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*Great Issues for Medicine in the  
Twenty-first Century*

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—Edward D. Harris, Jr., M.D.

Editor, *The Pharos*, Spring 1998

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## Facing death

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were forced to confront their ultimate powerlessness over a multitude of illnesses, because they could not "manage" them. Yet the bonds these physicians had with their patients were strong. It was not a doctor's ability to cure an illness that made him or her so vital to the psyche of the patient or the family; it was the certainty of his or her presence throughout the process of suffering, however severe or slight.

It's a truism that our society suffers from denial and fear of death, illness, ugliness, and impairment. This is reflected in the images propagated by the media as desirable: youth, strength, knowledge, and money equal success. In medicine, we tend to concentrate on the process of "the work-up," "the diagnosis," "the treatment," or "the prescription." The physician of old had to be comfortable with death, dying, and chronic illness, while the physician of the 1990s largely works with the cure—technology, medication, biofeedback, psychotherapy.

But for some things there is no cure. For many syndromes, the most we can hope to see is stability or perhaps slight improvement. And often we witness degeneration, permanent disability, or death. This is fact. The artful physician identifies for his or her patients the fear that inevitably encroaches, that touches us all in our mortal state, and that thereby gives hope and promise. The promise is simple: "I understand and I am with you in this. I will work with you to improve the quality of life you have, to tend to your mending if that is possible, to sit with as you are dying, and afterwards to aid your loved ones. What I cannot fix I will accept. What we can cure together will be a cause for rejoicing. If need be, I will help you walk the path of disability as graciously as possible. I am here. I am present."

I would contend that soulful healing depends on this presence. Presence requires a mutual trust between physician and patient, a return to the art of medicine, as well as comfort with and understanding of our own limitations at the place that marks the end of managing and the beginning of God or faith or hope or whatever name one gives to those potent yet invisible healing forces.

Back to my bacterial endocarditis. I am

fully recovered now, but not the same. Many lessons in life and in healing have come about through the course of my illnesses. I use these daily in my office. I see relief on people's faces as I address the very fears that I myself have experienced and still share with them. I become a partner with them in accepting illness and maximizing life because of, not in spite of, this fact. I become a sojourner amidst a cohort of people with whom I laugh, cry, rejoice, and mourn. Isn't this the best medicine, after all? ■

## Letters

*continued from page 17*

twice and have passed around your magazine featuring Dr. Alvord's story [Spring 1999] quite a bit. Is there a way you can put me in touch with her? Thank you very much.

S.Sgt. Theresa Blue Bird  
Fort Bragg, N.C.

*We're happy to put readers in touch with individuals mentioned in the magazine.*

### Wish granted

On our trips to DHMC for medical appointments, we often pick up your magazine and find it very informative, so we wish to be put on your mailing list as mentioned in the magazine. Thank you.

William and Mary Reynolds  
Barton, Vt.

*As noted in the box on page 17, we are happy to add to our subscription rolls anyone interested in the topics covered in the magazine.* ■

## Robert Martensen

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contemplate the work of a 12th-century healer while stitching up a stab wound in a modern, urban hospital. Both Burns and Brieger gave up active medical practice in order to concentrate on history. Will Martensen continue his work in the ER? "There's something about the ER habit—it feels like life," he explains.

"Give it up?" he muses. "I'm not ready to do it yet." ■