WHATEVER HAPPENED TO HEALERS?

Larry Dossey, MD

Medicine men aren’t horses. You don’t breed them.
  Lame Deer
  Sioux medicine man

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hen I began to explore the world of alternative medicine nearly three decades ago, I discovered that I would have to expand my vocabulary considerably if I wanted to communicate with therapists. For example, they often used the word “healer,” which was not part of the lexicon of medical school. In fact, I do not recall the term ever being used in my medical training. I had no feel for this expression and thought it quaint. If my medical colleagues and I had been called healers, we would not have known whether we were being praised or damned. We were training to become surgeons, internists, and pathologists, not healers.

I realized also that alternative therapists used “healing” differently than we did in medical school. We’d learned that healing was something that occurred automatically in wounds and incisions, whereas my alternative therapy friends believed healing had something to do with consciousness. They furthermore differentiated healing from curing, and they mysteriously maintained that “a healing” could occur even in the event of death.

Not much has changed since my encounter with these ideas. The concept of the healer remains virtually absent in medical training, and “healing” continues to be used in a narrow physiologic sense (note 1).

Whatever happened to healers? Have we simply run out of them? Surely not; all cultures seem to have produced them in abundance. They continue to abound—those passionate, idealistic young persons whose desire to be involved in healing is mysterious, powerful, and often inexplicable. They simply “know” they must become healers, and they will do almost anything to fulfill their calling. Harkening to a deep and primal drive, they often migrate to medical schools, the healing path that currently enjoys the most emphatic social sanction. Yet, this can be a painful, suffocating experience for many of them, because most medical schools have a completely different view of the nature of healers and healing than that of the natural-born healers themselves. Thus we encounter a paradox: Our medical schools, which of all our institutions should be most attuned to nourishing and developing the natural healing talents of gifted young people, seem adept at extinguishing them.

THE LETTER

I know this because the young healers tell me so. For years I’ve received missives from medical students all over the country, which I’ve come to refer to as The Letter. The Letter always bears the stamp of an individual student’s pain and disillusionment, usually beginning in the first year of medical school. The students say that their impulse to be a healer is being snuffed out. Many want advice about medical schools that will nurture their healing instincts, which, they say, is “the reason I went to medical school.” Some indicate that they will do anything to transfer to such a school, if only they can identify one. The following letter (written communication, June 1995) is an example from a student, whose name is withheld.

Dear Dr Dossey,

Soon I’ll be a second-year medical student. After last semester I began to glimpse some of the terrible realities in medicine today, and I started to question my resolve to be a doctor. I even seriously considered leaving medical school. Lecture after lecture, I heard dry professors and doctors speak at breakneck speed about ways to crush the human person into the spiritless formula of science. At the same time, I saw some second-year friends turn sour and cold with stress, and I began to wonder whether I would end up the same way. I wasn’t sure I could nourish my soul in such an environment.

I was chosen by my anatomy professor as a candidate for the summer Anatomy Teaching Fellowship. I struggled with this offer, but eventually listened to my whispering conscience. I refused the fellowship, because I needed my summer to refuel spiritually and to discover new things. This decision ... threw me into a tumultuous questioning as my soul rose to assert itself.

Recently I attended an ecumenical prayer retreat. I felt a deep peace pervade my soul. By the end of the retreat, I felt more at ease with my role as a medical student. I felt that I, as a person, was in the place where I belonged.

Since then, my eyes have been opened. I am slowly emerging from a period of darkness, brooding, uncertainty,
and fear which has hung over me for the past month or so. I realize that, rather than being changed for the worse, I can in fact heal in small ways and change things for the better. I know that the trick lies in humbly nurturing in oneself a perspective of simplicity and beauty.

Tough-minded observers who view medical school as a rite of passage have little patience with the sort of complaints contained in The Letter. They often say these comments originate from a few weak-willed, disgruntled complainers who shouldn’t be in medical school in the first place. Medical school is difficult and ought to be; those who can’t take it need not apply. Others, including many physicians who have endured the process of medical training, sense there is something terribly wrong with the way we train physicians. For example, San Diego psychiatrist Dennis Gersten reports (written communication, September 1992; note 2),

My medical school class had a 6% mortality rate, not to mention a high morbidity rate. One fellow, who had been free of melanoma for five years, quickly flared up with a recurrence during the first year of medical school and died. One woman killed herself. The week before graduation there was a series of freak accidents. One fellow was fishing in Alaska; his boat capsized and he drowned. Another guy was fishing in a foot-deep stream. He waded across the river, slipped on a stone, hit his head, became unconscious, and was washed downstream and drowned. During gross anatomy the morbidity rate was unbelievable. Students got sick, got in more auto wrecks….

