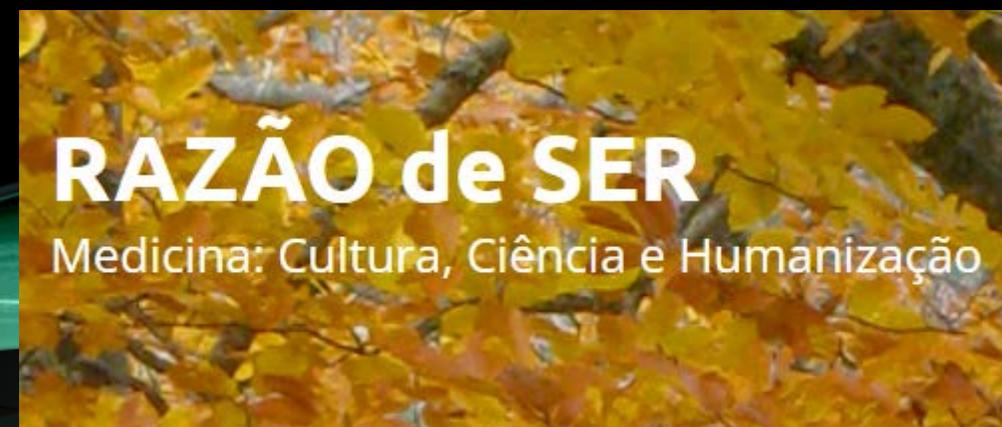
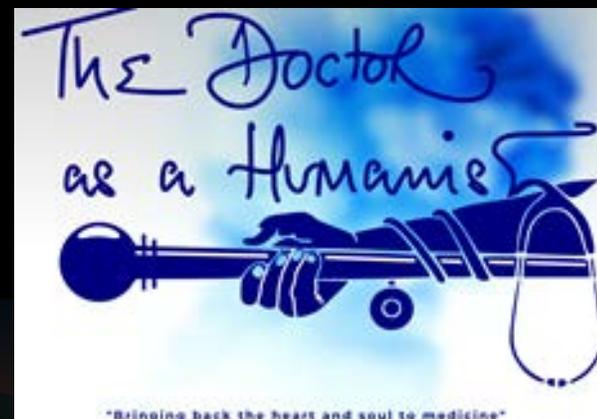


“WHAT IT IS TO BE A PHYSICIAN?”

José MD Poças

Medical Doctor specialized in Internal Medicine and Infectious Diseases, Sick person Provider of the LAHSB



I)-INTRODUCTION

The Physician's Mission

- **Medicine is not a profession like any other. Just because health and illness, life and death, suffering and the physical and emotional well-being of patients are anything but irrelevant, but rather what we must know how to safeguard, given that the uncompromising defense of these values is our most precious collective civilizational heritage, as we are invested in the honorable and timeless role of being its most interested and competent defense attorneys.**
- **Clinical activity lives above all from its contexts, in which antagonistic feelings and realities necessarily arise, such as successes and defeats, hopes and frustrations, suffering and joy, because Man's journey on Earth is made up of a mixture of life, health, illness and death, and at all these stages the physician can be called upon to intervene in the aid of his fellow man.**

