



Chapter 17

Care beyond a cure: the power of being a healer

Most veterinarians enter the profession with a passion to heal animals through knowledge, compassion and caring. Relief of pain and suffering is first and foremost on the minds of the most compassionate veterinarians. Most veterinarians have come to the realization that the greatest responsibility is to bring health and wellness to animals, as well as the people and surrounding society in a “one medicine” approach. The importance of healing via this approach is especially vital when dealing with cancer, a frightening disease that requires the very best care from the heart and science possible regardless of the species that is afflicted. Thus, recognizing the power, responsibility and impact of being a healer who cares beyond the benefits of natural or pharmaceutical medicines, surgery, radiation or manipulative arts is key to reaching one’s full potential.

DEFINING “HEALER”

In Western cultures, the word “healer” has many dictionary definitions including someone who has spiritual gifts to bring health and balance. However, for our purposes, the term healer is defined by the American Heritage Dictionary as “someone who makes healthy, whole, or sound, to restore to health, free from ailment.” This includes cancer. Veterinarians, like physicians, are regarded by society as healers; many consider the single most important attribute of an extraordinary veterinarian or veterinary nurse is the ability to heal with compassionate care independent of potions, medicines, bandages, surgery, etc. This unique brand of healing or caring is defined as meeting not only the medical needs of the animal, but also the non-medical needs of the people who care for the pet. There is no doubt that the medicines, potions, manipulative therapies, radiation, acupuncture and surgery bring healing; our goal is to ask, “What evidence exists that veterinarians bring healing by their very presence and actions?” Caring for companion animals has direct benefit on these pets but the health of animals has many well-documented health gains for people and society, as

well. These include, but are not limited to, enhanced mental wellness, lower blood pressure, decreased depression, enhanced immunity, and impacts on society such as decreased violence among children and criminals, as well as decreased costs associated with decreased hospitalization and enhanced quality and quantity of survival among the elderly.

Key point

Many consider the single most important attribute of an extraordinary veterinarian or veterinary nurse is the ability to heal with compassionate care independent of potions, medicines, bandages, surgery, etc.

HEALING: A DISSIPATING GIFT AND RESPONSIBILITY?

In veterinary and human medical education, it has been suggested that students, interns and residents are growing more cynical and less compassionate over the course of their education.¹⁻³ This is unfortunate in that some agree that the most desirable characteristics of extraordinary veterinarians and physicians are disappearing.^{4,5} These traits include positive patient/client directed attitudes such as compassion, caring, and respect. In order to foster these critical skills, medical educators for pre and post DVM/MD educational opportunities must teach not only facts or moral reasoning processes, but also the motivational network of values, attitudes, and feelings that underlie moral behavior and compassionate care.⁵⁻⁷ In short, veterinarians and veterinary students need to be reunited with the passion to care from the heart as much as from the science while recasting animal doctors as members of a profession whose responsibilities extend far beyond the patient/veterinary relationship. This is especially true in cancer care where clients are frightened and



need support. Similarly, the challenges of treating cancer are many and thus require a dedicated, focused, compassionate veterinary health care team.



Key point

The most desirable characteristics of extraordinary veterinarians and physicians are disappearing including positive patient/client directed attitudes such as compassion, caring and respect.

HEALING BY RELIEVING ANXIETY

The first gift of any compassionate healer is the alleviation of anxiety which has profound healing effects.⁸⁻¹³ There is no greater way to witness the power healing through the alleviation of anxiety than in a veterinary cancer center or in a general practice that cares for community animals and their families, including those with cancer. It is there that people listen to veterinary oncologists and practitioners who not only provide bad news about the disease but also frightening treatment options such as chemotherapy, radiation and surgery. During these discussions, anxiety levels are very high and this emotional state is very likely to interfere with the ability to hear the information they need in order to make rational decisions. There is evidence that the clinician's behavior during the diagnostic consultation can and does influence the client's psychological adjustment and their willingness to embrace the plan to care for their pet. That experience may, at worse, confound, or, at best, resolve prior misconceptions, fears and anxieties about cancer, death, dying, and recovery from a serious disease that is unrelated to the pet's problems. Thus, it appears that reducing the client's anxiety during those initial evaluation periods may lead to better client understanding, a stronger veterinary-client relationship and enhanced patient well being.



Key point

There is evidence that the clinician's behavior during the diagnostic consultation can and does influence the client's psychological adjustment and their willingness to embrace the plan to care for their pet.

