remained silent. I would not concede defeat, and mercifully he passed me my anatomy exams that year, but thereafter I was for ever marked out as some sort of religious freak. I took solace in the beauty and grandeur of nature and discovered the profound healing in our bush and mountains. I sometimes unwisely tramped alone, including a weekend trip around Tongariro and over Mt Ruapehu.

In my lunch hour I often fled the medical school and sat on the hill in the nearby domain to read my psalms for the day or mull over poetry. I felt more drawn to Parmenides and his organic insight “We are beings within Being” than to Democritus, “We are atoms with no purpose randomly bumping around in a great void; into, then out of reality.” Somehow artists and poets sensed and celebrated the beauty yet fragility of life and its transcendence, but were also acutely aware of the dangers in a society that was godless, irreverent, superficial and hypocritical. Both Dostoevsky and Solzhenitsyn, those uncompromising Russian giants of literature, stated simply, “Beauty shall save the world.” James K Baxter, an alcoholic philanderer yet prophetic social critic, was one who best celebrated the need for mercy. I read his poetry repeatedly.

“Truth he said..

and love he said..

but his purest word was mercy.”

His great friend was the erudite Irish Dominican Father Eugene O’Sullivan, a graduate from Blackfriars in London, and a Shakespearean scholar. It was my great blessing to have him as my university chaplain for six years. His communion liturgies filled with a sense of sacred drama, holy symbols, and wise preaching, moved me, and my spirit drank deeply.

During the fifth year in 1977 I was arrested at Bastion Point for protesting with the local Maori people over the injustice of the proposed legal but immoral sale of their land. When I told Dr David Cole, the Dean of the Medical School, about my impending court case, he was shocked, and I risked being thrown out of Medical School if convicted, but to his credit he simply told me to stay out of his sight for the next fortnight. I suspect he had in mind the library, but on the contrary I went tramping and climbing at every opportunity when I should have been studying for finals. During a tramping trip to Nelson around this time, I felt a strong and irresistible call to the monastic life. Medicine could not fill the spiritual longing in my heart, and the Cloister seemed to promise an absolute response to the call of an absolute, inscrutable, yet loving God that fascinated and captivated my heart like no other. My greatest heroes were not doctors but monks like St Anthony and St Benedict, and the eccentric Hermit of Cat Island off the coast of England.

In 5th and 6th year I was greatly encouraged and inspired by the example of Fred Ellis, a courageous man who rented a two storey house in Ponsonby, Auckland, to look after street kids and homeless mental patients that no-one else could care for. He had

returned to society from a 10 year stint in the maximum security jail and in a moment of grace and redemption began to care for others as a wounded healer with amazing compassion. I have cast him in the role as John the Baptist in this painting. [SLIDE 2]

I can look back and smile now, but I still recall the inner turmoil in my last months as a House Surgeon in Whangarei as I prepared to leave medicine to follow a monastic calling in May 1981. This was a momentous crossroad. I had to negotiate a tearful end to a relationship with my girl friend at the time. With few exceptions my family and colleagues were shocked. It was a very personal decision that had taken four years to mature. My spirit craved a deep and meaningful world view as I struggled with death while striving to save life. Medicine based on secular technology failed to deliver this, but I sought in vain for a meditation teacher to help bridge the gap. (Recall Paul Ricouer, "Man has infinite desire, but finite capacity") My early tentative attempts at meditation, alone in a small room set aside for prayer, with bible, candle, prayer mat, incense, icon, and cross, led me to sleep, not nirvana. Medicine and deep spirituality seemed irreconcilable. So I set off to England to join the Carthusian Hermit Order at Parkminster, Sussex, before returning 2 years later to live as a Trappist monk, (A Catholic, Benedictine silent Order) at Kopua, Takapau in the Hawkes Bay, New Zealand for the next 7 years. We rose daily at 3.45 am to begin Vigils at 4.00 am as the first of 7 daily offices of chanted psalms and scripture readings, interspersed with 2 ½ hrs of meditation, then farm work. I willingly embraced poverty, celibacy, obedience to my abbot, stability and conversion of life to conform with Christ. In my last 18 months there I lived as a hermit in a simple 3 room dwelling I built while living in a caravan on the Abbey farm.

