

Re: patch's gesundheit! institute

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From: Quintal (xavier22_at_MONCULclub-internet.fr)

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On Fri, 26 Nov 2004 00:09:11 GMT, Quintal
<xavier22@MONCULclub-internet.fr> wrote:

><http://www.patchadams.org>
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>*All the healing arts are welcome*
>*All patients are treated as friends*
>*There is no charge for health services*
>*No third party reimbursement is accepted*
>*The health care experience is infused with fun*
>*No malpractice insurance is carried by the Institute*
>*The health of the staff is valued equally with the health of the*
>*patients*
>*The health of an individual is nested in the health of family,*
>*community, society and the natural environment*
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>francom.esoterisme.fr.bio.medecine,sci.med

The Gesundheit! Institute
Patch Adams, M.D.

I entered medical school in 1967 to use medicine as a vehicle for social change. I used my free time to study the history of health care delivery around the world and to look at contemporary models with the idea of creating a medical model that would address all the problems of the way care is delivered. I didn't intend to create a model that would be the answer to the problems; but to model creative problem solving, and to spark each medical facility to design their own ideal rather than succumb to the garbage of managed care, or a resignation to the impossibility of humanistic care. Beginning in the climate of the political "war on poverty," I felt confident that a free hospital to serve the poorest state, West Virginia, would find easy funding and that we would be built in four years. I smile writing this as we enter our 33rd year without having broken ground on the hospital. However, we have asked our architect to go to finished drawings so that we can

begin building as soon as we have funding in hand. None of the journey has gone as I imagined and the vision is so much deeper, more comprehensive and far-reaching as a consequence of such deliberate progress.

The original vision had all the principles we have maintained all these years. There would be no charge for the care. Barter was also not an option. In fact, we wanted to eliminate the idea of debt in the medical interaction as a way to begin recreating human community. We didn't want people to think they owed something; we wanted them to think they belonged to something. We could not conceive of a community that did not care for its people. This also meant a refusal to accept third party reimbursement, both to refuse payment and to sever the stranglehold that insurance companies had on how medicine was practiced. We would have nothing to do with malpractice insurance, which forces fear and mistrust into every medical interaction. We espouse the politics of vulnerability and are clearly aware that we can only offer caring and never promise curing. In such a flagrantly imperfect science, we need the right to make mistakes.

The loudest cry of patients was for compassion and attention, which was a call for time. So initial interviews with patients were three to four hours long, so that we could fall in love with each other. Intimacy was the greatest gift we could give them, especially at a death bed, with intractable pain or chronic, unsolved medical problems. It was natural to insist on a house call to sweeten this intimacy. When I made a house call, I opened every drawer and snooped in every closet. I wanted to know the patients in all of their complexities. An apparent secret in the practice of medicine (so easily erased when business is the context) is how care is bidirectional. This intimacy is as important for the care giver as it is the patient. The bidirectionality of healing is at the core of preventing burnout. The business of medicine has connected the word care with the concept "burden," to describe all who need care, who are not wealthy. But we found the unencumbered practice of medicine is an ecstatic experience.

In spending this amount of time with patients, we found that the vast majority of our adult population does not have a day to day vitality for life (which we would define as good health). The idea that a person was healthy because of normal lab values and clear x-rays had no relationship to who the person was. Good health was much more deeply related to close friendships, meaningful work, a lived spirituality of any kind, an opportunity for loving service and an engaging relationship to nature, the arts, wonder, curiosity, passion and hope. All of these are time-consuming, impractical needs. When we don't meet these needs, the business of high-tech medicine diagnoses mental illness and treats with pills.

What the majority need is an engagement with life. This is why we fully integrated medicine with performing arts, arts and crafts,

agriculture, nature, education, recreation and social service, as essential parts of health care delivery. We knew that the best medical thing we could do for the patients was to help them have grand friendship skills and find meaning in their lives. This is a major reason that the staff's home was the hospital. We insisted on friendships with our patients (made easy by not charging, and giving them our lives). A patient ideally would bring their whole family while they were healthy, and stay a few days as friends, becoming familiar with the hospital (home, sanctuary), so that just being there was relaxing, even healing.

We wanted patients to bring all their interests and skills to essentially become temporary staff as well as patients during their stay. For example, if a car mechanic came as a patient, we could notify the poor in our greater community who might need their car fixed, and have it happen while the mechanic was getting care. The mechanic may also give classes on basic mechanics. All these features help build community, creating a sense of interdependence. Those receiving care can not feel indebted because they become both the help and the helped.