INSTITUTIONALIZED ABUSE?

Medical students also encounter frequent psychological and physical abuse. The problem goes beyond overwork and sleep deprivation. It involves verbal, physical, psychological, sexual, and racial abuse; various forms of intimidation; and being placed at unnecessary medical risk. At one major medical school, 80% of seniors reported being abused during their training, and more than two thirds stated that at least one of the episodes was of “major importance and very upsetting.” Sixteen percent of the students surveyed said the abuse would “always affect them.” In another survey of third-year medical students, the perception of mistreatment (particularly verbal abuse and “unfair tactics”) was pervasive. Three fourths of the students reported having become more cynical about academic life and the medical profession as a result of these episodes. Two thirds felt they were worse off than their peers in other professions.

These problems are not restricted to the United States. The enormous strain and dissatisfaction experienced by British medical students have recently been emphasized by a BBC television series. Because of the stresses, an estimated 18% to 25% of newly qualified British physicians never enter medical practice, or leave medicine shortly after qualifying.

How can we expect medical students to emerge as compassionate physicians when they are treated so uncompassionately in their training? If one wanted to snuff out the healing instinct and the idealism that students often bring to medical school, one could hardly imagine a more efficient method.

‘I CAN TAKE IT!’

The long-term consequences of the medical school experience may involve not just psychological but physical health as well. For almost 30 years, Dr Caroline B Thomas of the Johns Hopkins Medical School performed psychological tests on every incoming medical student. She followed the students over time, and at the end of the study, examined the test scores for correlations between the psychological profiles and the diseases they developed. The findings were disturbing. Students whose psychological tests showed that they could not externalize their feelings—those who kept things bottled up inside—developed fatal cancer of all types later in life at an increased incidence. The implications are chilling. Medical schools in general foster the internalization of feelings—the “I can take it” attitude in which one never complains, no matter how difficult the situation—that correlated in Thomas’ study with the eventual development of cancer.

PHYSICIANS FOR THE 21ST CENTURY

As the practice of medicine is being reshaped, we are being afforded the opportunity to take a fresh look at many hallowed concepts and customs, such as how the impulse in medical students to be a healer can be identified and fostered, and how medical education can be made healthier. One of the most admirable examinations of how medical students are selected and trained is the report “Physicians for the Twenty- First Century,” commissioned by the Association of American Medical Colleges (note 3). Published in 1984, it remains current. Excerpts:

- [We do] not wish to invoke the hysterical hyperbole of crisis, nor do we wish to impugn the high quality of much [reform] that is being done. However, we perceive a continuing erosion of general education for physicians, an erosion that has not been arrested but is instead accelerating. We see continuing pressures to which we must accommodate with vigor and deliberate determination lest critical and irreversible damage is done.
- [E]very student should be caring, compassionate, and dedicated to patients…. Ethical sensitivity and moral integrity, combined with equanimity, humility, and self-knowledge, are quintessential qualities of all physicians.
- Students are led to think that their education depends upon memorizing as much information as possible.
Consequently, they lack a clear idea of the skills, values, and attitudes that are important. Medical faculties must limit the amount of factual information that students are expected to memorize.

- The priority most medical faculty members accord to research, patient care, and training of residents and graduate students has militated against the education of medical students.
- The traditional objectives of college education—to sharpen one’s critical and analytical skills and to investigate the varieties of human experience through balanced studies in the natural and social sciences and in the humanities—are displaced by students’ preoccupation with whatever they think they need to do to get into medical school. A premedical syndrome is often described. Students who exhibit this syndrome take course after course in the sciences but avoid advanced studies in the humanities and in other nonscience fields. By the time their college studies are completed, these students have often forfeited the intellectual challenges and rewards that study in the humanities could have afforded.

In a revealing passage, the authors cite a previous (1932) report that acknowledges something intangible about the training of a healer, something that cannot be brought about by tinkering with the curriculum and reshuffling the same old worn cards:

The medical course cannot produce a physician. It can only provide the opportunities for a student to secure an elementary knowledge of the medical sciences and their application to health problems, a training in the methods and spirit of scientific inquiry, and the inspiration and point of view which come from association with those who are devoting themselves to education, research, and practice. Medicine must be learned by the student, for only a fraction of it can be taught by the faculty. The latter makes the essential contributions of guidance, inspiration, and leadership in learning. The student and the teacher, not the curriculum, are the crucial elements in the educational program.

