

'Médecine de la Personne' and Dr Paul Tournier

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Summary

Dr Paul Tournier of Switzerland is one of the pioneers of Whole Person Medicine, and organised his first conference on La médecine de la personne in 1947. The author attended one of these conferences in Finland recently, and he gives some insights into what this is all about. It is an attitude towards patients born of the realisation of the great worth of persons as unique beings with spiritual as well as physical and psychological dimensions. It attempts to see the individual as a whole within his particular 'frame work' and depends for its efficacy on establishing a genuine warm personal relationship with the patient. The relationship is itself of therapeutic value. In this article, some limits and hindrances to such relationships are identified, as well as factors which promote them.

Curriculum vitae

Theodore 'Ted' Germond was born and bred in Lesotho. After attending high school at Grey College, Bloemfontein, he studied medicine at UCT, obtaining his MB ChB in 1950. After doing his internship at Elim Hospital and two years general rotation at McCord Zulu Hospital, he became Superintendent of Scott Hospital, Morija, Lesotho. He remained in that post for 27 years, during which time he started a mountain hospital at Tebellow in the Qacha's Nek district. He helped to found the Private Health Association of Lesotho (PHAL) and was its first chairman. The Comprehensive

Health Care he developed in the Scott Hospital region became a blue-print for the Lesotho national health care service. He was awarded the 'Order of Mohlomi' by His Majesty King Moshoeshoe II for his service to the nation.

Since 1982 he has been Medical Officer/ Lecturer in the Department of Family Medicine at Medunsa/ Garankuwa. He also functions as General Secretary for the Christian Medical Fellowship of South Africa and is the Regional Secretary for Southern Africa for the International Congress of Christian Physicians (ICCP).

In 1940 Dr Paul Tournier, a Swiss general practitioner, wrote his first book *La Médecine de la Personne*¹ as a result of his experiences with his patients which convinced him of the necessity of looking at a patient as a whole, and of making meaningful contact with him as a person. This book rapidly gained acceptance and has been followed by more than 20 others.²⁻⁶ Translated into several languages, they are widely read by the thinking lay public as well as medical practitioners of all disciplines.

Dr Paul Tournier is gifted with the warmth and genuineness which enables him to get patients to lower their defences and allow him to relate to them as persons. This has enabled him to penetrate beyond the symptoms or even the "diagnoses", to the real problem which has led to the illness. Very often he found that the problems of living, frequently with

There is a tremendous healing power in right relationships.

a spiritual or moral basis, were the causes of illness which had been recalcitrant until then. Lasting cures would often be obtained when the patient realised the origin of his ills and was prepared to rectify his attitudes to himself, to God and to his fellow-men. Dr Tournier himself had had a "conversion" experience which made him realise the tremendous healing power of a right relationship with God and with society. He set down many of his early experiences in his book *A Doctor's Case Book in the Light of the Bible*.⁷

The doctor should relate to his patient as a person.

In 1947, just after the termination of hostilities, 32 doctors from the previously warring nations came together at the Chateau of Bossey in Switzerland to discuss "Whole Person Medicine" and their own problems and need of wholeness. Since then, for nearly 40 years, an annual conference has been held in different parts of Europe. Delegates come by invitation and are strongly encouraged to bring their spouses.

The writer was privileged to attend the 1985 conference at the invitation of Dr Tournier who had visited South Africa in 1980. This conference was held at the Vivamo Conference Centre in Finland, not far from Helsinki, from 12-18 August 1985. There were 86 delegates from all European countries (including the UK and Scandinavia) and one from Poland, two from USA and one from RSA! The average age of the delegates was probably something over 50 years, and they comprised general practitioners, psychiatrists, psychotherapists, and

some specialists in other disciplines. Their religious backgrounds, though basically christian, were as varied as their languages and cultures. The theme of the conference was "Limits of, and Hindrances to Personal Relationships". As might be expected, the emphasis by the organisers fell on small group discussions (two a day, maintaining the same participants throughout). There was adequate time for personal contacts, as a result of free afternoons amid beautiful lakeside and forest surroundings – ideal for walks, swimming, and of course, the traditional Finnish Sauna!

