## salt and Solution: Physician Heal Thyself

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Honor a physician with the honor due him . . . for the Lord hath created him.

For of the Most High cometh healing, and he shall receive honor of the king.

The skill of the physician shall lift up his head; and in the sight of great men he shall be in admiration.

Ecclesiastes 38:1–3

here has it gone, this honor and admiration, 2,500 years later? The symptoms are obvious: We are a profession in which many are disenchanted and feeling disenfranchised.

Surveys indicate many physicians are (a) considering early retirement, (b) regretting their choice of medicine as a career, and (c) offering "harsh reality" checks to young people aspiring to join the profession.

How then has this collective attitude developed, and more importantly, how may we as individual physicians recapture our sense of self-worth and as a profession regain our perceived loss of public respect and appreciation?

In an effort to understand my personal evaluation of and response to this changing portrait of a physician, I sought to remember the roots of my decision to become a doctor. I was startled to find in my memory not the image of my family's benevolent general practitioner, but rather that of a large mound of rock salt, and a 5-year-old boy delightedly sifting the salt through his hands as if he were in a box of sand. Intrigued, I wondered what answers this unlikely element might provide.

One of the earliest images of my father was of his muscular forearms wrestling large galvanized soft water tanks on and off a delivery truck. It was at the recharging station for those tanks where I played while he worked. Huge mounds of sparkling crystals streaked with gray and black provided sufficient amusement to keep a curious 5-year-old out of trouble. The affinity of the crystals for moisture imparted a tasty oily sheen to exploring fingers, and in the inscrutable metal cylinders they displaced the calcium and magnesium ions to which soap and taste buds alike objected.

Those mounds of salt provided a steady income for our family after our return to my father's native state of West Virginia, and salt continued to provide that income for many years and in many ways. Soon my father would secure a significantly better job at one of the local chemical plants where he spent the rest of his working years. That same plant would also provide me summer jobs and income to contribute to the expenses of higher education. But where did these remarkable crystals originate, the benevolent storehouse of industry and income?

Most rock salt is halite, sodium chloride. Early man soon learned to trace this precious substance to salty springs and salt deposits. It is estimated that the earth's surface hides 120 trillion tons of it, deposited by ancient oceans and buried through geologic millenia.1 Those silent domes and caverns guard its presence, and often that of gas and oil as well.

Salt springs have been treasured since ancient times for their curative effects and as a source of an invaluable preservative of foods. This latter quality not only sustained life, but paradoxically sustained military supply lines so that war might be waged and lives destroyed. During the Civil War, in what would become West Virginia, the brine processing plant in the Kanawha Valley became a major military objective. Learning from the lessons of the War of Independence, when the British destroyed every salt plant they could find, the North seized Kanawha and destroyed the plant. The South recaptured it and rebuilt the plant, only to see the North regain it and seriously cripple the ability of the South to supply its men with food.<sup>2</sup>

By World War II this salt supply fueled the emergence of a major chemical industry along that same river valley. In the northern panhandle of the seceded territory that once was western Virginia huge deposits of not brine, but rock salt, would be discovered; and that chemical industry, so familiar to me, would evolve.<sup>3</sup>

The oceans of our planet hold another 14 quadrillion tons of salt, enough to bury the continents under a layer 500 feet thick. The oceans saw the origin of life as we know it, those tentative beginnings, those false starts, and those misdirected dead ends that wander the path of evolution to man as we know him: that mobile, respiring, metabolically active organism struggling with self-awareness that we call us, sustained by internal salty oceans we have carried from our cradle; those oceans that we as physicians protect and correct, reassemble and repair; those oceans that we revere and admire, on whose homeostatic abilities we so greatly rely. And we never cease to wonder in awe as another life emerges from that salty soup, that amniotic sea, to become another mobile, respiring conscious life. And we are the keepers of those oceans.

And whence the origin of these wondrous elements, this sodium, this chlorine? The stars. All elements heavier than hydrogen and helium are thought to be the seeds of re-

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creation, the cosmic legacies of stars that have lived their lives and have become supernovae, the byproducts of death throes whose magnitude and violence are beyond our comprehension and imagination. Liberated from the core of these previous generation stars come the complex elements, among them the seeds of salt, to chemically combine, to disperse and dissolve, to crystalize and nurture, to be electrolyzed and destroy.

Out of stardust are we made, and also our world, and in that legacy lies the power to heal or the power to destroy. Hidden in the lattice of salt's crystal lies a similar power. The element chlorine has become a part of those lethal gases man uses in chemical warfare,<sup>2</sup> and perhaps even more disquieting, has become the dragon devouring the layer of ozone which has so successfully protected our planet. An industry that began so innocently must now retreat from lines of production it found so remunerative.