**BECOMING A HEALER: TRANSFORMATION**

Our profession’s discomfort with healers, healing, and healing power is a historical aberration. For 50,000 years shamans and native healers of every variety have believed they possess the power to heal and that they were meant to be healers, convictions shared by their cultures. This same inchoate drive lies latent in many medical students, and it beckons them toward medicine. Learning how actually to use this power was never considered just an exercise of the intellect, as it is now regarded. Becoming a healer exercised every aspect of one’s being—a process that is vividly captured in the words of an Iglulik Eskimo shaman:

I endeavored to become a shaman by the help of others; but in this I did not succeed. I visited many famous shamans, and gave them great gifts.... I sought solitude, and here I soon became very melancholy. I would sometimes fall to weeping, and feel unhappy without knowing why. Then, for no reason, all would suddenly be changed, and I felt a great, inexplicable joy, a joy so powerful that I could not restrain it, but had to break into song, a mighty song, with only room for the one word: joy, joy! And I had to use the full strength of my voice. And then in the midst of such a fit of mysterious and overwhelming delight I became a shaman, not knowing myself how it came about. But I was a shaman. I could see and hear in a totally different way. I had gained my qaanenEq, my enlightenment, the shaman-light of brain and body, and this in such a manner that it was not only I who could see through the darkness of life, but the same light also shone out of me, imperceptible to human beings, but visible to all the spirits of earth and sky and sea, and these now came to me and became my helping spirits.

If a single word could describe the process of becoming a shaman, it might be *transformation*. The transformative experiences described by the Iglulik shaman would cause a modern psychiatrist to shudder, and most faculty members entrusted with the education of medical students would consider them bizarre and pathological. If a student were to report such a transformation, he would almost certainly be scheduled for an appointment in the department of psychiatry.

**HEALERS OR FRANKENSTEINS?**

In modern medical education “transformation” has been supplanted by “information.” The result is the production of counterfeits—physicians who cannot heal and who regard “healing power” as a quaint anachronism.

Hyperbole? Consider the following observations in a provocative essay, “American Medical Education: Has It Created a Frankenstein?” in the *American Journal of Medicine*:

The present group of recently trained physicians are, in general, insensitive, have poor patient rapport, are deficient in general medical knowledge and examination skills, and have little concern for medicine’s impact on society.... Further, few young people in medicine appear to be either emotionally or intellectually satisfied with their profession.... [The] current time-consuming training process often takes bright, creative young adults with a love for helping people, and turns them into cold, distant persons who have lost many of their original ideals regarding the practice of medicine ... [thereby] producing a physician with qualities 180 degrees opposite those it states it believes in.

Occasionally there is a spasm of awareness that something is seriously wrong, and recommendations are made for physicians to do things differently. These suggestions are sometimes surprising, such as the recent suggestion that physicians and
medical students take acting lessons. This would enable them to appear to care and be empathic with patients, whether they are or not.\textsuperscript{12} There is also an occasional glimmer that clinical outcomes are connected with something more than algorithms and objectivity. Consider, for example, a recent controlled study dealing with homeless people in an inner-city emergency room. Those patients who were deliberately given compassionate, empathic care—qualities endorsed by all genuine healers—demonstrated fewer repeat visits and greater satisfaction with treatment.\textsuperscript{13}

**INFORMATION IS NOT TRANSFORMATION**

Sensing that something is awry in the way physicians are trained, a common response of medical schools has been to provide students with more information, or with information with a slightly different focus—courses (often optional) in medical ethics, medical humanities, or medical history. But this strategy often makes no real difference, because information is being confused with transformation. The young protohealers are not hungry for more facts, but for experiences that can help them connect with those deep psychological and spiritual urges that have manifested throughout history as a commitment to the healing arts.

