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§ CHAPTER THIRTY-FIVE §

Love Uncontained

Pamela Wible

I could never control my curly red hair. My parents tried everything. I screamed as Mom sprayed me with “no more tears” detangler. When her yanking and pulling failed, Dad stepped in and turned my plight into a neighborhood competition, complete with prizes. He’d give a dollar to any kid on the block who could comb through my matted locks. When older, I’d straighten my hair by blow-drying it for so long that one time I melted the bristles right off my brush into my freshly singed bangs. I’m wiser now. I’ve stopped trying to beat my hair into submission. Let it fly where it will. Like me, it cannot be restrained.

Now I’m all grown up and a physician, but certain concerned friends and relatives still try to get me to comply with social norms. They recommend a professional hairstyle and a nice home in an upscale community of the well-to-do. I’m not supposed to have untamed hair or live in a plain, old, small house in some average neighborhood.

Society divides us from each other and from ourselves, constricting and confining individual identity with rules and codes of conduct designed to keep life orderly, safe, and predictable. I’m not interested in an orderly, safe, predictable life. I believe in

feeling my way through each moment with an open heart, in living my dreams fearlessly.

But my love is unwelcome in the medical profession. When I was in conventional practice, I was inundated with guidelines and policies in conflict with my values. I was supposed to observe professional distance, but why would I want to learn how to dissociate from myself or from those I care for? Why would I pretend to be reserved, restrained, and aloof when I'm naturally warm, affectionate, and friendly?

On Valentine's Day at my first job, I admitted a colleague's patient, an elderly man dying of heart disease. His wife, unable to bear the pain of watching him die, left his side. I could have left too, but it didn't seem right to let this guy die alone on this romantic day, so I sat with him, held his hand, and cried. A cardiologist, startled by my emotion, said, "You must be a new doctor," then he disappeared down the hall. Maybe experienced doctors don't cry, but I didn't want to close my heart to the world. Why is it unprofessional to love patients? Maybe love isn't valued in a traditionally male-dominated profession. After all, love is not easily measured or reimbursed. Love is hard to control.

I used to hide in a world hostile to women—the "good-old-boys" medical school and patriarchal health-care system I joined in order to be a doctor—until one day I decided to celebrate my life without shame. On that day, I fell in love with myself and I gave myself permission to fall in love with my patients, to hug and kiss them, to sing and laugh with them, and to look deep into their eyes, cry, and allow our tears to flow together.

Grandmothers of Medicine

I admire the courageous women doctors who came before me. My foremothers in the field bore the brunt of the prejudice and abuse from medical men intimidated by women's strength and transcendent love for humanity. One hundred and fifty years ago in Philadelphia, the birthplace of American medicine,

“lady doctors” with freshly spit tobacco juice dripping from their hair, were pelted with rocks as they walked into hospitals and lecture halls. Some passed for men to avoid the humiliation. Most walked through the pain—for they too would no longer be contained.

Last year I made a pilgrimage to my matrilineal ancestral home in the City of Brotherly Love. Housed in the basement of Drexel University College of Medicine Library are the archives of the first medical school dedicated to women, Woman’s Medical College of Pennsylvania, a safe haven for female physicians. There I convened a private ceremony with my foremothers amid the remnants of their lives. I read aloud letters, poems, and commencement speeches, and I honored the first class of eight graduates by reciting the 1852 valedictory address. In that class was Ann Preston, the grandmother of American medicine.

Dr. Preston paved the way for all women physicians. Undeterred by rejections from male medical schools, she founded an all-women’s teaching hospital. Upon graduation, she was appointed professor of physiology, and in 1866 became the dean, the first woman in America to hold such a position. She nurtured the initial wave of female physicians in the United States, including the first African-American and Native-American physicians. On her death, she bequeathed her estate to scholarships for future generations of women physicians.

I discovered Ann’s box of letters and read them all. Underneath the letters were her anatomy textbook and her bible, the most enormous I’d ever seen, perfect for a woman with such faith in humanity. Holding her anatomy book, pages torn and spine fractured, I was imbued with her unbroken spirit. She stands ever tall in me and I carry the torch of her unfulfilled aspirations for the good of all.

America has matured now and it is time to celebrate and honor women physicians for their feminine strength in the realm of medicine. It is time to unabashedly welcome women’s nurturing

hearts, brilliant minds, and tender souls. I believe it is women who will heal health care in America.

We need more unrestrained women in medicine—women who aren't afraid to love. Women tend to provide more empathic, holistic care. Patients know this; they ask for women doctors because women doctors spend more time with them. Studies reveal that female physicians care for more complicated cases, more uninsured patients, and more vulnerable populations. How different health care would be in America had it been designed by our grandmothers.

