

We Will Be Healed

Spiritual Renewal for Healthcare Providers

Susan J. Bliss

acta
PUBLICATIONS

Contents

Introduction

Too Tired to Heal • 9

The Endless Load

The Healing Pool • 17

Hearing the Call • 21

Too Tired to Heal Myself, Too Tired to Heal Anyone Else • 27

The Wounded Healer • 33

Mercy • 37

Decisions

Discernment • 45

Failure • 51

The Healing Spirit • 57

Letting Go • 63

An Evening at the Improv: Comedy and the Health Sciences • 69

As You Give, So Shall You Receive • 73

Thorns

There, But for the Grace of God • 79

The Thorn in the Flesh: When the Healer Is in Pain • 85

The Kingdom Belongs to These • 89

Fear • 95

Burnt Offerings • 99

Sons of Thunder: Training and Refereeing Employees • 103

Faith

Suffering • 111

Definition of a Miracle • 115

Transformation: Mary Magdalene's Story • 119

Too Late • 123

What We Have Done, and What We Have Left Undone • 129

Acknowledgments • 133

INTRODUCTION

Too Tired to Heal

"Come to me, all you that are weary and are carrying heavy burdens, and I will give you rest. Take my yoke upon you, and learn from me; for I am gentle and humble in heart, and you will find rest for your souls. For my yoke is easy, and my burden is light."

—Matthew 11:28-30

The hospital pharmacy phone rang at four-thirty in the afternoon, the Friday before Labor Day. The home-care nurse said with some irritation (which was not like her), "Martha Barnard is being discharged from four-west, and the doctor still hasn't given us orders for pain medications." Martha's kids lived far away, and her adult foster-home caregiver was growing increasingly nervous.

Martha was an eighty-six-year-old woman, withered down to skin and bones at ninety-five pounds. Her fearful blue eyes looked out at the world with early dementia. Sometimes she confused her doctor with her daughter. "Becky, Becky," she'd call, waving her arms, "Don't be late to school." When she had shattered her hip in a fall and it had been surgically repaired, her moaning hadn't stopped for days.

Everyone on the staff—pharmacists, the floor nurse and the home-care nurse—had been calling the attending physician all day. A compassionate woman, the doctor often volunteered at the free health clinic and usually had a quick smile for me when we passed in the halls. She had managed a large patient load for years. When I finally reached her, I said, "Martha Barnard is set to go home, but there are no pain meds on her discharge orders."

"She has enough pain medication at this time," the doctor replied abruptly.

"Martha was on oxycodone 5 mg, every four hours in-house. She'll at least need a tapering dose," I said.

"She has meds at her home," she said and hung up.

The staff was stunned. I verified the orders with the floor nurse, who said the doctor had dropped the orders in front of her, turned and left. I read the

orders to Martha's foster-home caregiver and told her to contact the doctor after hours if Martha was in pain.

When I showed the orders to the evening pharmacist, he said, "I'm going to be hearing from the doctor by ten P.M." We all shook our heads, shocked that the physician would let a feeble little patient go home with nothing for pain.

Everyone who works in healthcare, whether seeing patients, preparing medications, billing insurance or working in a lab, has witnessed the burnout of a coworker. Someone who always made the extra effort for people deteriorates to minimal performance. An angry specialist speaks through his answering service, informing the patient that he *never* returns calls on weekends: "Just go to the ER." A hospital nurse says she is "off in five minutes" and claims she doesn't know who wrote the sheet of discharge prescriptions that can't be filled without her help. A pharmacy technician answers a question that requires a pharmacist's knowledge to answer, while the professional on duty continues talking to his broker on the phone.

No matter how many times we hear the same symptoms, determine the same diagnosis or dispense the same medications each day, the moment we stop seeing people as individuals, we risk dehumanizing them and ourselves.

Why do we burn out? Why do we become too tired to heal our patients, too tired to heal ourselves? I believe staff burnout is cumulative and often starts because *most of us have no control over our workload*.

Before a three-day weekend or on the morning after a big medical story breaks on the news, a physician's office may suddenly be expected to care for many more people than usual. The same day, several key support people may call in sick.

A hospital increases its income by ramping up the day-surgery unit to record capacity, and veteran nurses have nightmares about patient safety.

A pharmacy manager is suspended for unprofessional behavior, with no explanation given to the public. Angry, exasperated people complain about the lousy service that the remaining exhausted pharmacist is able to provide the rest of the week, suggesting he is incompetent.

Every day, healthcare workers function at emergency speed, even in routine jobs. The normal workload at most physicians' offices, hospitals and pharmacies is the absolute maximum amount of work that can be done each day, every day. As the waiting room fills up, patients use the extra time to think of more

questions to ask their healthcare providers. No matter how healthy patients may be, they can always find one more problem that requires help.

We also become fatigued because *there is no escape from the job.*

Medical professionals often spend their workdays in complete denial of their physical needs, eating “on the run,” if at all. In many medical offices the phones are forwarded to the answering service during the lunch hour, while the staff frantically catches up on the morning’s patients and paperwork. In some pharmacies the entire staff consumes liquid meals instead of eating solid food.