Each day started with half an hour of meditation and prayer, followed by one main address and two shorter addresses. The evening meetings were plenary sessions where various delegates were asked to present themselves and their experiences of life and practice to the whole group. It is believed that the interchanges experienced in the small groups where openness and real communication are stressed, are the basis of learning about "Whole Person Medicine". Proceedings took place in French, German and English, with simultaneous translation into one or more languages.

What is whole person medicine?

It is not another speciality! It is rather like a dye giving a certain 'colour' to the practice of medicine in general, including the specialities!

It is an attitude towards patients (and colleagues) born of the realisation of the great worth of persons as unique beings with spiritual as well as physical and psychological dimensions.

It is an attempt to see the individual as a whole within the framework of his family and of his cultural, religious, socio-economic and political milieu, and to recognise the various factors that work in the causation and prolongation of a patient's illness.

Whole Person Medicine is like a dye, giving colour to the practice of medicine in general.

It necessitates a genuine warm personal relationship with the patient, which enables the patient to feel free to communicate his feelings of anger, frustration, fear, doubt, etc. The patient has to feel accepted as a person by another person who himself is aware of his own shortcomings and imperfections and will not sit in judgement on him but will rather help him to evaluate his attitudes, actions and reactions, and help him to formulate and take responsibility for a plan of action which will be therapeutic, and often prophylactic. This relationship will reassure him that he can count on his doctor for continued

Some of the difficulties which were identified, are as follows:

- Differences in language, culture, religion, world view, social standing, education.
- An unwillingness on the part of the doctor to get 'involved' and so to suffer with the patient.

Judgemental attitudes

- M. Deity Syndrome
- Scientific Objectivity and an analytic approach.
- Lack of understanding of ourselves and lack of awareness of our reactions to different kinds of patients.
- Lack of acknowledgement of our own frailty and mortality.
- The drive to dominate.
- Protection of oneself by "annihilating" a patient's personality with a label: "He is mad", "She is a hysteric" etc, therefore "no further need to try to make a personal contact".
- Lack of truthfulness and openness.
- Time is also one of the limits of relationship. It should not be given to the detriment of one's family life or health. The use of repeated visits is often an effective investment for short periods of time.

Other limits which became evident were: Involvement to the detriment of one's own emotional or physical health. One should limit the discussion of patients' problems to the consulting room and not bring them home.

- There is also the limit which must be drawn to a supremely comfortable relationship with a patient. There is the risk of finding pleasure in an unending therapeutic relationship maintained from both sides in shared enjoyment: "The doctor's self-esteem is flattered, just as the need of dependence on the patient's side is satisfied. Complete agreement, reciprocal seduction!" (J P Scherding)

Important factors for Whole Person Medicine

The *sine qua non* of real relationships is openness and genuineness – neither hiding, nor pretending to be other than you are.

The personal relationship of the doctor with his patient is in itself of therapeutic value.

The consciousness of being loved and accepted ourselves, in spite of our imperfections, enables us to accept and love others and be honest with them,

neither putting up defences to shield ourselves, nor trying to use them to satisfy our own needs, nor yet trying to manipulate them to conform to our standards.

The absolute necessity of often being alone and quiet, in order to relate to ourselves and to God (the vertical relationship) was stressed. It was considered to be as essential as inspiration which permits the expiration of the "horizontal relationship" with one's fellow human beings, one's patients. Both inspiration and expiration are, of course, vital!

The doctor should also be aware of his own shortcomings and imperfections and never sit in judgement on the patient.

Why 'whole person medicine'?

To quote from the opening address by Jean-Pierre Scherding of Plateau D'Assy, France: "Our present time is indeed a tremendous and exhilarating one. Man has walked on the moon. He mastered the atom. Computers revolutionise all areas of human activity. Medicine is now capable of mastering most major diseases, and technical exploits are performed which were unimaginable a few decades ago.

"In challenging contrast, man has not evolved in the same way: far from it! His relationship problems, despite the teachings of the so-called human sciences,

The touchstone of the whole-person-medicine is the "person-ness" of the doctor himself.

psychology, sociology, etc, remain the same or are maybe even worse now, judging by the misunderstandings, intolerance, conflicts and violence which characterise the behaviour of our contemporaries both on an individual and collective level.

