Chapter 11
Faculty Health and the Crisis of Meaning: Humanistic Diagnosis and Treatment

Thomas Cole and Nathan Carlin

Abstract Recent concern for faculty health is a symptom of the damaged situation of contemporary health science centers; our human infrastructure is being compromised. This chapter argues that problems in faculty health often grow out of a crisis of meaning and identity that confronts health professionals increasingly unable to live up to their highest values and ideals. Recent trends in bioethics have emphasized concern for the patient as a whole person, but the patient is not the only whole person in the consulting room. Very little attention has been paid to the legitimate needs and concerns of the physician. Likewise, the research scientist is more than a machine for turning out grants and publications; yet the personhood of the researcher is almost nowhere acknowledged. This chapter offers perspectives from the humanities on faculty health. First, it sketches a historical context by locating faculty health within the recent crisis of academic health centers. Second, it uses the philosophical concept of “ethical violence” to cast new light on how academic physicians and scientists come to suffer and develop disease in striving to live up to their professional ideals. In conclusion, it discusses specific methods and programs in which the humanities and expressive arts provide avenues of reflection, release, and personal growth to replenish those whose work life requires, but virtually excludes these essential ingredients of meaning. Ideally, these programs will be part of a conscious commitment to compassion and care in institutional culture.

Keywords Academic health centers, history, health, personhood of physicians and scientists, humanities, ethical violence

On the plains of the upper Midwest, there was a time when farmers lost their lives during a blizzard. Early in the morning, they went to the barn to tend to the animals.

T. Cole
Director, John P. McGovern Center for Health, Humanities, and the Human Spirit, University of Texas-Houston Medical School, Houston, Texas, USA
e-mail: thomas.cole@uth.tmc.edu

N. Carlin
Rice University, Houston, Texas, USA
When they came out to return to the farmhouse, they were blinded by a fresh snowstorm, lost their tracks, and froze to death in their own backyards. Over time, at the first sign of a blizzard, farmers learned to tie a rope between the house and the barn to find their way back home [1]. We live in a different yet no less-threatening blizzard today. We live and work at a time of crisis in academic health science centers, amidst a technocentric and dehumanized medicine, within a broken and unjust system of health care. And, to borrow a phrase from the Beatles, we are looking for ways to get back home.

Recent concern for faculty health is a symptom of the damaged situation of contemporary health science centers; our human infrastructure is being compromised. Our situation, of course, is neither unique nor isolated. Twenty-first century citizens in general are buffeted by the cold winds of globalization, the dizzying electronic pace of virtually everything, the vulnerability caused by a shrinking safety net, terrorism and warfare, and the alarming deterioration of our environment. All of us carry the weight of these trends to our life’s work. Those who work in academic health centers face particular institutional strains caused by a marketplace restructuring of health care, a shrinking safety net, more indigent patients to care for, and declining federal support for research. Health, as an AAMC task force put it in 1999, “is not just the absence of disease but … includes a sense that life has purpose and meaning” [2, p. 24]. Health is a process through which individuals maintain this sense of coherence and their capacity to function in the face of internal and environmental changes [3]. Problems in faculty health, this chapter will argue, often grow out of a crisis of meaning and identity that confronts health professionals increasingly unable to live up to their highest values and ideals.

Recent trends in bioethics have emphasized concern for the patient as a whole person, but the patient is not the only whole person in the consulting room. The dehumanization of contemporary medicine affects faculty and caregivers, as well as patients and families. Very little attention has been paid to the legitimate needs and concerns of the physician. Likewise, the research scientist is more than a machine for turning out grants and publications; yet the personhood of the researcher is almost nowhere acknowledged. A blizzard seems to separate daily working lives from the purposes and meanings of academic medicine.

Our chapter is rooted in the medical humanities, an interdisciplinary field which has grown up in the last 35 years to address fundamental human issues generated by new scientific knowledge and technological capability. Beginning in the late 1960s, and influenced by the atrocities of World War II and the Nuremberg trials, leading physicians, theologians, lawyers, and philosophers realized that scientific medicine—a profession that had explicitly detached itself from broader frameworks of meaning and value—was not intellectually equipped to handle the moral and existential questions produced by its own power [4]. As a result, entirely new fields of academic inquiry, education, and professional practice—known as bioethics and the medical humanities—arose to grapple with problematic issues such as the protection of research subjects, the goals of medicine, the definitions of death, the rights of patients, the cessation of treatment, the meaning of illness, and the distribution of health care resources.