After much journeying and inner discovery I returned to clinical medical practice in November 1990, some 9 ½ years later, but not before travelling to India to sit at the feet of Gurumai Chidvilasananda, and Fr Bede Griffiths, at their respective ashrams in Bombay and Tamil Nadu. I felt immeasurably enriched as a person with a new spiritual consciousness, but was ill-prepared for the rapidity of social change that had taken place in my absence, and the culture shock of extreme contrasts. I had to leave behind the prolonged stillness; silent fullness; ancient ritual; regular daily rhythm of chant and meditation; deferent humility, and vital friendship of the Trappist cloister, to negotiate the fast, noisy, chaotic, pretentious, lonely, and emotionally draining city life. With great trepidation I began to recover anew the art and skills of medicine, first at a private Auckland Accident and Emergency Clinic, then as a Registrar in the Northland Family Medicine training programme. I was still a monk under the care of the Bishop of Auckland but now had a blossoming romance in faraway Stratford. Those were memorable and troubling days indeed! Mary and I were married in 1992.

In November 2001, after 7 years in group General Practice, I fulfilled a dream and deep calling in response to God's love by opening the Northland Environmental Health Clinic, in Whangarei. It took many months to draft the formal clinic mission statement so as to express the philosophy and spirit that would guide our healing endeavours. It took time to find the right people; mostly they found me, wonderfully, in providential ways. I wanted to integrate the practice of family medicine and medical research with the insights of philosophy, ethics, spirituality, and art. In this I must acknowledge my philosophy teacher Dr Eric Ryan PhD, who opened to me the treasures of Western thought, and tried to clear my mind of chatter, to distinguish truth seeking from opinion, and enabled me to know reality with deepening insights.

This process continued for ten years with a weekly meeting of other students who likewise have tried to grasp the fruits of his teaching. His mentors were the 20th century philosophers Gabriel Marcel, and Hans Gadamer. At key junctures he has been a towering intellect and my supportive guide. On one occasion I recall going out for a meal with him. We became so engrossed in the nature of our conversation about spiritual experience and philosophical insights, five hours passed without our noticing. It was not until the pendulum cuckoo clock on the wall alerted us to the time, we realized with humour our meal lay before us uneaten. I wrote a poem about this experience [Appendix One]. He has been instrumental in helping me to resolve the false dichotomies between science and religion; between the desire for mathematical certitude inherent in today's medicine and a deep spiritual journey searching for truth, guided by loving compassion. With the passage of the years there has come a certain measure of peace at my attempts to resolve these dilemmas in clinical practice. Of course we cannot remove the paradoxical nature of our humanity without risking the destruction of humanity itself. Sadly Eric now languishes in a rest home with the advanced stages of Alzheimer's dementia, but without loss of his dignity or humanity.

General Practice depends on an ethos which is more 'caught' and intuited at the level of value, beauty, and harmony than taught didactically, still less promulgated by a distant bureaucracy obsessed with audit and numbers divorced from human need. It takes many years to learn the art of becoming a healing person for others; working within a caring team, beyond ideology and without competition. Along the way, sudden experiences of ill-health, moral failure or bereavement can come as unwelcome surprises, but with quiet reflection can also become a source of empathy, compassion, and humility. For we too, though healers, must live within the shared frailty of our humanity, yet still yearn for transcendence in our search for wisdom and truth. The path of wholeness takes deliberate effort to care for one's own health with sufficient rest and recreation. The spirit too must be nourished or it withers and dies. The Benedictine "via media"—the middle way of moderation, has much to offer here. As GP's we must 'walk the talk' before inspiring our patients to do the same. For me this has meant a twenty year project to build a meditation chapel, [SLIDE 3], restore a sailing dinghy, jogging, interclub tennis, water colour painting, and daily return to meditation prayer in still, silent, reverential rest in God's presence, beyond words and thoughts-- quite apart from enjoyable holidays with my wife and five daughters at our beautiful Northland beaches and harbours. Family life certainly has its joys and challenges, but for me has been a safe emotional and cultural anchor. I pay special and loving tribute to my wife Mary, who has sustained me over the last 24 years in so many different ways.