The informational approach to solving problems in medical education is immensely seductive. It can also be deadly. As Neil Postman, chair of the Department of Culture and Communications at New York University, puts it, we have created a new problem never experienced before: information glut, information incoherence, information meaninglessness.... We have transformed information into a form of garbage, and ourselves into garbage collectors. Like the sorcerer’s apprentice, we are awash in information without even a broom to help us get rid of it. Information comes ... at high speeds, severed from import and meaning. And there is no loom to weave it all into fabric. No transcendent narratives to provide us with moral guidance, social purpose, intellectual economy. No stories to tell us what we need to know, and what we do not need to know.\textsuperscript{14}

If our medical schools are once again to produce healers, they shall have to foster transformation of the inner life of the students who entrust themselves to the educational process. Postman’s suggestion: “We will need to consult our poets, playwrights, artists, humorists, theologians, and philosophers, who alone are capable of creating or restoring those metaphors and stories that give point to our labors, give meaning to our history, elucidate the present, and give direction to our future.”\textsuperscript{15}

“Transformation” is a robust project, and we should not underestimate the magnitude of this task. “We’re asking a young physician to become a wise old person, and to do it in 4 years of medical school. That’s a lot,” observes molecular biologist and cancer researcher Helene Smith, who believes an infusion of shamanic knowledge in modern medicine would be a good thing.\textsuperscript{16} But becoming a wise healer has always been a difficult and lengthy undertaking, even for the shamans. In fact, it was by no means certain that the shaman would survive; the process of transformation sometimes ended in death.

I do not mean to suggest that our medical schools fail completely in their mission. Authentic healers do emerge from them, though not as commonly as they should, and often in spite of the educational process and not because of it. Neither do I wish to imply that the inadequacies we have been addressing are the sole fault of the schools themselves. Medical schools reflect the values of the society in which they exist. If something is amiss in them, the problem can usually be identified as well in the society as a whole. At the root of the problem lies the fact that we, as a culture, have turned our collective back on healing. We should not kid ourselves: we are all in this together, jointly entranced by a physicalistic approach to health and illness, and dazzled by the promises of technology to right every conceivable misfire of the body. Against this backdrop, healers and healing have been shoved aside and very nearly forgotten, and we are paying the price. Ignoring the role of consciousness, soul, spirit, and meaning—stock items in the arsenal of authentic healers—we have birthed a malaise that permeates not just the healing profession but our entire society. The casualties
have been not just healers and healing, but the soul and spirit of a culture.

‘FOR THE HOPE OF WISDOM’

These sorts of observations are often dismissed as unduly pessimistic. Those who continue to have unbridled faith in science and technology say we need more physical science, not less. Perhaps. But even insiders are worried. Typical is the following passage from the late physician-author Lewis Thomas, who was once called the most listened-to physician in America. Here Thomas hints at what we have lost and what we need to recover, not just in medicine but in our society at large.

These ought to be the best of times for the human mind, but it is not so. All sorts of things seem to be turning out wrong, and the century seems to be slipping through our fingers here at the end, with almost all promises unfulfilled. I cannot begin to guess at all the causes of our cultural sadness, not even the most important ones, but I can think of one thing that is wrong with us and eats away at us. We do not know enough about ourselves. We are ignorant about how we work, about where we fit in, and most of all about the enormous, imponderable system of life in which we are embedded as working parts. We do not really understand nature, at all. We have come a long way indeed, but just enough to become conscious of our ignorance. It is not so bad a thing to be totally ignorant; the hard thing is to be partway along toward real knowledge, far enough to be aware of being ignorant. It is embarrassing and depressing, and it is one of our troubles today.

It is a new experience for all of us. Only two centuries ago we could explain everything about everything, out of pure reason, and now most of that elaborate and harmonious structure has come apart before our eyes. We are dumb. This is, in a certain sense, a health problem after all. For as long as we are bewildered by the mystery of ourselves, and confused by the strangeness of our uncomfortable connection to all the rest of life, and dumbfounded by the inscrutability of our own minds, we cannot be said to be healthy animals in today’s world.

We need to know more. To come to realize this is what this seemingly inconclusive century has been all about. We have discovered how to ask important questions, and now we really do need, as an urgent matter, for the sake of our civilization, to obtain some answers. We now know that we cannot do this any longer by searching our minds, for there is not enough there to search, nor can we find the truth by guessing at it or by making up stories for ourselves. We cannot stop where we are, stuck with today’s level of understanding, nor can we go back. I do not see that we have a real choice in this, for I can see only the one way ahead. We need science, more and better science, not for its technology, nor for leisure, not even for health or longevity, but for the hope of wisdom which our kind of culture must acquire for its survival.

WHICH WAY OUT?

Young healers who follow their calling to medical school and who become disenchanted are often deeply affected by the malaise Thomas describes. They are like the canaries in the mine, a distant early warning system alerting the rest of us to the poisonous effects of not just our view of health but our view of reality itself. Without saying so, they are crying out for nothing less than a different worldview, an alternative to the picture of reality served up in medical school.