Healthcare professionals learn to avoid talking about their work socially because inevitably someone will produce a health problem, seeking free advice. Some practitioners become virtual recluses at home, refusing to answer the phone in the evening. Children and spouses of healthcare professionals often grow to resent the incessant beeper and the intrusion of other people’s problems that penetrate every private moment at home.

Why would anyone work this way? Why don’t we all just turn off the phone and go home on time? Don’t other people do that?



*Caught between the demands of work
and our inability to turn patients away,
we take on this endless load because we believe
we’re here to help people.*

Caught between the demands of work and our inability to turn patients away, *we take on this endless load because we believe we’re here to help people.* Trained to respond to every person, we take every request seriously. If a question goes unanswered, if the patient with potentially serious symptoms can’t be seen today, if the pharmacy runs out of a drug, we have failed. If the emergency room overflows, if the hospital runs out of beds during a pneumonia outbreak, we are still bound to help everyone. We cannot leave any important work until the next day.

Workdays always run into overtime, and we are often called in to cover for colleagues. Dinner may routinely occur at nine P.M. after a day-shift job. If we can stand up and keep food down, we are expected to work our shifts, no matter how we feel. Yet those we see socially are genuinely puzzled that we don't want to volunteer for a good cause in the evening. Don't we want to *help*?

The weight on our shoulders increases with *our patients' limitless desire for good health, and our systems' nearly limitless capability to respond to each request*. Although some health problems are very minor, quality medical care demands that we evaluate each patient carefully. The "worried well" may respond to every physical change as though it were an emergency. When we spend much of our time "healing the healthy," we can feel exhausted without accomplishing much.

The healthy we heal may include the person who demands elaborate vaccinations and prescriptions for travel on the day before she leaves on safari; the impatient person who insists on a last minute appointment and then doesn't show; or the man who intends to live forever and wants a free twenty-minute consult about mega-dose vitamins, despite the nurse's jammed workday.

How can we be merciful to ourselves and still get our professional work accomplished?

In his short ministry, Jesus left us a trail of clues about the mystery of healing, and the difference between mercy and sacrifice. Hounded day and night for his healing touch, the New Testament records that Jesus often slipped away for some peace and privacy, while the crowds incessantly searched for him. Despite many trips through his homeland, he didn't heal every sick person in Israel. It does not seem that was his primary mission. Why do we think it is ours?

Breaking bread one night with a crowd that included the local contingent of tax collectors and other riffraff, Jesus explained his choice of dinner companions: "It is not the healthy who need a doctor, but the sick. But go and learn what this means: 'I desire mercy, not sacrifice'" (Matthew 9:12-13, NIV).

Was Jesus talking about our patients, or us? Just a few years into our health careers, we ruefully come to understand about the sacrifice. But what about the mercy? Must we show mercy to ourselves in order to show it to our patients?

Who will care about the diabetic physician who seldom has time for morning exercise, or the nurse who works a double shift despite her back pain? What

happens when the respiratory therapist works overtime on a twelve-hour shift while her sick child waits at daycare? When the lab tech bruises one arm in twenty because the vacuum tubes have been poorly made, does it hurt him to hurt his patient? It seems that it must.

What rest is there for the tired healthcare employee? Who will lift this burden? Who will help all of our patients if we are too tired to care, too tired to heal?

This book is written for those of us who know we don't have all the answers but are asked endlessly by patients, anyway.

It is for those of us who wonder if we should leave healthcare and do something easier.

It is for those of us who feel lousy while we work, who have trouble saying no to every request.

It is for those of us who have a sneaking feeling that it's not all in our hands...no matter what the media, the malpractice insurance suits and the public proclaim.

It is for all of us who labor by day to work with the sick and toss and turn at night, wondering if we have done everything we could and done it right.

My professional field is pharmacy, and I have had the privilege of getting to know patients, professionals, caregivers and health systems in depth. This book was written in snatches of time before and after long workdays, often with sore feet propped up on a chair while scribbling on a tablet. Working in senior centers, pharmacies and the physician's office, attending rounds or checking oceans of bubble packs headed for the nursing home, I am just one of the millions who care for patients every day.

There is help available. Come meet the Master Physician, who knows that the healing arts flourish in partnership and were never intended to be a solo practice. Let his light illuminate the darkness. There is no waiting, there is no cost, and he has an opening—right now.

*Susan J. Bliss, RPh, MBA
Hillsboro, Oregon*

The Endless Load

The Healing Pool

"Do you want to be made well?"

—John 5:6

Jesus stood near one of the city gates of Jerusalem on one of the Jewish holy days. He had entered the small, stagnant world of the chronically ill who surrounded the pool of Bethesda, which was said to have healing powers. According to legend, an angel would come down and stir the waters, and the first person to enter the water would be healed. Porches surrounded the pool, and dozens of the lame, blind and ill encamped, waiting for a miracle.

Gospel writer John doesn't tell us whether people were actually healed by the water, but those clustered on the porches around the pool believed it. One man in particular had looked for that miracle day after day, centering his life on the cure he expected. Since he had no one to help him, however, he was never able to be the first to slip into the water when it was disturbed. He had lain there, disappointed, for thirty-eight years. The longer he was sick, the more his illness overtook his world. Fixing an unblinking stare at the glassy water, he saw nothing else.