The question arises: how can a veterinarian or other member of the veterinary health care team extend care to reduce anxiety and therefore enhance the patient's quality of life? Substantial information exists to support the practice of dispelling the myths and empowering the client with information about the cancer and its treatment.⁸⁻¹⁴ Few studies have been

done in veterinary medicine to illustrate, however a growing knowledge base is developing in human medicine. The following three studies illustrate the value of providing compassionate care to reduce anxiety. In the first publication, the authors assessed 34 intervention studies designed to increase breast cancer patients' psychosocial and informational preparedness.¹³ Spending time with patients to empower them with information to enhance their understanding of the disease, as well as treatment, reduced their pain and subsequent use of analgesics, and decreased their hospital stay by two days in 85% of the studies. In another study,¹⁴ the study's authors assessed 30 human breast cancer patients who were given information about the risks and benefits of radiation therapy. These patients scored significantly higher on a knowledge questionnaire at the beginning of treatment and had lower anxiety scores during the last week of treatment, compared with the control group. Educating clients about treatments and their benefit and risks may also decrease morbidity. In one study, cancer patients who were given training on active participation in the doctor-patient interaction and were given their medical charts before the physician consultation had fewer symptoms during their treatment with chemotherapy.¹⁵

CULTIVATING EMPATHY AND COMPASSION

Few would disagree that a critical aspect of being an effective healer is being a respected, authoritative, compassionate source of information. The very act of empowering others with information about the disease or disorder and the treatments increases a client's perception of the healer's compassion, caring and ability to be empathetic. Indeed, empathy and compassion are considered the foundation of an ethical veterinary practice. The question arises therefore, how does one acquire these skills of compassion and enhanced client and patient outcomes? In one study, Hall et al¹⁶ found three dimensions of communication in effective healers. These three dimensions include informative-ness, interpersonal sensitivity and partnership building. Others have defined compassionate caring as an affiliated style defined as friendliness, interest and empathy in the client's psychosocial issues, social orientation, courtesy and competence.¹⁶⁻¹⁹ Additionally, one study involving breast cancer patients²⁰ found favorable impressions when the physician was noted to understand their fears, appeared warm and caring, and was informative. This resulted in significantly better psychologic adjustment six months after breast cancer surgery suggesting that compassion brings about positive patient (client) outcomes. Since veterinarians care not only for the pet but also the family and other people involved in the relationship, these factors should be taken into consideration.

**Key point**

The very act of empowering others with information about the disease or disorder and the treatments increases a client's perception of the healer's compassion, caring and ability to be empathetic.

HEALING WITH ROUTINE AND RITUAL

Many members of the veterinary health care team often recognize that creating an environment and a ritual with clients and their animals can be healing all in itself. At California Veterinary Specialists' Angel Care Cancer Center in Southern California, the staff does everything possible to meet with each client in a comfortable environment that was designed to include warm colors and windows with views of nature. The first meeting includes a chat with a veterinary nurse who begins to introduce the concepts of cancer and cancer care. Subsequent to that, the same members of the team care for the patient and client in the familiar setting that the client was initially introduced to. In essence, the team tries to create a ritual of comfort. The healing value to the client is obvious, but it is also therapeutic for the animal patient (most agree that when the client is at ease and is less anxious, the patient is likely to be less stressed and anxious as well). Most recognize that animals and people come to enjoy and even express satisfaction and contentment when being petted, touched, or spoken to in unique ways, especially when in a comforting environment. Establishing healing rituals such as American Indian dances and healing drumming can create receptive patients and clients who are susceptible to the influences of authoritative, culturally sanctioned "powers" that are separate, but just as important as traditional medical, surgical, radiological, acupuncture, herbal and other treatments.²¹ Experimental research into placebo effects demonstrates that routine biomedical pharmacological and procedural interventions contain significant dimensions in rituals. This research also suggests that ritual healing not only represents changes in effect, self-awareness and self-appraisal of behavioral capacities, but involves modulations of symptoms through neurobiological mechanisms.

**Key point**

This research also suggests that ritual healing not only represents changes in effect, self-awareness and self-appraisal of behavioral capacities, but involves modulations of symptoms through neurobiological mechanisms.

