

David Cranston on the conflicting demands of home, work and patient care



CARING WITH A SERVANT HEART

key points

Many factors conspire to compromise our care of patients.

For Christians the challenge is to care as Christ cares.

If we put serving God's kingdom first, the rest will fall into place.

We are all asked as children what we want to do when we grow up. At job interviews we may well have given the standard answer – that we wanted to care for people. And yet it is so easy to see that high ideal dropped as our job becomes a means to an end: supporting our families, earning enough to keep up with the neighbours, or buying a certain car. Other factors conspire to decrease the time we have to care for our patients: shorter working hours, meeting targets, cutting costs. It's not that these are necessarily wrong. Indeed some may bring us personal benefits. But our attitude towards these things will reflect on whether or not we care as Christ cares.

How does our attitude to work reflect our attitude to care?

Professor Harold Ellis, former Professor of Surgery at the Westminster Hospital, once wanted to issue an advertisement for his house job which said: *'Scrimshankers, clock watchers, time wasters and layabouts need not apply, there are plenty of other jobs available for those sorts of people.'* Needless to say,

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even 40 years ago, medical staffing would not allow it. Ellis was an inspirational teacher who used to give his houseman a day or two off in six months if they were lucky. His philosophy was 'knife before wife'.

We need to find a balance. It's like walking a tightrope when balancing conflicting demands between home life, work life and patient care. A senior Irish urologist told me recently, 'When I was training we talked about *vocation*, now the talk seems to be more about *vacation*.' We are all called to ministry. When anyone told John Stott, the eminent Anglican preacher, that they were thinking of entering the ministry he would say, 'I am so glad, but which ministry are you talking about? If you mean the pastoral ministry then please say so.' Shortly after his conversion William Wilberforce told his wise mentor John Newton that he was going to leave politics and enter the ordained ministry.

Newton encouraged him to stay in politics and we know the result.

Paul Brand was for many years a missionary surgeon in Vellore in India where he pioneered the treatment of leprosy. Shortly before he died in 2003 he told his biographer Philip Yancey: *'Because of where I practised medicine I never made much money at it. But I tell you that as I look back over a lifetime of surgery, the host of friends who once were patients bring me more joy than wealth could ever bring. I first met them when they were suffering and afraid. As their doctor I shared their pain. Now that I am old, it is their love and gratitude that illuminates the continuing pathway of my life.'*

Can you climb the ladder with a servant heart?

God did not make us to drift around the sea like plankton. It is good to have ambitions. We all need targets to set our sights on. But what are our primary ambitions? Jesus in Matthew's Gospel tells us, *'But seek first his kingdom and his righteousness, and all these things will be given to you as well.'* If that is our first and primary ambition, others will slot into their right place. Yes, perhaps good jobs, perhaps lots of money, perhaps high office. But perhaps it will be in an isolated practice here or abroad, or working with the poor and disadvantaged, but knowing that you are in the place that God wants you to be. If we do get to the top of any particular tree we need to remember that the methods used to get there will be the methods needed to stay there, be they honest or dishonest, straightforward or underhand.

How do you lead with a servant heart?

Servant leadership is not something we see a lot, but when we see leaders being true servants, it is very impressive. The portrait of George Thomas, (Lord Tonypandy) a former speaker of the House of Commons, hangs in the staterooms of the Speaker's House with his personal coat of arms underneath. It incorporates the crown and portcullis design of the House of Commons, surmounted by a miner's lamp. The lower half includes an open Bible. The motto translated from Welsh says 'He who would be a leader must be a bridge.'

Ambroise Paré was born in 1510. Considered as one of the fathers of modern surgery, he became the great royal surgeon for four French kings in succession: Henry II, Francis II, Charles IX and Henry III. Even today soldiers who are wounded in Afghanistan or Iraq owe him a debt of gratitude for he was a leader in surgical techniques and battlefield medicine.

Paré did two great services for surgery and therefore for suffering mankind. First, he showed that wounds need not be cauterised with boiling oil. When he ran out of oil one day, he treated other patients with a recipe made of egg yolk, oil of roses and turpentine. Paré discovered that the soldiers treated with the boiling oil were in agony, whereas the ones treated with the ointment had recovered because of the antiseptic properties of turpentine.

Then, secondly, he replaced the red hot iron for the ligature in controlling the great vessels during amputations. By these two discoveries, both based on close clinical observation, he saved thousands of wounded soldiers from the tortures previously inflicted on them.

Some surgeons have a reputation for arrogance. In an arrogant world we can learn a lot from Ambroise Paré and his partnership with God. His most quoted saying is *'Je le pansai, Dieu le guerit'*, 'I dressed him, but God healed him'. I wonder when did you (and I ask myself the same question) wipe a dirty bottom that was not a baby's or help move a patient on or off a trolley, or get a mop and mop the blood off the theatre floor or make a cup of coffee for the ward clerk, or help a patient get dressed in clinic - or are those all jobs for someone else?

How do you listen with a servant heart?

Do we have time to listen? Maybe we just have time to listen to someone's complaints and take a history. But what about listening to them as people? Hippocrates said, *'It's much more important to know what sort of person has a disease than to know what sort of disease a person has.'*

People are living history. Years ago I remember a man of 93 on the medical wards at the John Radcliffe; a little frail man with a catheter. So is he a bit of old crumble that might benefit from surgery to his prostate? Or is he a man born the same year as the Queen Mother who woke up one morning aged 16 on a British battle ship to see the mist clearing and the German fleet in the distance at the start of the Battle of Jutland?

Unless you are very fortunate, if you meet the Queen it will probably be only for a short time. You can be sure the Queen won't be texting or looking over your shoulder to see who else is in the room or who would be more interesting to talk to. For those few moments you would have had her undivided attention and it will be something you remember for the rest of your life. Let's treat our patients like that.

How do I speak with a servant heart?

Communication involves listening and speaking. Most medico-legal cases arise from lack of communication. We need to be gracious and respectful when we speak of Christ to patients. But one can always drop something into the conversation like a fisherman dropping a fly above a trout, to see if they come up and take it.

The late Professor John Blandy, from the London Hospital, included these words in one of his surgical textbooks: *'Tender the wind to the shorn lamb. Dilute your frankness with gentleness and wherever possible give hope.'* As the old aphorism says, the role of a doctor was to *'cure sometimes, treat often, comfort always'*.

David Cranston is a consultant urologist in Oxford. This is based on a talk given at the CMF 'Caring is Costly' Conference, November 2012



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