Catching the man's eyes with his own, Jesus asked him, "Do you want to get well?"

Jesus had witnessed the power of belief in overcoming sickness. From his own family life, he may have remembered home remedies his mother had administered, the way her loving touch, even more than the cooling cloth or the herbs she prepared, relaxed him and soothed his fever. He'd also seen people of faith carry the sick to the priest for a blessing, believing that God would respond. And each time a person was healed, they believed more fervently. As an adult, every time he entered a village, the blind, the lame, those weary from caring for the sick met him expectantly, believing his touch would heal them. When the people witnessed a blind man's eyes opened, or a disabled child walking for the first time, people ran to share the news and the crowds grew even larger.

Yet here at Bethesda Jesus did not offer to help the man into the water the next time the surface rippled. Nor did Jesus ask for details about the man's sickness, what he had done all those years to try to help himself. Jesus did not

offer to do what the man expected or professed to want.

Instead, Jesus pulled him away from the hope of the healing pool, looked straight at him and asked the simple question, “Do you want to get well?”

Jesus understood that the desire to be well is at the core of healing. Healing requires faith and effort from patients, as well as healthcare providers, and none of us can completely predict the outcome. It requires great courage for patients to explore new treatments or assistance, especially if they suffer from long-standing illness. Disabled people may need to use a motorized wheel chair and learn to use other adaptive aids. Acutely ill people may need to submit to extraordinary surgery, treatments or drugs.



Professionals and patients may get so caught up in the process of care that they focus on the disease, lab tests and prescriptions instead of the health and wellness the patient still has.

Professionals and patients may get so caught up in the process of care that they focus on the disease, lab tests and prescriptions instead of the health and wellness the patient still has. Patients may no longer see that they are able to become well; they may see only the battle against their sickness. They may feel like the sum total of the treatments, the pile of empty prescription bottles stuffed into a dresser drawer, and the medical bills accumulating on the kitchen counter.

Illness also isolates patients. After many years of failed attempts at healing, some patients no longer believe they are able to get better. They may be tired of taking advice from others and feeling guilty that they cannot help themselves. Eventually, they may stop asking for help, and it may seem that they no longer *want* to get better. They may see only their *disabilities*, failing to appreciate their *abilities*.

For the man at the pool at Bethesda, the world had shrunk to his disabilities. His only experience was that patio full of misery, staring at the water

and waiting for it to stir. Bethesda had become a handicapping support group, confining the sick and drawing all their energy into waiting for a cure.

It must have been shocking to the Son of Man to see this colony of people passively waiting for a miracle, while the Miracle Himself could hardly find time to eat, often working day and night to heal the sick who followed him. Along the roadsides of Judea, the blind, the epileptic, the lepers and those barely able to walk had groped for Jesus' hand, pleading for help. One paralyzed man inspired such friendship and hope in his friends that they tore open the roof above Jesus' head and lowered their friend to him, demanding his attention!

Yet here, clustered on the sunburned porches skirting the pool, people had become so isolated that they apparently hadn't heard about Jesus, much less found a way to intercept him in his travels about the city. The man at Jesus' feet apparently did not recognize him as the healing prophet that others could not stop talking about.

What did Jesus know about the man lying on his mat? Was the man actually capable of walking? Was he paralyzed, or had his limbs atrophied from disuse? Had he abandoned the idea of ever helping himself? In thirty-eight years, had his family or the local physicians offered some kind of help to him that he had refused, insisting instead on waiting for the miracle to occur? Had he ever offered up prayers of gratitude over the years for the fact that he *could* see, hear, think and converse? It seems doubtful that he had ever attempted to help anyone else. He certainly did not say to Jesus, "Lord, there are others more ill than I; help them first." Had others given up on him, after he gave up on himself?

Whatever Jesus knew about him, Jesus understood that this man needed to reclaim his desire to be well. Jesus did not reach over to help him up, but instead commanded, "Get up! Pick up your mat and walk!" (John 5:8, NIV) This man, who had waited for someone to help him all his life, exercised his faith at last and leaped up.

This was not a passive healing. *If the man by the pool had not responded to Jesus' question and subsequent command to get up and try to walk, he would not have been healed.*

It is precisely their desire to be well that enables patients to reach back to us and receive the full benefit of what we can offer. Extending God's healing touch to our patients, we just may be able to stir the waters.

DEAR GOD,

We recognize that healing is an active process and that those who are ill must want our help for improvement to take place. Help us to be patient for that moment to come, when we are able to extend our very best to the ones who want to get well. Some may not be ready to be healed; some may not listen to what they don't want to hear, or may be angry that we can't lead them to a complete recovery. Help us to forgive them for this, remain ready for the signs that they want our help in the future, and be willing to give again.

Help us also to be patient for your part in our work, because all healing comes from you. We are your assistants, and like the sick we must reach to you for help and be willing to receive it in this, our healing art.

In Jesus' name,

AMEN.