To help promote diversity and truly to be full service in our planned facility, we insist on integrating all the healing arts. Allopathic medicine, including surgery, ob/gyn, pediatrics, internal medicine, family practice and psychiatry, will work hand in hand with complementary medicine, including acupuncture, homeopathy, naturopathy, chiropractic, ayurvedic, anthroposophic, herbal, body work and faith healing. It will be an exciting opportunity to study how they can all work together under close observation. The entire environment will be an example of preventive medicine exploring how to help a patient and their family grow healthy (or at least healthier!)

>From the beginning, social, environmental and global health were felt to be essential as part of our medical practice. There, violence and injustice became medical issues. Unemployment, the discrepancies between rich and poor, poverty, pollution, corrupt governments and economic systems all become concerns of a medical practice. There was always an invitation and encouragement to become involved in social change, even if the individual did not feel it affected their life. We want to build a fine community of people whose ethic is caring for all. Now, we have added to our vision a school to teach social change with the whole community as its laboratory. Agriculture will not just be about feeding people, but an exploration into sustainable agriculture. We'll use designing the community as an experiment in appropriate technology.

One of the most radical parts of the vision was that we wanted all of the activity to be infused with fun. I wanted to build the first silly hospital in history. Foolishness was embraced, often to extreme, in even the most profound of situations. We had fun deaths and bizarre, outlandish behaviors with the mentally ill. In our normal, serious

world with somber medical environments (even though no research supports being serious and thousands of research papers encourage joy and humor as healing), we saw no contradiction in feeling that a hospital could also be an amusement park, even implying it is important for staff and patient.

The ideal staff people we looked for were, by intention, happy, funny, loving, cooperative and creative. I knew the key to the creation of this beautiful model was in the people deciding and choosing to live there; because it is people that really make a model. Ideas can only be as real as the people living them. Politically, our most potent wedge for change would be living happily together, in constant, joyful service, fully expressing our creative selves at extremely low salaries. The point was not to try to teach a staff this, but to find people for whom this was their way of life.

In our first 12 years (1971–1983) we did all this as a pilot project. Twenty adults and our children moved into a large, six–bedroom house and called ourselves a hospital. We were open twenty–four hours a day, seven days a week, for all manner of medical problems from birth to death. Three of the adults were physicians. We saw 500–1000 people each month, with five to fifty overnight guests a night; totaling 15,000 people over those 12 years. We were never sued. At least three thousand of the patients had mental illness and we did not give psychiatric medicines. We referred out what we could not handle. It was truly ecstatic, fascinating, and stimulating. No one gave us a donation and we were 0:1400 for foundation grants, so our staff had to work part–time jobs to pay to practice medicine. After nine years of nobody leaving, most staff said they felt we would never be funded, and wanted to stop. It was the saddest moment for me, for I loved all of them and knew that I had to persevere.

I tried to recreate the work for three more years and realized that in order to continue, I need a facility to support this model of care. Now the job was to raise the funds to build it. It appeared that our ideas were too radical to get conventional funding, and so I realized that we had to go to the people of the world to get the needed funds. The model for that in modern society is through publicity and fame. So I broke a basic tenet of our philosophy—no publicity—and became public. For the last 20 years we have climbed that fame and fortune ladder in hopes that we would attract funds to build our ideal rather than compromise the vision. This went to monstrous extremes in 1998 when a feature film, "Patch Adams," was released with Robin Williams playing me.

These efforts have brought us a three hundred seventeen acre farm in Pocahontas County, West Virginia. The land has three waterfalls, with caves behind one. We built a four acre pond, there is a mountain of hardwood trees and twenty–eight acres of rich bottom land that has had no chemicals on it for 22 years. We have built two beautiful buildings in anticipation of someday building the hospital. Two years ago, with

a little sadness that the hospital was still not built, and a hunger to begin seeing patients again, I agreed to consider reopening with a first phase that would include an outpatient clinic and a school for social change, with residence facilities for the staff. We have asked our architect of 21 years to give us finished drawings for it. We owe no money and have a good start for Phase I.

I could feel frustrated, even sad, that the hospital is still unbuilt. However, in the long run it may prove to have been a very positive time line. After 33 years, we have built a much larger, more diverse, more intelligent, more globally influential model than we ever dreamed of in those first 12 incubating years. Our global impact has affected far more patients' lives and inspired more social change than if we had gotten our funding early on. My failure at fund raising has forced me and our evolutionary staff and friends to expand in every direction and meet a quality and quantity of people that make our greater team of friends and contacts number in the thousands in almost every area of endeavor; especially healing, the arts, and social change. Gesundheit! has indeed become a global mover and shaker active in forty or more countries, expanding beautifully all the time.

