

LETTERS TO THE EDITOR

I read with interest the article in JLGH Winter 2011 “When the East Meets the Amish.” Having trained at Lancaster General Hospital, I now work in a town of 2,000 in Old-Order Mennonite country, so the article hit very close to home. More important than the actual use of potentially helpful Burdock leaves in the treatment of abrasions and repaired lacerations, the healing benefit of listening, caring, and “taking time” were encouragingly apparent. I found it instructive that a student nurse extern was at the helm in this initiative, as it is often the case that others with more structured schedules and the resulting time constraints may not choose to follow through with “peripheral” patient requests.

My patients are generally honest, hard-working folk with definite ideas of what should constitute healthcare. Even within the community there are very different concepts of the usefulness of “the English doctor.” Indeed, as co-author Yuri Anna Lee wrote, “the smiling” begins when we make contact with time-honored beliefs of the community. We do not necessarily have to espouse each belief, but we must hear and consider them earnestly. When we are at least willing to listen to, and perhaps research the validity of, a patients’ specific treatment request, we validate the patients as a part of the healthcare team.

In this way we rise up in their esteem, and they are more likely to consider our treatment recommendations in return.

This outcome is surely not the only reason to collaborate, but it is a by-product that usually enhances the healthcare partnership, and it often speeds the healing process. In semi-closed societies an additional positive outcome for the physician is often an increase in personal satisfaction and closeness to the patient and family. As the authors note, it was only after Ms. Lee began to work with them as a partner that they began to ask about her as a “person.”

Patients all have backgrounds. It really doesn’t matter whether they are Asian, Amish, or NASCAR. It benefits us and our patients to study about unique treatment beliefs and modalities whenever possible. We each enter the medical realm with our own ideas of what is right, reasonable, and true. Like it or not, each of us will someday become “a patient.” It behooves all of us who treat patients to begin, right now, to consider how we can best engender their trust and partnership through the healing process. Perhaps when it becomes our turn to look up from the sickbed, we will see looks of compassion and caring, from someone who will take the time to listen to our unique, and perhaps even unreasonable, concerns.

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