What might such a worldview look like? As Thomas Kelting recently put it,

The most satisfying and successful model … would be one which jointly satisfies our three broadest categories of need: practical, theoretical, and spiritual. Practical needs include our desire to predict and shape our world. Our theoretical need is to make reality appear intelligible to our kind of intellect; we prefer descriptions of reality in which the universe is seen to be a coherent, cognitively penetrable realm of phenomena, to descriptions in which it appears otherwise. Our spiritual need goes well beyond the requirement of the intellect for coherence and intellectual precision, to our need to find a meaningful connectedness between ourselves and the rest of being. We hunger for a sense of purpose, destiny and value, grounded not only in ourselves, but in the larger nature of things. We also seek comfort and love, not just for, and from, one another, but for, and from, this greater realm of being.

The worldview affirmed in medical education tends to be “lopsided and spotty,” Kelting says. “We ignore our spiritual requirements, and pursue [exclusively] models of reality that allow us to succeed in manipulating nature.” Outside the scholarly environment, we often drift to the other extreme.

[W]e pursue spirituality in a vacuum, as if there were no place for the prosaic physical universe, with its discoverable regularities, in a spiritual worldview. But spirituality should not be fueled by a desire to escape the lessons of the discursive intellect—that there are constraints we must live by. And, the preoccupation with physical reality and its exploitation, to which the discursive intellect seems so well suited, must not be allowed to escalate into the obsessive and spiritually astringent materialism that is suffocating Western society.

We should be grateful to the young healers who are so painfully at odds with the medical school environment. They are illuminating the schizophrenic situation we have slipped into as a society, with its divisions between the practical, theoretical, and spiritual aspects of our worldview, and they are challenging us to heal these splits.

To those in medical education who roll their eyes at the mention of “spiritual,” take hope. Making a niche for spiritual
factors in medicine is easier today than ever before. The evidence that spiritual factors—a sense of meaning, purpose, and values, as well as religious practice—are important factors in health and illness is abundant and is increasing.5,6 Epidemiologist Jeffrey S Levin, of Eastern Virginia Medical School, who originated the phrase “epidemiology of religion,” said in a written communication (June 7, 1995), “This body of work [the religion-and-health studies], I can state confidently, shows a strong, overwhelmingly consistent protective effect for religion; and my own empirical work confirms this finding.”5,6 To Levin’s contributions could be added those of Duke University Medical Center’s Harold G Koenig; David B Larson of the National Institute for Healthcare Research; the University of Akron’s Margaret M Poloma; the University of Maine’s Kyriacos C Markides, and many other researchers investigating the health effects of, broadly speaking, a spiritual approach to life. Because most medical schools are unaware of this body of evidence, those entrusted with curriculum design often view with horror any mention of “the spiritual.” But ignorance is no defense. To omit the spiritual element from our medical worldview is not only narrow and arbitrary, it appears increasingly to be bad science as well.

**WOUNDED HEALERS**

Chiron, the centaur in Greek mythology who taught the art of healing, was wounded by a poisoned arrow. Although he extracted the arrow, he could not remove the poison, which he carried forever in his body. Chiron is immortal and cannot die, but neither can he be entirely healthy. He is the exemplar of the wounded healer, one who paradoxically heals and is in need of healing.

We are collectively wounded—healers, medical schools, and the culture that spawns them. Can we extract the arrow? Can we rid ourselves of at least some of the poison?

Ecologist Paul Ehrlich observes, “The first rule of intelligent tinkering is to save all the parts.”30 Our medical schools have tinkered with young healers for generations. I believe they have saved the parts—*vision, soul, and spirit* in medicine have never really died—and can summon the courage required to put them back together in a pattern resembling a healer.

There are signs of healthy change. For example, approximately 30 medical schools have developed courses in alternative medicine.31 Researcher Helene Smith offers a hopeful view of medicine’s ability to meet these challenges. “The medical establishment actually is much better at changing than many other institutions,” she says. “If you think about some other institutions, like education or religion, how fast do [they] change? Doctors, for all their getting a bum rap of being conservative, are actually on the forefront of changing quickly.”15

If our medical schools are to produce healers, they must first stop destroying them. This will require reducing or eliminating the many ways the medical school experience has become dehumanizing. An exemplary step in this direction is the Health Awareness Workshop for first-year medical students, which has been available at the University of Louisville Medical School since 1981. The course was developed by Joel Elkes, MD, professor emeritus of psychiatry, and Leah J Dickstein, MD, professor in the Department of Psychiatry and Behavioral Sciences, and associate dean for faculty and student advocacy.