The field of clinical metal toxicology, particularly treating patients with chronic mercury toxicity from amalgam dental restorations, has attracted more than its fair share of medical controversy, but has taught me more than any other, to seek the truth despite opposition, and to be patient with cautious colleagues. With awareness comes change, and in time I am convinced the body of science relating to mercury toxicity will become incorporated into mainstream medicine as 'self evident'. I pay special tribute to my friend and teacher Dr Mike Godfrey who has shared himself so generously with his patients and inspired me to do the same.

As I have journeyed, searching for a working synthesis of philosophy, spirituality, and medicine beyond reductionism, I was particularly helped by Dr Leo Galland's presentation at the Functional Medicine conference in Auckland, 1997. I subsequently read his book, "The Four Pillars of Healing", and incorporated his insights about sustaining relationships (or lack of them), environment, diet, and detoxification pathways, into my family medicine practice. The writing of the late Michael Polanyi, too, scientist and philosopher from Oxford then Chicago, has also shed light on how one can come to personal knowledge, and that the pursuit of truth in science depends more on radical faith than radical doubt; recall Christ promised his followers, "If you seek the truth, you will find it, and it will set you free." In our post modern world which craves mathematical certitude and risk containment, (Like a yacht forever tied up to the wharf), Polanyi has shown our true knowledge rests on a tacit dimension, vast, unconscious and largely ignored, which we "indwell." When the mind is at rest, this source can help us find solutions for present problems, and perhaps also to go as a community of scientific explorers with greater confidence into an unknown future. "We know more than we can tell, but in the telling we discover that we know more..."

General Practice is an ongoing art form, expressed provisionally only, as best we can now, with the cultural and scientific tools at our disposal. These change with the passage of every decade. It is clear to me that medicine and science alone, especially when driven by the ideology of secular socialism and monetary greed, cannot teach us and still less inspire us to pursue the "good life"; to make ethical choices that intensify unity, peace, and real community amid cultural diversity; and to search for a deeper understanding of human worth, health and potential with historical roots and transcendent spiritual goals. On the contrary, it is spirituality that brings these things to medicine.

We may well need to re-discover the founding insights of philosophy and spirituality that gave rise to the impulse and dynamism of Western Civilization. Think of Socrates, Plato, Aristotle, the Jewish prophets, Benedict, Augustine and Francis of Assisi, to name but a few. Think of Jesus Christ and his wonderful Sermon on the Mount. This seems all the more urgent as we face environmental holocaust, global war, and rampant despair, the logical terminus of nihilism. Neither we nor our patients can ignore such matters, except by deliberate denial.

General Practice has many levels, each resting and dependent on the next [SLIDE 4]. At its most basic level it requires common sense, humour, courtesy, and good communication skills, with a "dash" of business acumen to ensure patients are set at ease on arrival, and staff are able to enjoy their work with the resources they need [SLIDE 5]. As in any human endeavour where people are constrained by time place and limits, tensions arise. Misunderstandings occur. Inevitably also, there are conflicts. It takes patience and humility to unravel the rights and needs of these staff-staff, staff-patient, and doctor-patient situations. Usual causes are anxiety with ego defences. Sometimes the more subtle negative forces such as envy, malice, pride or deliberate vexation, can be detected. Any patient can have a bad day and transfer anger. Other times put it down to good old doctor fatigue, grumpiness or lack of sensitivity. It never hurts to apologize to the other party after these dysfunctional meetings. An evening phone call can make all the difference. That is the kindly response.