We find ourselves in an alarmingly analogous situation, in a profession that has assumed the role assigned it by government, purveyors of medical equipment and supplies, insurance provider organizations, plaintiff attorneys, and even our peers. We are often costumed and cast as entrepreneurs, technocrats, corporate executives, the stockbrokers of the American industry of medicine. We now feel disenfranchised as the embellishments of those roles are stripped away by the same institutions, and as computerized treatment algorithms and practice parameters are introduced. Science and business are being de-emphasized, perhaps appropriately, thus allowing more time and energy for the reclamation of art and compassion in medicine.<sup>5</sup>

Many of us, if we analyze our personal history, were influenced by kindly, respected physicians who exemplified that sparse but challenging definition from Webster's Dictionary: "a person skilled in the art of healing . . . one exerting a remedial or salutary influence." It is to that traditional paradigm that we look as society imposes new restrictions and expectations on our profession. What survival skills do we need to navigate this transition as individual practitioners and human beings?

Perhaps an acronym, like many that carried us through medical school, would be helpful. Just as the image of that kindly physician steadies our vision, so might salt or HA-LITE provide clues for our survival and our evolution as physicians and individuals.

(H) Heal thyself. We counsel our patients with peptic ulcer disease and stress-related illnesses to consume healthy doses of recreation. We should heed our own advice. Carefully spaced intervals of escape from the burden of patient problems provide revitalization and repair. Listen to the advice of fellow workers who are often the first to sense nerves frayed to the breaking point.

Sprinkle your patients with *humor*. Hone it as a tool to dissect confrontations and to diminish the magnitude of stressful situations. Learn to laugh at yourself, and invite others to join you. From it develop objective *humility*, an appreciation of the frailties of being human. And out of it perfect an enduring *honesty* as a person, a scientist, and a physician.

(A) Altruism: "behavior by an animal that is not benefits oitself but that benefits others of its species." Pursue rand acts of kindness, seeking no reward. Researchers debate existence of altruism in man—some would say all example are reciprocal altruism, acts motivated by expectation returned favors. It is true altruism, often anonymous, that should cultivate. M. Roy Schwarz selected altruism as one the seven most important characteristics of our profession. The internal rewards of such acts are well recognized and no way invalidate the definition. They will nurture us physicians and as persons.

(L) Love of life and the living: Here is the essence of profession and we should apply it to ourselves. The inclingly popular holistic approach to medicine is equally approached to the physician. Cultivate creativity, explore the advelop hobbies that provide a creative outlet. There is definite correlation with the longevity of artists.

Learn to disagree but not destroy, to be an authority but no authoritarian, and appreciate self-worth in yourself as well as in others. Compete in compassion and challenge others to ricto your level. Here is an irreproachable outlet for over achievement.

Learn again to *listen*. Attentive listeners are treasured your patients, your family, and your friends.

(I) *Idealism:* "the practice of forming ideals or living under their influence." Dr. Roy Schwarz spoke to a code of ethic as another important characteristic of our profession. Dr. Chris Wray chose ethical behavior as the topic of his presidential address at this meeting a year ago. Dr. Julio Taleisnik spoke on morals and ethics as the 1994 President of the American Society for Surgery of the Hand. From this attention being given idealism and its role in our profession and society, it is obvious we are being called to be leaders through our individual careers, as well as in our personal lives. Argument founded on what is right and just are unassailable; tempered with humility they frequently disarm the opposition.

(T) Tenacity: "persistence." In the current era of specialization and in an atmosphere of competition the words "couldn't," "wouldn't," and "shouldn't" are heard all too often. They are often used to limit our areas of effort, to restrict the areas of others, or to invoke the risks of liability. Primary to our role as physicians is being advocates for the patient, not adversaries. Insuring access and pursuing progress through the medical system may be the most important service we can provide our patients whether we are specialists or primary physicians. It is not financially remunerative, but other rewards are there.

(E) Excellence: It speaks for itself, a goal without limits, a challenge to continuing improvement, an evolution of quality. Never cease to learn, not only as a professional but also as a person. Build on that knowledge, expand into new areas, learn to connect the seemingly unconnected. Demand by example, lead by determination, carrying yourself and your profession to a higher level.

The antitheses of these qualities have become far too prevalent. Success has become synonymous with accumulation of wealth and the "size" of one's practice. Patients have become statistics on financial spread sheets. Physicians are advised to

hink in terms of business bottom lines and productivity, to maximize reimbursement codes, to transfer the nonremunerative patient.

In such an atmosphere we do not stop to listen, we do not pace ourselves or take time off, we take life and ourselves too seriously, we subjugate excellence to efficiency, and we spend more time defending our care than critically examining it's quality. We, like the chemical industry founded on salt born of the stars, must examine our goals.

Samuel Thier provides a sobering warning: "When you don't hear there is more humanity in the person who has been in practice for 10 or 20 years, then there is something wrong with what the doctor learned about people."8 And I would add, there is something wrong with what the doctor learned about himself.

Moses Maimonides, a twelfth century physician, offered this oath and prayer:

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revon of ome ed to That neither greed for gain, nor thirst for fame, nor vain ambition

May interfere with my activity.

For these I know are enemies of truth and love of men, And might beguile one in my profession

From furthering the welfare of Thy creatures.

O strengthen me.

Grant energy unto both body and the soul That I might e'er unhindered ready be To mitigate the woes, Sustain and help

The rich and poor, the good and bad, enemy and friend. O let me e'er behold in the afflicted and suffering, Only the human being.9

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