**“In your hands”, 2012,
Emma Cano, sec. XX-XXI**





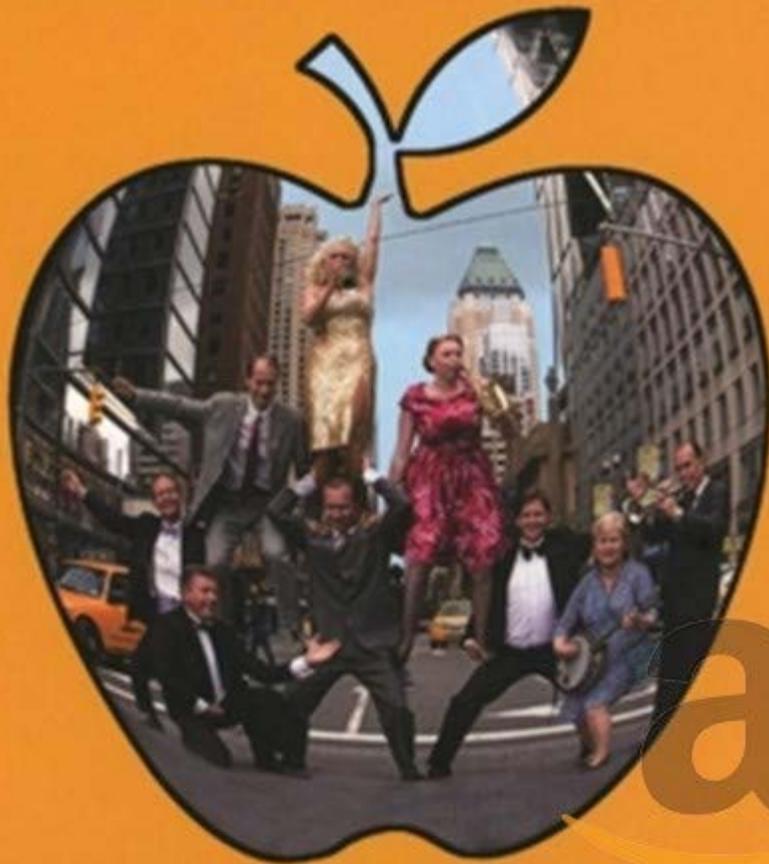
THE GREAT POWER OF THE MUSIC



Gunhild spelar för
kung Carl Gustaf
Nordiska Muséet
20160429



GUNHILD CARLING "BIG APPLE" / "COME TO THE PARTY"



GUNHILD & CARLING BIG BAND – BIG APPLE

1. GOOD MORNIN' BABY
2. MY HEART IS WAITIN' FOR YOU
3. NAUGHTY RHYTHM
4. BACK IN THE JUNGLE
5. ASCONA
6. RIFFOLOGY
7. COME TO THE PARTY
8. WINTER'S DAY
9. TUESDAY BLUESDAY
10. DOIN' THE CHARLESTON
11. SCANDINAVIA
12. NEW ORLEANS NIGHTINGALES
13. SILKEBORG
14. SHAKE IT
15. NOBODY BUT YOU
16. BROOK
17. MILLION STARS ARE OUT TONIGHT
18. HOT HEAD
19. BIG APPLE

Music and Lyrics by: Gunhild Carling (track 1, 2, 4, 5, 8, 12, 15, 17, 18)
Hans "Cooling" Carling (track 3, 6, 7, 10, 11, 13, 14, 16, 19) Henrik Johnson (track 9)



nob

CARLING RECORDS
LIZZIEN WIDEN KE

Gunhild & Carling Big Band - Big Apple
Recorded Jan 2015, Released 6/26 2015
Recorded by Johan Blome
www.gunhildcarling.net

II)-THE STORY OF FERNANDO, AN ALS PATIENT

The last visit

“Always with you”, 2005
Paco Lafarga, 1973 -

- I followed Fernando for about a year and a half, making multiple visits, with some irregularity to his house, where, many times, what we did was listen to the music that I made known to him and whose importance he only discovered after he got sick. He went definitely away from this world and suffering during an hospitalization that took place in the Infectious Disease Service that I directed, suffering from a pneumonia. I just hope that with the memory of the music overflowing with energy that he gave me to listen to on the last visit, which happened, coincidentally, on the birthday of my daughter Joana, who had just gotten rid of a period with some days of excruciating pain, which only ended after two endless months in which she underwent three surgical interventions. Music that I had never heard before and that served to liven up the celebration of the 70th birthday of the King of Sweden. That memorable concert had taken place in the room where the Nobel Prizes are given in Stockholm, which I had visited some 45 years ago, in the company of Ana, my girlfriend. The interpreter, a beautiful Swedish woman, led an orchestra playing jazz New Orleans style, that included several family musicians and played trumpet and trombone with unusual mastery, in addition to tap dancing like Fred Astaire. “Superb” I exclaimed, when I heard it. To which Fernando replied, with a sly look and a smile full of joy: “This is the one that would take me to the church...”