When we build the model with people serving it, full and part time, its example will be breathtaking with a process already in place to have an important impact because a variation of that is happening already. The patients of our first 12 years were individuals and families looking closely at their organ systems. The patients of our last 20 years have been communities and societies looking at their organ systems: environmental, social, political, economic. All of these "patients" will dance through the hospital when it is built. I have had to earn the funds to support these last 20 years' activities, with every month being a creative journey of survival. Since the film's release, we're not on such a survival edge, but we have still not raised funds for major construction. The beauty of the journey makes patience easy, especially since every day is wildly exciting and globally influential, regardless of the building progress. This is not to say that the building of the hospital is any less important. On the contrary: it is more important than ever since it has remained, these 31 years, the only model in the U.S. (and one of few in the world) to comprehensively address health care delivery problems. Our example of joyful persistence alone is an important, inspiring model for the changes needed in the world.

We stopped seeing patients in 1983 to devote ourselves to fund raising full time for the hospital, by expanding out into the world. I began lecturing and performing on a wide variety of subjects (fifty lectures, shows and workshops) with every imaginable kind of audience and with as many as eleven lectures in a day. All levels of education from elementary schools to medical schools (most of the ones in the United States and in thirty to forty countries), churches, community centers, conferences and corporations. For most of the time it was for 150–200 days a year and 300 days a year since the film, always all

over the world. A constant flow of publicity and my two books translated into ten languages and the film have made our project part of the medical dialogue all over the world when referring to humanized health care.

During these 20 years our clown healing work has expanded all over the world, so that clowns are now a regular part of hospitals on every continent and this is expanding as people hear the message that it is really about spreading joy in every public space as gestures toward peace, justice and care. I started taking clowns to prisons, foreign countries, even to refugee camps and war zones. For 18 years I've taken thirty clowns from all over the world to Russia for two weeks of clowning in hospitals, orphanages, prisons and nursing homes, as well as airports, subways, streets and hotels. Ten years ago this led to our getting involved in the care of orphans in Russia in work that is now recognized all over. We have taken clowns into the war in Bosnia, the Kosovo refugee camps in Macedonia, the Rumanian AIDS orphanages, African refugee camps, Cuba, China, El Salvador, Korea and Haiti. As I write this, we took twenty-two clowns from all six continents and ten tons of aid for three and a half weeks into the war in Afghanistan. Because this work has connected us with many aid and relief organizations (like Airline Ambassadors), it is now easy to organize huge quantities of people and aid quickly and effectively. These experiences have also gotten us involved in the global conversations on conflict resolution.

All of our gestures of love and fun have been a magnet for beautiful people who want to devote their lives to loving service. Every year thousands of doctors and nurses tell me they would be willing to live and work full time 40 to 60 hour weeks in our hospital for \$3,000/year. Many more want to come part time. Students of medicine from all over the world constantly entreat us to let them come study what we are doing. This may be the most important reason to get the hospital built.

Nine years ago a special group of old and new friends began to come together in a real group commitment toward the dream; our second major staff change. No longer did I have to carry the vision alone because the individuals of this group—though quite diverse in thought and personality—each felt they found a place and readiness in themselves to want to be and work for the now—collective vision. For any project created by one person this is a grand step so that the vision can continue if something happens to the visionary. Another important bonus is that each of them brings their special interests and talents to the project to vastly broaden how the multiple tasks I used to do now get done, and each adds their blessed creativity again enhancing every part of the vision. What it feels like to me is that now everything is in place to make the hospital a reality.

We plan to build a forty-bed rural community hospital. There will be sixty beds for staff and beds for their families in a creative,

comfortable communal hospital. There will also be forty beds for guests who would be healing arts students on electives, ophthalmology teams every three months, plumbers, string quartets, and anyone wanting a service-oriented vacation. There will be 30,000 square feet devoted to the arts in a fully arts-centered hospital. There will be a school for social change and in-depth agricultural programs. It will be funny looking, full of surprises and magic. We'll be exploring how far below the national average our effective operating budget can run—I believe we'll be shockingly inexpensive. Our ideal is that an endowment would cover the annual costs and realize without this we'll find creative ways to pay for its operation.

There will be a forty-acre village to house our children's school (also for sick children and children of sick parents) and other important community experiments, like how to integrate all ages in a fun, healthy way. Staff persons who've served for four years and want a little distance from the intensity of the hospital can create their fantasy living space in our village.

I want to tell all readers that the journey has been heavenly all along the way. Simply being in an idealist quest is its own reward. I've never felt I've sacrificed anything or thought it was a hard journey. Hard would have been having to work in corporate medicine and lie to patients and myself every day. My concern for humanity's future drives me to want to put whatever efforts I can to changing everything that hurts people and nature. The Gesundheit! Institute is that for me, and so many others.