

The “Sacred Space” of Healing

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Without biomedical and moral ethics, the medical profession loses much of its aura.

Physician-patient relationships represent the highest privilege of clinical practice. This interaction takes place in a specialized setting which I shall refer to as “sacred space”, a term used by Clif Cleaveland, a physician who has devoted his career in learning and narrating the joys and sorrows of patients in his practice [1].

Caring for sick patients should be viewed not simply as a task but as an art, the art of healing. Indeed, the term “sacred space” befits well the intimate circle of healing which includes the patient at its center, and health professionals, family members and friends whether in the office, hospital or patient’s home.

Caring for patients entails knowledge, competence, devotion, unconditional positive regards to others and empathy. Above and beyond these attributes, however, the physician should evince high moral and ethical integrity.

In their encounter in the “sacred space”, the patient entrusts the physician with his life story. This trust is both an honor and a responsibility. On the one hand, it creates an atmosphere that allows disclosure of intimate information. On the other hand, it entails from the physician the obligation of confidentiality and privacy and provision of medically appropriate care independent of considerations of race, gender, religious creed and profit incentives.

However, modern medicine is witnessing changing trends characterized by complex medical institutions and information systems. These changes threaten to undue biomedical and moral principles that have guided the practice of medicine since the times of Hippocrates.

It is true that advances in medical technology and therapy have brought healing to many conditions that would have been fatal in the past. It is, however, also true that these developments have initiated a spiraling of cost of health care and emergence of cost containment programs such as managed care, health insurance and “third party” payers organizations which have intruded and negatively impeded physician-patient confidentiality and privacy. Further, there is increasing pressure to design pay-for-performance systems. In these systems, there is always the concern that they may lead to worse care by sacrificing quality to quantity of care. In order to improve profit, the physician tends to manage more patients in a shorter period, thus limiting physician-patient encounter.

Amidst the revolution in the medical profession, it is only by abiding to the rules and regulations of biomedical ethics and moral principles that physicians can uphold the aura of the medical profession as an art and the respect of the society for its healthcare providers. It is important to realize that illness disrupts the narrative story of every individual and that healing requires repair of both physical injury and spiritual affect. Both acts necessitate listening, explaining and comforting.

This editorial is not meant to be exhaustive, but to stress the negative impact of some of the changing concepts in the medical profession by the loss of sight of the significance of ethical and moral issues on the process of healing.

It is my sincere hope that physicians in the present and future generations will attempt to reverse the negative trends of the medical profession and uphold its old vision with its beauty and uniqueness.

Last, but not least, I would like to express my sincere congratulations to the guest editors for this excellent issue of the Lebanese Medical Journal (LMJ) on Medical Ethics and my appreciation for being asked to write this editorial.

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1. Cleaveland C : Sacred Space. Stories from a life in medicine. C. Cleaveland, ed. : American College of Medicine, 1998.

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