III)-MEDICAL HISTORY (CONTINUED)

First Reflection

- To be a physician is, not infrequently, to know how to go beyond the strict role of being a simple "clinician". It can even imply, in a more broad sense, to have another more important kind of a mission, that could not be so well materialized only through ordering diagnostic tests or prescribing pharmacological therapy. In fact, it can be better accomplished in being present in an encounter able of awake what, more than anything, can provide the possible pleasure in each circumstance, to someone that is in a state of deep suffering and who, understandably, is full of uncertainties about his future. And, considering that, we decide to help by finding a way to liberate him from the interminable and devastating labyrinth that the incessant search of knowing how to answer the questions related to what is the origin of the cataclysm that suddenly and inexplicably affected him. Why me? Why now? Why this one and not another disease with a not so inexorable path to almost total dependence? Why a disease still untreatable? Why a pathology that spares the mind, but leaves the body completely inert?

"Death penalty", 1908
John Collier, 1850-1934





IV)- MEDICAL HISTORY (CONTINUED)

Second Reflection

- The doctor-patient relationship implies to know how to overcome, if appropriate, the traditional conventions generally imposed by the society, concerning the time, the place, the fees or the use of typical instruments, exchanging the stethoscope and the sphygmomanometer for the utilization of the word and the look, promoting the creation of an environment in which the exchange of emotions is much more important than the flawless compliance with the dosage of any medication. It will thus be more a care of our fellow human being, where elements such as, for example, the music, can operate true “miracles” in certain moments. This is what can be deduced from what Plato, the great philosopher of ancient Greece, would have wanted to express, when he left it said for posterity that *“music gives soul to the universe, wings to thought, inspiration to imagination and life to everything”*.