Before Dr. Ann Preston's influence on medical history, there was only one female physician in the United States, Elizabeth Blackwell. By 1860 there were two hundred, and by 1911 there were more than seven thousand, according to the American Medical Association. In 1965 my mother, Judith Wible, received her medical degree from the University of Texas Medical Branch in Galveston. Of 160 graduates, eight were female. The dean and fellow classmates reminded the "girls" in the class that they were "taking a man's seat" and they'd never use their degrees. Even the anatomy professor refused to accept female anatomy and persisted in addressing the women as men. Despite her protests, my mother remained "Mr. Wible." Women were excluded from urology—from palpating penises and prostates—while men dominated obstetrics and gynecology. Daily the women were exposed to filthy jokes that demeaned female patients, and in the evenings they slept in cramped nursing quarters while the guys had fraternities complete with maids, cooks, parties, and last year's exams.

Bambi Syndrome

Two years after my mother graduated from medical school, and nearly a century after Ann Preston's death, I was born. At the time of my delivery, Dad was teaching anatomic pathology at the Woman's Medical College of Pennsylvania. He interrupted the class to announce my arrival, and then polled the students for a

name. They voted “Pamela.” Thus I was inducted into a community of female physicians at birth, then spent my childhood wandering the hospital halls alongside Dad, peeking in on autopsies, and examining gross anatomy specimens while most girls my age were playing with Barbies.

In 1993 I followed in my mother’s footsteps and received my medical degree from the University of Texas Medical Branch in Galveston. Times had changed—sort of. Half the students were women, but the raucous frat party ambience prevailed. Having graduated from Wellesley, a progressive all-women’s college, I was unaccustomed to a male life of hunting, womanizing, and drinking. At Wellesley, I had never seen men jump off rooftops through rings of fire or drive cars decorated with “Trust me I’m a doctor” painted over naked silhouettes of women. And I had certainly never been exposed to the mass murder of dogs as part of the curriculum. It wasn’t exactly safe to let my hair down, but I did open my mouth, start petitions, and protest live-animal labs. Undeterred by intimidation tactics, I landed in the dean’s office. There I was diagnosed with “Bambi syndrome” and exempted from the barbaric experiments. Though ridiculed for my compassion, I graduated without sacrificing innocent life, my ethics intact.

After graduation, I continued to feel spiritually and psychologically demeaned by my profession, a profession devoted to healing. Kahlil Gibran wrote, “Work is love made visible.” I wanted to be free to express my love through my work, but doctoring had been dumbed down to a numbers game with cookbook protocols and computerized flow sheets. My soul was considered irrelevant; it slowed down the production line. When a nurse and I transformed our corner of the clinic into a “happy triangle” where we smiled and behaved lovingly with everyone in spite of our inhumane working conditions, we were reprimanded for being “too happy.”

After six jobs in ten years, I was tired of the abuse. I was tired of interrupting panicked patients who were crying to say, “Sorry, we’re out of time.” I was tired of being rude to patients and

neglecting myself, all in the name of health care, when what I wanted to do was smile and ask, “How can I help you?” I dreamed of returning to my college waitressing job just so I could be nice to people again.

Dreaming the Ideal Medical Clinic

There came a point when I refused to hold Americans hostage to a loveless health-care system. I knew that health care begins with a complete human relationship founded on unconditional love. I believed it’s what Americans desperately want, so I left my job and invited my community to join me on an adventure.

Our journey began on January 20, 2005, when I held the first of nine town hall meetings in Lane County, Oregon, where I lived. I publicized this and the subsequent meetings by e-mail, in the newspaper, and with handmade flyers posted around town. From living rooms and Main Street cafes to neighborhood centers and all venues in between, I invited ordinary citizens to do something extraordinary: create the medical clinic of their dreams. Activists, teachers, psychologists, health-care workers, college students, and folks of all ages joined together to design a new model, a template for the nation.

The process was simple. Each participant received a piece of paper on which was one sentence: “Create an ideal medical practice—please take time to imagine what it would be like to walk into an ideal medical clinic in an optimal health-care system.” The rest of the paper was blank.

What if Americans were free to dream their highest vision of healing and health care? And what if a physician promised to bring those dreams to life? Imagine what it would look like, sound like, and feel like to enter an ideal clinic designed by the American people. No lobbyists or experts. No government officials. No hidden agenda. Just an open-minded doctor with an open-ended request that had never been posed before: Describe the clinic of your dreams...

After a brief introduction, I witnessed history in the making. The room was abuzz with excitement as people wrote their fantasies. Then we sat in a circle and shared. A free-spirited mother of two read, “An ideal clinic is a sanctuary, a safe place, a place of wisdom where we can learn to live harmlessly, listen with empathy, observe without judgment. It’s a place where a revolution starts, where we rediscover our priorities.”