THE MIND BODY CONNECTION: POWER OF PLACEBO

As suggested above, the placebo effect must be accounted for when understanding the effect of a healer on the client and therefore, directly or indirectly, on the patient. This effect occurs in part because of the beliefs of the clients and care providers. Montgomery and Kirsch²² demonstrated the benefit of the placebo effect on human patients by telling people that a placebo that they called trivarcane appeared to be a powerful analgesic when applied to the finger. The placebo material was applied and a painful stimulus was initiated on the treated finger and another without the placebo. The subjects rated the intensity of the pain and the unpleasantness of the experience. As you might expect, the subjects firmly believed the placebo treated finger experienced less irritation than the untreated finger. It is unknown if animal patients can experience the same thing, however, since they are powerfully influenced by the attitude and actions of people around them, it is likely that an indirect placebo effect would be beneficial. In addition, in his work Pavlov confirmed that certain rituals and actions can condition animals to act, believe, and respond in a favorable fashion. In addition, many clients will affirm their conviction that their pets can "sense" when they are being helped and trust in this action. Thus, the placebo effect, or mind-body connection must be recognized as an important aspect of healing. Rather than diminishing the value of a healer, the mind-body connection should be considered a powerful tool that should be acknowledged as a method as effective as a medication or even surgery. In fact, when patients with knee problems were treated with an actual therapeutic surgical procedure or a sham operation (an incision but no further surgery before the incisions were sutured closed in all patients), there was no difference in recovery between the two groups of patients: The sham treated patients willed themselves to health because they believed in the healing power of their healer, the surgeon.²³

SPIRITUAL HEALING

Finally, a discussion on healing cannot proceed without a brief mention of the healing power of spirituality.²⁵⁻²⁹ While few data exist on the importance of faith and healing in veterinary medicine, data does exist in human medicine. This includes one study indicating that almost 80 percent of people polled felt that spiritual faith was effective for the treatment of disease including cancer.²⁵ Sixty three percent of these same people felt that their physicians should talk to patients about spiritual faith²⁶ and 48 percent of patients wanted their physicians to pray for them.²⁷ Given the importance of spirituality and healing in the minds of so many people, more medical and veterinary schools are addressing the importance of



both spiritual and medical care. These schools are including courses on religion, spirituality, prayer, and health¹ and this subject is being addressed more openly in educational forums for graduates. The trend seems prudent due to the fact that 90 percent of 296 physicians surveyed during a recent American Academy of Family Physicians meeting were convinced that religious beliefs can heal and three quarters believed that prayer could enhance a patient's recovery.²⁵ A recent study reported that in a National Health Interview Survey of 22,306 adults in the United States confirmed that 49 percent of people had prayed about their health, an increase of 14 percent over a similar survey done in 2002.²⁹ This study, published in the May 2011 issue of *Psychology of Religion and Spirituality*, the increase in prayer occurred in adults of all ages. It is hypothesized by us that the same trend is likely occurring as people pray for the health of their pets. Thus, for those inclined in the veterinary health care team, including a discussion on faith and healing among receptive clients may be something to consider. The merit thereof is rooted in many religions including Christianity. For example, the apostle Paul wrote in 1 Corinthians 12 (7-10):

"A spiritual gift is given to each of us so we can help each other. To one person the Spirit gives the ability to give wise advice; to another the same Spirit gives a message of special knowledge. The same Spirit gives great faith to another, and to someone else the one Spirit gives the gift of healing. He gives one person the power to perform miracles, and another the ability to prophesy."



Key point

Given the importance of spirituality and healing in the minds of so many people, more medical and veterinary schools are addressing the importance of both spiritual and medical care.

The gift and power of being a healer cannot be understated and nor explained in the few short paragraphs above. Regardless, it is important enough to introduce in this venue and to serve as a stepping-stone for further exploration.