“The smiling violinist”, sec XVII
Gerrit van Hontorst, 1592-1656



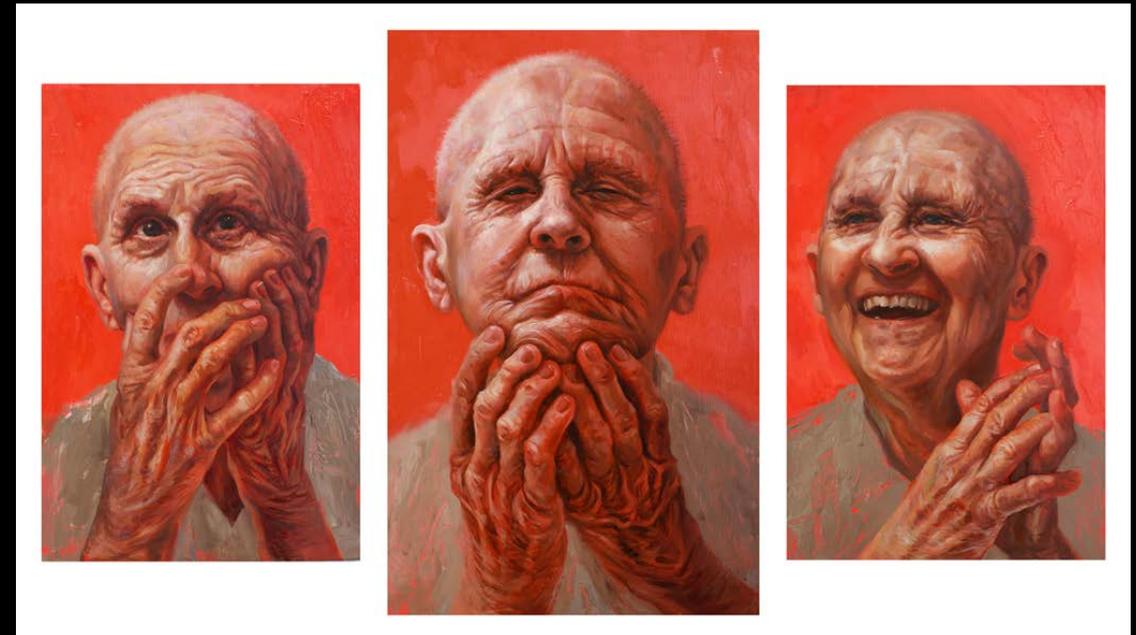


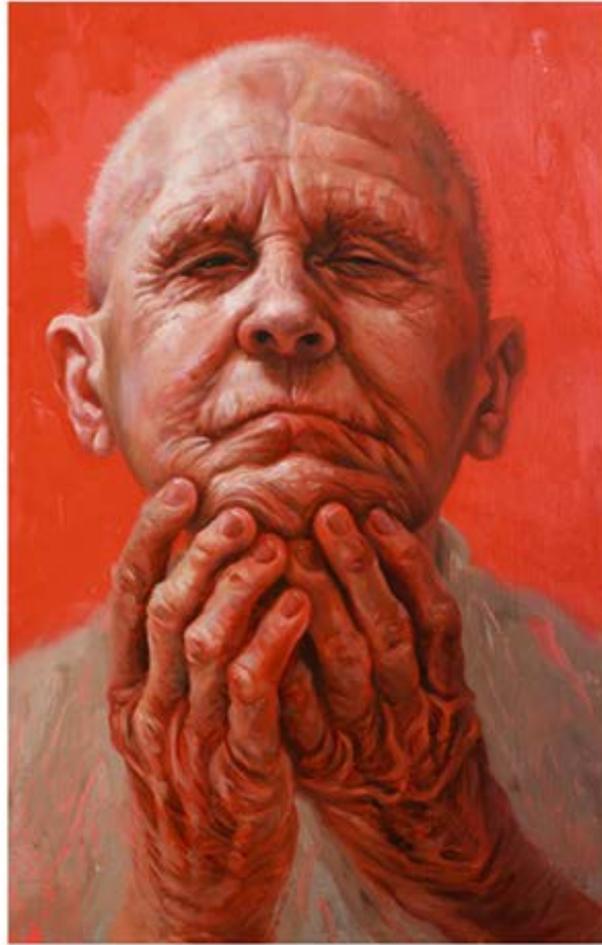
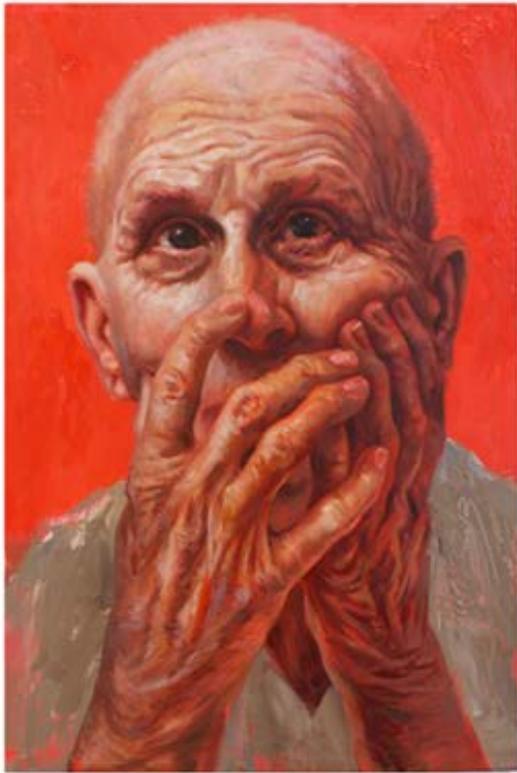
V)- MEDICAL HISTORY (CONTINUED)

Third Reflection

- Whenever I left Fernando's house, I asked myself what would be the real impact of the visits I made to him. Perhaps the comfort provided by friendship and empathy, being the only possible "treatment" in those particular circumstances, would have been much more effective than the remote possibility of having had access to any pharmacological innovation, whose usefulness, at that moment, would be largely dubious as he himself, lucidly acknowledged, given that the reversibility of the clinical picture would not be, pragmatically, within the reach of any reasonably expected scientific innovation. And so, by this way, the true mission of the art of medicine had been fulfilled, albeit in an unconventional way: to make the patient himself accept, with the greatest possible tranquility, the prognosis of the disease he happened to contract, although without ever inducing false hopes in him.