A Chinese woman with an Australian accent requested, “No front counters separating people from people, a lounge of sorts with sofas...complimentary massage while waiting...fun surgical gowns.”

Then a soft-spoken young man with dreadlocks asked for “intriguing magazines” and a “pet cat that greets people at the door.”

A disabled elder defined the doctor as “so mature and integrated in psychological, spiritual, physical, East-West medicine that he or she is able to guide with affirmations supportively into the spiritual truth of the moment and help patients come to terms with fears, anger, pain, and rejection.”

A local contractor offered, “The doctor knows everyone by their first name, knows the patients in a social context.”

The community mandate was clear: “The doctor has a big heart and a great love for people and service, and is someone whose presence itself is enough to cheer a patient.”

But most important, a shy East Indian girl read, “Patients leave feeling warm, nurtured, loved, and important.”

The word “doctor” is derived from the Latin word *docere* meaning “to show or teach.” I came to understand my responsibility as a physician when a bearded man in the back of the room raised his hand and asked, “Is it possible to find a doctor who’s happy?” In a world fraught with despair, people need happy doctors. Naturally, I accepted the position.

From nearly a hundred pages of submitted testimony, in poetry and prose, complete with doodles and floor plans, I incorporated 90 percent of public input and with no outside funding

opened our community clinic one month later. For the first time, my job description had been written by the patients and community I served. It was health care of, by, and for the people.

Love Triumphant

Can health care really be overhauled in a month? Yes.

In less than thirty days, we successfully redesigned production-driven medicine into a relationship-driven model—a community clinic where patients are in charge and the doctor answers the phone, says, “Come right over” and is waiting when the patient arrives.

Our clinic is housed in a wellness center tucked into a wooded residential area and features yoga, massage therapy, and counseling, plus a solar-heated, wheelchair-accessible, indoor therapy pool and hot tub. A covered walkway connects the pool to the medical office. Patients can relax in the hot tub instead of a waiting room. Then they enjoy a short walk into the office, which feels more like a living room filled with overstuffed chairs and pillows.

With no administrators or staff at the clinic, patients enjoy 24/7 direct access to their family doctor by phone or e-mail. Appointments are thirty to sixty minutes scheduled on weekday afternoons and evenings with same-day and weekend visits available. Leisurely appointments begin on time—guaranteed—or patients choose a present from the gift basket. Additional prizes are awarded for healthy behavior. Uninsured folks can trade services such as massage or donate handmade items to the community gift basket for their medical care. Nobody is ever turned away for lack of money.

I’m a board-certified family physician. I do all the things doctors do, but health care is so much more than touching the surface of physical ailments. It’s acknowledging the lack of meaning in people’s lives—their real pain—and it’s addressing our national epidemic of loneliness and despair.

One afternoon I hired a patient, a massage therapy student, to work on my high-needs psychiatric clients during their medical appointments. All enjoyed free footbaths and hand massages. Not one had ever received massage; most had never experienced safe, loving touch in their lives. Now they require less medication.

A new patient limped in one day with heel pain. We chatted and joked around for the entire visit, like girlfriends at a slumber party. I laughed so hard I nearly inhaled the navy-blue sock lint between her toes, her naked foot resting inches from my nostrils. When she left, I realized I had not examined her foot! Immediately, I called to apologize and offer another appointment free of charge, but she told me her pain had disappeared.

On random “patient appreciation days,” I shower my clients with extra affection, chocolates, and Mylar smiley-faced balloons when they enter the office. This is in addition to the gifts many receive for meeting their health goals. Sitting on the couch next to her balloon, treats piled high in her lap, a woman claimed, “This is like going to Grandma’s!”

One of my sweetest patients is John, a man in his fifties with debilitating arthritis. He’s a fast-talking anxious fellow who returned for some advice. He told me he wanted to stay active and volunteer, and was ready for the companionship of a good woman. His blood pressure was higher than usual. I wrote two prescriptions. The first was a small dose of a beta-blocker for blood pressure and anxiety. The second prescription read: “John is a great guy. He needs a wonderful woman in his life. I highly recommend him.” As I reviewed his instructions, he jumped up from the sofa and hugged me. I guess I’m old-fashioned. I still handwrite my prescriptions because what patients really need can never be prescribed electronically.

During my pediatric rotation in medical school, I used to stay up late at night in the hospital, holding sick and dying children. I’d lift them from their cribs and sing to them, rocking them back and forth. One day the head of the department gave me a compliment

I'll never forget. He said that I was a doctor when my patients needed a doctor and a mother when they needed a mother. Eventually, I allowed patients to reciprocate—to mother me, to love me, to dream with me. And I discovered that the greatest healing takes place when we are willing to transcend artificial boundaries, love freely, and embrace each other's dreams as our own.