Remaining on medical ground, isn't it a paradox that we still have to agitate for the humanisation of hospitals whereas they are institutions peculiarly committed to patients? Patients who still face the same existential problems, the anxieties of life, the fear of loneliness, the desperate pursuit of what they call happiness – which so often is translated into aggression or destructive revolt. Present medical science is analytic, rational, technical. The patient

has been changed into an object of study and knowledge. This approach is certainly not to be rejected, but it is important to be aware of how partial and reductive it is if one goes no further.

"If so many patients are resorting to alternative medicine, healers, seers, and if medicine is criticised as much as it is, isn't it because it neglects an essential dimension in man? That 'something' which is not rational, not objective, that concerns man in his deepest longings, in that which belongs only to him among all living beings, his person.

"Actually, it is also for this very dimension in man that we claim to care as doctors for the whole person. At the very centre of both our approach and our practice stands the quality of our relationship with the other-person-to-person, at every level of his being."

Conclusion

My Medunsa experience and 27 years as a medical missionary had already taught me much of what we learnt at the conference, but the experience of the

conference was a valuable confirmation of the value of what we are attempting to do in the Department of Family Medicine at Medunsa. It was also valuable for personal growth. The touchstone of whole person medicine is, after all, the 'person-ness' of the doctor himself.

List of publications by Dr Paul Tournier

1. *Medicine of the whole person* - LC 737625 World Books 1973.
2. *The meaning of persons* - Harper & Row, New York 1957.
3. *Guilt and grace* - Harper & Row, New York 1983
4. *Escape from loneliness* - Westminster Press, Philadelphia 1976.
5. *The whole person in a broken world* - Harper and Row 1981.
6. *The strong and the weak* - Westminster Press, Philadelphia 1976.
7. *A doctor's casebook in the light of the Bible* - Harper and Row, N.Y. 1976.

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Nuwe boeke

New books

Pistorius GJ en Pistorius C Q I. *Praktykvoering vir die Huisarts. Pretoria: HAUM, 1986. 606 bladsye. Prys R68,00 + avb.*

Hier is dit - die eerste omvattende boek oor praktykvoering in Suid-Afrika het verskyn. Voorgraadse studente het dikwels 'n negatiewe ingesteldheid jeens die onderwerp, en kla dan wanneer hulle begin praktiseer dat niemand hul ooit iets gesê het nie!

Praktykvoering vir die Huisarts is 'n gesaghebbende, deeglike praktiese handleiding waarin die broers Pistorius, elk met jarelange ervaring en praktiese wysheid, die leser van onskatbare raad dien.

Goeie kliniese sorg is nie moontlik sonder doeltreffende praktykvoe-

ring nie. Die leser leer hoe om beter met pasiënte, personeel, kapitaal en die buitewêreld klaar te kom. Die talle uitmuntende diagramme en praktiese voorbeelde maak die kliektaal en begrippe wat van buite die geneeskunde kom vir die leser maklik hanteerbaar.

Die nagraadse student, dié wat praktyk opsit en selfs die ouer garde vir wie die skoen so 'n bietjie knyp kan gerus dié boek aanskaf - dit sal u baie verdriet en geld bespaar, en u in staat stel om u pasiënte beter en meer koste-effektief te dien.

- G.S. Fehrsen

T.E. Oh (Ed). *Intensive care manual. Sydney: Butterworths, 1985. Price R119-00.*

The editor and the contributors managed to present to the reader in a short compact text, all the relevant information required for recognizing and managing important emergencies in the intensive care unit and in the emergency department. This manual can be recommended without reservation for all medical and nursing

personnel embarking on caring for the critically or seriously injured patient. Attention is given to the all important pathophysiology of the various emergency problems and exact management systems are presented in such a way that they can be utilized at the bedside in the critical care unit and in the emergency department. The management protocols are up to date and the compact lay-out ensures that the reader can evaluate and treat an emergency systematically and rapidly without having to read through an extensive text in order to decide on a treatment plan. Techniques for performing invasive, diagnostic and monitoring procedure, are not included in the manual.

- C van der Merwe

G.N. Marsh (ed.). *Modern obstetrics in general practice - Oxford General Practice Series. Oxford University Press, 1985. 443 pages. Price R87.55 + gst.*

This book is written with the general practitioner in the United Kingdom in mind, to assist him in