References

1. Peabody FW: The care of the patient. *JAMA* 88:877-82, 1927.
2. Subcommittee on Evaluation of Humanistic Qualities in the Internist: American Board of Internal Medicine Evaluation of humanistic qualities in the internist. *Ann Intern Med* 99:720-4, 1983.
3. Self DJ, Schrader DE, Baldwin DC, Jr, Wolinsky FD: The moral development of medical students: a pilot study of the possible influence of medical education. *Med Educ* 27:26-34, 1993.
4. Feudtner C, Christakis DA, Christakis NA: Do clinical clerks suffer ethical erosion? Students' perceptions of their ethical environment and personal development. *Acad Med* 69:670-9, 1994.
5. Lipkin M: Integrity, compassion, respect. *J Gen Intern Med* 1:65-7, 1986.
6. Pellegrino ED: Teaching medical ethics: some persistent questions and some responses. *Acad Med* 64:701-3, 1989.
7. Sulmasy DP, Geller G, Levine DM, Faden R: Medical house officers' knowledge, attitudes, and confidence regarding medical ethics. *Arch Intern Med* 150:2509-13, 1990.
8. Dermatis H, Lesko LM: Psychosocial correlates of physician-patient communication at time of informed consent for bone marrow transplantation. *Cancer Invest* 9:621-628, 1991.
9. Fallowfield LJ, Hall A, Maguire GP, et al: Psychological outcomes of different treatment policies in women with early breast cancer outside a clinical trial. *BMJ* 301:575-580, 1990.
10. Jepson C, Chaiken S: Chronic issue-specific fear inhibits systematic processing of persuasive communications. *J Soc Behav Pers* 5:61-84, 1990.
11. Eagly AH, Chaiken S: *The Psychology of Attitudes*. Orlando, FL, Harcourt Brace Jovanovich, 1993.
12. Roberts CS, Cox CE, Reintgen DS, et al: Influence of physician communication on newly diagnosed breast cancer patients' psychological adjustment and decision-making. *Cancer* 74:336-341, 1994.
13. Mumford E, Schlesinger HJ, Glass GV: The effects of psychological intervention on recovery from surgery and heart attacks: An analysis of the literature. *Am J Public Health* 72:141-151, 1982.
14. Rainey LC: Effects of preparatory patient education for radiation oncology patients. *Cancer* 56:1056-1061, 1985.
15. Kaplan SH, Greenfield S, Ware JE Jr: Assessing the effects of physician-patient interactions on the outcomes of chronic disease. *Med Care* 27:S110-S127, 1989.
16. Hall JA, Roter DL, Katz NR: Meta-analysis of correlates of provider behavior in medical encounters. *Med Care* 26:657-675, 1988.
17. Buller MK, Buller DB: Physicians' communication style and patient satisfaction. *J Health Soc Behav* 28:375-388, 1985.
18. Bertakis KD, Roter D, Putnam SM: The relationship of physician medical interview style to patient satisfaction. *J Fam Pract* 32:175-181, 1991.
19. Willson P, McNamara JR: How perceptions of a simulated physician-patient interaction influence intended satisfaction and compliance. *Soc Sci Med* 16:1699-1704, 1982.
20. Blanchard CG, Labrecque MS, Ruckdeschel JC, et al: Information and decision-making preferences of hospitalized adult cancer patients. *Soc Sci Med* 27:1139-1145, 1988.



21. Kaptchuk TJ. Placebo studies and ritual theory: a comparative analysis of Navajo, acupuncture and biomedical healing. *Philos Trans R Soc Lond B Biol Sci.* 366(1572):1849-1858, Jun 27, 2011.
22. Montgomery G, Kirsch: Mechanisms of placebo pain reduction: An empirical investigation. *Psychological Science* 7(3):174-176, 1996.
23. Mosley J, Bruce K, O'Malley N et al: A controlled trial of arthroscopic surgery for osteoarthritis of the knee. *New England Journal of Medicine* 220;347(2):81-88.
24. Levin JS, Larson DN, Puchalski CM: Religion and spirituality in medicine: research and education. *JAMA* 278: 792-93, 1997.
25. Eisenberg DM, Kessler RC, Foster C, Norlock FE, Calkins DR, Delbanco TL: Unconventional medicine in the United States: prevalence, costs, and patterns of use. *N Engl J Med* 328:246-52, 1993.
26. King DE, Bushwick B: Beliefs and attitudes of hospital inpatients about faith healing and prayer. *J Family Practice* 39: 349-52, 1994.
27. Marwick C: Should physicians prescribe prayer for health? Spiritual aspects of well-being considered. *JAMA* 273: 1561-62, 1995.
28. Matthews DA, McCullough ME, Larson DB, Koenig HG, Swyers JP, Milano MG: Religious commitment and health status. *Arch Family Medicine* 7: 118-24, 1998.
29. Wachholtz, A, Sambamoorthi U: National trends in prayer use as a coping mechanism for health concerns: Changes from 2002 to 2007. *Psychology of Religion and Spirituality* (2); 67-77, 2011.