At the second level, [SLIDE 6] it involves information gathering, storage, and retrieval. Computers and Information Technology have simplified this process. A great amount of diagnostic data is collected at each consultation, and only in retrospect can it be decided which is useful, or vital. I know this as a researcher. This is also the level of informal practitioner networks and central government, involved in micro and macro medical politics respectively. How to retain the benefits of the pharmaceutical industry without our medical schools losing their spark of humanity and independent research to benefit our society and the common good (“civitas”), is a challenge that greater minds than mine, and several medical journal editors have wrestled with.

At the third level, [SLIDE 7] it involves the supportive network of local GP colleagues, specialists and healthcare providers, embedded in an international scientific matrix. The skill base, professionalism, and wisdom of my local medical colleagues never cease to amaze me. This is the level of broad based knowledge and paradigm. It presupposes an awareness of the history of science and the evolution of medical thought including its limitations; balanced consensus after open, informed debate; an awareness of global health trends; and the commitment to grow intellectually beyond stagnation. Curiosity and imagination are just as important for doctors as for artists and poets. “I wonder if? I wonder why?” The critical rational faculties of the mind must be lead by common sense, the ethics of the common good and civic society, and the intuition of what I call the “survival gene”. In my field of environmental medicine we will need to face some hard facts if we wish to avoid 100% human infertility and extinction within 3 to 4 generations from current environmental pollution including toxic metals, genetically modified foods and EMF/microwave technology. Recall the dogged determination of Rachel Carson as the DDT story unfolded, and the shocking length of time to “scientifically prove” the pathological effects of smoked tobacco.

At the fourth level, [SLIDE 8] it involves meeting patients with affirming respect and cultural sensitivity as they present with their often minor ailments such as viral infections, lacerations to be sutured, ear infections, and skin problems. So much of General Practice is repetitive and mundane, but here is the invitation to go beyond appearances; to engage the eye of the soul:

“One day comes,
One day goes,
Breathe in.....,
Breathe out..... .

Sick woman here,
Poor man there,
Breathe in.....,
Breathe out..... .

Green grass grows,
Brown grass falls,
Breathe in.....,
Breathe out..... . “ (Appendix One)

This is the level where medical knowledge is personalized for **this** patient, most evident when the diagnosis is uncertain or when a lifestyle change must be negotiated to avoid self destruction and alienation. Martin Buber's "I - thou" relationships are profoundly relevant here, in contrast to "I - it" relationships in the world of commerce, politics and power; as is the maxim of Gabriel Marcel, "A person is not a problem to be solved but a mystery to be encountered."

At the fifth level, [SLIDE 9] it generates those privileged patient encounters at moments of trust, friendship and enlightenment, when those deep secrets and dreams are shared; requests are made, sometimes first to the practice nurse. These are moments of great vulnerability for the patient. One reveals childhood sexual abuse; another reveals a recurring nightmare of drowning beneath water; another (healthy) his fear of cancer; another, his struggles to stay sober from alcohol; another dying at home asks me to conduct her funeral service because she doesn't feel connected to any church; another pours out her grief after her son's suicide..... Often, the only response required is a gesture of acceptance---- perhaps a handshake; sometimes a hug. It is a constant challenge to face and name existential dread; only then can one sleep easily at night, without sedation.

At the sixth level, [SLIDE 10] General Practice encompasses the shared search for direction and wisdom through connection with the world of Spirit. This is the Maori health paradigm of tinana, hinengaro, wairua, whanau, and whenua (body, mind, spirit, family, and land); Jung's inward journey of dream, and memory, and meaning in the second half of life. Patients 'suffocating' in a cold, technological, market-driven social vacuum, crave intense meaningful rituals, and the seeds of hope. In this context, patients occasionally ask me to teach them to meditate. This I do slowly, as they are ready, for this is the level of quiet prayer, mindfulness, and of spiritual centering with a venerable lineage in all religious traditions.