"The release of cancer", 2013
Judy Takacs, 1962-





VI)-THE PATIENT'S VIEW THAT IT IS IMPORTANT TO KNOW HOW TO CONSIDER

Robert Pope Foundation, with the motto of *"Instilling hope and promoting healing through art"*

"The visits", sec. XX
Robert Pope, 1956-1992

- The founder of that Foundation, that still exists today, was an American plastic artist who died at the age of 36, victimized by an Hodgkin's Lymphoma. Fact that motivated him to create it, giving his own name. He fortunately had the opportunity to receive from his family and friends all the love he need in the most difficult moments of the painful course of the disease that victimized him, which was well reflected in several convases full of symbolism that he had painted. There, he left the following message: *"Art is a powerful preventive medicine. Looking at a picture is like walking through an endless series of doors, with each succeeding door leading us deeper and deeper into a rich experience. This journey stimulates our minds, our emotions, our souls; it makes us more alive. Ultimately this esthetic experience heals us and makes us whole"*. Lapidary statement, I think.





VII)-A CHALLENGE THAT MUST BE MADE TO THOSE WHO ARE ENTITLED

Medicine: From Man to Man

- In order to safeguard an essential humanistic way of practicing medicine, it would certainly be necessary to invest much more than we do today, in the study of new students and new interns in the so-called Humanistic disciplines, obviously as well as in the medical scientific matter itself, instead of always deify the omnipotent, omniscient and omnipresent capabilities of the impersonalized technology, according to which everything seems to be possible in the eyes of men, representing so like an infallible answer to all their doubts and problems.

“The last message”, 1918

William Hatheret, 1955-1928





VIII)-THE (POSSIBLE) CONCLUSIONS

Two fundamental propositions

- It is imminently necessary to bring back a certain tradition of respect for the hierarchy based on professional experience, solid scientific knowledge, as well as on the capacities for its inter-generational transmission and establishment of empathic, mutual trust and respect for human relationships, solidly based, both in professional ethics and deontological principles, paying tribute to the venerating collection of values inherited from our timeless Masters, because Medicine is either from Man to Man, or it will never even be able to use this millenary epithet.
- And, finally, to claim that someone is not a good physician (nor either a good politician or ruler) ignoring the singular core of human nature or being indifferent to the consequences of suffering and disability.

"The despair", 1983

Oswaldo Guayasamin, 1919-1999





FINALLY, IT IS IMPERATIVE THAT ALL OF YOU CONTEMPLATE THESE TWO CANVASES, BECAUSE EVERYTHING I HAVE EXPRESSED TILL THIS MOMENT CAN BE WELL UNDERSTOOD THERE, EVEN WITHOUT THE NEED FOR ANY SUBTITLES. BECAUSE, AS JOSÉ DE LATAMENDI WISELY SAID (WHICH ABEL SALAZAR CORROBORATED AFTER): *"WHO ONLY KNOWS MEDICINE, NOT EVEN MEDICINE KNOWS"*

"The doctor", 1891
Luke Fildes, 1843-1927



"Self portrait with Dr. Arrieta", 1820
Francisco Goya, 1746-1828



... ALSO KNOWING, BY THIS WAY, HOW TO MEDITATE ON THE OPINION OF OTHER COLLEAGUES WHO SHARE THE SAME BURNING VALUES THAT IT IS INCREASINGLY CRUCIAL THAT WE PRESERVE FOR EVER!!!

Empathy in the doctor-patient relationship

Incorporate affectivity into clinical decision

COMMENTARY

Ami Schattner, MD
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JOURNAL of
MEDICINE

Empathy—Now More Than Ever



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Health Decisions

Incorporating emotions into clinical decision-making solutions

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... THE END...

- John Bellany (1942-2013), "Bonjour Professor Calne" (1988)