The Health Awareness Workshop rests on the recognition that “the medical student is a person at risk,” that “some of these risks are avoidable,” and that “other-care is best begun with self-care.” This 4-day course is offered to entering medical students prior to enrollment and commencement of studies. Although it is voluntary, more than 90% of freshmen elect to participate. Topics include mode of life as a factor in illness and disability; the psychobiology of human adaptation, stress, and the stress response; the physiology of nutrition, exercise, and relaxation; the psychology of time management and study skills; listening and the give-and-take of relationships; substance abuse and the impaired physician; gender issues in medicine; and introductions to the ethics of medical practice and the place of belief in healing. In addition to the didactic presentation of scientific data, an experiential, participatory, “fun” approach to learning is included in the workshop through involvement in music, art, acting, film, singing, and chanting; a “nutritional picnic” and pizza supper; aerobic exercise, softball, and a “fun run”; and a river cruise on the “Belle of Louisville.” The students learn of the history of the city of Louisville and the University of Louisville School of Medicine.

Second-year students volunteer to be “health tutors” to groups of 16 freshmen. They share their anxieties, coping styles, and lessons learned, and even serve as chefs in preparing healthy foods for the incoming students. Faculty members, usually selected by the sophomore students, play a similar role. Workshop sessions are also held for the spouses, children, and significant others of the incoming students. As a result of these interactions, a social network forms between student and student, and between student and faculty. The resulting message delivered by the medical school to the incoming students is clear and unmistakable: We care about you—your physical, psychological, and spiritual well-being—and we will go to great lengths to help you become a skilled physician and a fulfilled human being.32

But in our enthusiasm for change, let us not deceive ourselves. It would be a mistake to suppose that there is a formula for generating healers. There never has been. Becoming a healer remains largely a mysterious process not amenable to manipulation and control, as the above experience of the Iglulik shaman illustrates, and as Lame Deer, the Sioux medicine man, warns in the epigraph. We note again the 1932 report by the Commission on Medical Education: “The medical course cannot produce a physician.”33 Neither can it produce a healer.

Malcolm Muggeridge once distinguished between first- and second-rate pursuits in life. “It is possible only to succeed at second-rate pursuits—like becoming a millionaire or a prime minister, winning a war, seducing beautiful women, flying through the stratosphere, or landing on the moon,” he said. But first-rate pursuits—“involving, as they must, trying to understand what
life is about and trying to convey that understanding," are much more difficult. Becoming a healer is a first-rate pursuit that is exceedingly arduous. So let us not saddle our medical schools with a responsibility they cannot meet, such as producing healers on demand. Let us expect them instead to prepare the soil in which healing can flourish, and from which healers can flower.

THE LETTER REVISITED

I occasionally imagine receiving The Letter from a future medical student. What might it look like? Here’s my fantasy, and also my hope:

Dear Dr Dossey,

In a couple of months I will complete my residency program. May I tell you what the past few years have been like? From earliest memory I have wanted to be a healer. This is inexplicable; no one in my family has ever been involved with medicine. I followed my vision through college, but not until I entered medical school were my deepest intuitions affirmed. I began medical school expecting to be overwhelmed with information and drudgery; instead I encountered wisdom and inspiration. For the first time in my life I discovered genuine healers—professors who in course after course seemed to be a combination of physician, scientist, mentor, and shaman. They understood that healing is a special calling, and they honored the tug I had always felt. Because of their unfailing support, my vision has never been stronger.

Medical school was a difficult undertaking: I expected and wanted it to be that way. It has also been transformative. I feel I have awakened to something immensely worthwhile, and that this awareness will continue to flower for the rest of my life.

One day I surprised my favorite professor by calling him A Wise Guide. He smiled knowingly and told me that my task henceforth is to pass my knowledge on, healer to healer, as he has conveyed it to me. I was thrilled by his response. It was as if he were acknowledging me as a colleague and welcoming me into that invisible college of healers that stretches from antiquity to the present.

I feel blessed to have experienced medical school. It’s been a spiritual experience. I wanted you to know.

Larry Dossey, MD
Executive Editor

Notes

1. Although the focus in this essay is on the problems facing medical students and physicians, I trust that the readers of Alternative Therapies realize that these issues extend to all professional training programs—nursing, dental, and even alternative therapy schools. I speak here about the system I know best, and invite readers to make their own extrapolations.

References


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