At the seventh and deepest level, [SLIDE 11] always present yet seldom acknowledged consciously, General Practice touches the sphere of life at its Source, where being surpasses doing, and activity gives way to stillness; acceptance is more important than control; focused intense listening with empathy is more important than speaking; where life's meaning and direction can be clarified in the instant of sudden ill-health. Here is the Source that engenders wonder and reverence at the first cry of a newborn baby or the last gasp of a dying pensioner. This is the level of pure and unifying Love that mysteriously eludes the cynical. For every patient brings hopes and dreams, hurts and anxieties; all alike seek the experience of surpassing peace beyond fear. This is the level where the role masks of "doctor" and "patient" vanish, and both alike are healed in the same moment of truth; a moment of gratitude. God the Great physician meets God in his naked need. This is the moment when time and eternity meet; when medicine and spirituality are indistinguishable;
 "Cloth to cloth,
 sharp needle between,
 time and eternity,
 stitched in one seam." (Appendix One)

A bland assurance of wellness is unnecessary, and pills on a prescription seem superfluous. This is the level of sane and merciful moderation that can see the foibles

and failures of human nature with a Celtic smile and calm compassion. For at heart, “all sickness is home sickness” from our deepest centre, and all wellness recovers this primordial oneness; a unity that enfolds both life and death; the fullness of Being. All our contradictions and paradoxes are resolved in this moment of insight; Our hope and daily longing for Oneness in God is rewarded with the experience of Love that never ends. Self preservation and aggrandizement give way to self sacrificing for the good of another. Suffering is not eliminated but rather transformed by a great joy. These truths are the domain of the holy monk, the wise pastor, a loving couple in their twilight years, and the ‘Beloved Physician’.

And so dear friends, fellow GPs and nurses, I thank you for your attentive listening which has enabled me to speak with passion about things that are personal but held dearly. Thank you.

APPENDIX ONE

POEM FOR ERIC

Light within,
Light without,
Pendulum swings,
Back and forth.

Christ within,
Still as a mouse,
Table laid out,
Food to share.

Some for you,
Some for me,
And some for that pesky
Little night thief.

Trail of black calling cards,
In a straight line,
Household beserk,
Storm descending.

Cold water pouring,
Sweat and fear,
Wind a-howling
Rain a-pattering.

Dark cloud sliding,
Bright moon hiding,
Traveller's caravans,
Angry dogs barking.

Boat a-rocking,
Christ a-sleeping,
Wake up!
Quiet now!

Sun a-peeping
Sleep evading,
Light within,
Light without.

Sea on the seashore,
At the dawning of day,
Swish.... rattle shells,
Swish.....rattle rattle.

Calm on the harbour,
 Tapping of rattlings,
 Swooping of birds,
 Fish for their breakfast.

Wise man comes,
 Wise man goes,
 Wise man speaks,
 Wise man listens.

Sea on the seashore,
 At the dawning of day,
 Swish..... rattle,
 Swish..... rattle rattle.

Sandcastles flattened,
 Sophistries broken,
 Moment of truth,
 Humility Divine.

High on a white mountain,
 Way up there,
 Two men ascend,
 Three stay behind.

Rumble and firelight,
 Curtain of mist,
 Shuddering cold lonely,
 Gentle breeze glory.

One day comes,
 One day goes,
 Breathe in.....,
 Breathe out..... .

Sick woman here,
 Poor man there,
 Breathe in.....,
 Breathe out..... .

Green grass grows,
 Brown grass falls,
 Breathe in.....,
 Breathe out..... .

Sea on the sea shore,
 At the dawning of day,
 Swish..... rattle,
 Swish..... rattle rattle.

Cloth to cloth,
Sharp needle between,
Time and eternity,
Stitched in one seam.

Wise man comes,
Wise man goes,
Wise man speaks,
Time stands still.

Light within,
Light without,
Pendulum swings,
Back and forth.

Cuck---oo ! Cuck---oo !
No more,
I AM
ONE

Damian Wojcik
Thursday, 21 September 2006, 5 am.