



Oration, Fellowship and Awards Ceremony 2024

Dr Lucy O'Hagan

Talofa lava
Namaste,
As-salamu alaykum
Mingalaba
Zdravstvuyte
Mālō e lelei
Xin chao
Ola
Dobry den
Neih hou
Kamusta
Selamat siang

Tēnā koutou katoa.
I whānau mai au ki Winton,
kei te noho au ki Waikanae,
nō Hāwea ahau.
Ko tēnei taku mihi,
ki ngā tangata whenua o Te Waipounamu,
me te motu o Aotearoa.
Ko Lucy O'Hagan tōku ingoa.
Nō reira, tēna koutou, tēna koutou katoa.

For many years I have visited a man in his hut. He suffers greatly. He has pain everywhere and nowhere. Nothing is wrong and nothing is right, and indeed what ails him is still a mystery despite my regular visits.

He never seems to get better, that man in his hut with no power, and one cold tap, and a long drop toilet up a grass path, that I have managed to avoid using, despite him offering me the convenience of it many times.

He regularly requests me but does not want anything I offer; all my tests, medications, specialist referrals and even acceptance and commitment therapy seem



repugnant to him, so I only occasionally speak, usually a question, although sometimes I get away with, a wondering.

I mostly just sit in his ancient armchair and listen to matters that seem unconnected. I've often wondered if I might be more helpful to him if I took my gloves and multipurpose cleaner and wiped down the inside of this long drop tin shack, to make the toilet seat more appealing to the visitors that do not come these days, but might come if they didn't have to face squatting above the dark cavernous collection, of his shit in a hole but could in fact relax on a clean seat.

And I get them, those visitors that don't come. It's hard to swallow tea from a cup that's been rinsed in a bucket of grey water.

Despite these strange, perplexing, going-nowhere visitations, where I too felt vaguely violated, I found myself growing to like him. On one particular visit, in which I was subjected to the usual rank and spittle and sour milk, but during which we also managed to laugh together at the utter silliness of the world beyond, on that particular day, that seemed no different to the others, just as I put that teacup to my mouth and swallowed, out of the blue, he wept.

I've always wondered if we could have got there a bit quicker.

Today I want to talk about grace and belief. Grace and belief are not words what are often used in the same sentence as medicine or general practice. So, I need to take you on a slightly circular journey to bring you with me.

I have been very fortunate to do postgraduate study in the social science of medicine: the philosophical basis of general practice, medical anthropology and narrative practice. This study has been inspirational and thought provoking and has allowed me to step back from the world of tick boxes and performance targets, 15-minute craziness and my overflowing inbox to reconsider what really matters.

It started when I was a GP registrar in 1995. I read Prof Ian McWhinney considered the grandfather of general practice. He rather wisely said 'In the end people are healed by love.' McWhinney described this love as caritas, 'to love in this way is to seek the good in the other person, unconditionally.'¹

Then there was Eric Cassell who said, 'the fundamental goal of medicine is the relief of suffering'² We might do this with surgery or pills or plasters, but it is the relief of suffering that matters.

Narrative practice showed me that a consultation is an awkward collision of medicine and story. Awkward because medicine is science and requires us to be objective, rational and detached but story is visceral, story stirs our souls and our senses. We need to do the medicine well but unless we can engage with the patient's story, with all our senses, we will not relieve anyone's suffering, and may even create more.



Cecil Helman who was both a GP and an anthropologist compared the world of traditional shaman to a general practitioners. He notes 'The shaman's job like that of any healer, is to give meaning to suffering, to give it shape and form, to impose order on the random chaos of personal misfortune.'³ Sounds like a GP to me!

He also notes that while doctors answer the question what? What is wrong with me? The shaman answers the question why? Why has this happened to me. It is in the 'why' that people find meaning and create future story out of illness.

Arthur Frank's seminal book *The Wounded Storyteller* taught me about the 'chaos narrative', where 'troubles go all the way to the bottomless depths...What can be told only begins to suggest all that is wrong...Chaos is told in the silences that speech cannot penetrate ... To turn chaos into a verbal story is to have some reflective grasp of it...'⁴

This was my man in his hut.

Chaos stories are hard to hear but Frank goes to say, 'people can only be helped out of the chaos narrative when those who care, are first willing to become witness to the story.' We witness these stories every day.

This world of western academia has profoundly enriched my thinking but this year I have challenged myself with something new; a course called kaitiakitanga, a mātauranga Māori way of seeing relationships of care and support. This might be as a GP or mentor or teacher, but we can also be kaitiaki for friends, colleagues and family.

I have committed to attending eight weekend noho marae in eight months. I am in a wharenuī at a wānanga with 45 people, I am one of only three Pākehā, I am the only doctor. I am 'other', but I am experiencing manaakitanga.

I am immersed in another way thinking and being and learning. There are no power points, no bullet points. We are honouring an oral tradition, learning as a collective that holds all of us. In my culture we declare, 'I think therefore I am' but in this place we embody 'I belong therefore I am'.

We wānanga the values and principles that might guide us as kaitiaki. At times I'm floating in a sea of kupu, absorbing nuanced, multidimensional meaning.

Kaitiaki; ake ake te ti, literally to draw out the light in the other person. Find the light and turn it on. Imagine if we had a performance standard for that.

Aroha. Aro, pay attention to. Ro, inner. Ha life force, breath. Aroha, pay attention to the inner life force. Aroha, to build a bridge, reconnecting the disconnected.

Whakawhanaungatanga. Whaka, to cause something to happen, intend. Whānaunga, a blood relative, kin. Tanga, quality of. Imagine if we saw each patient as our metaphorical human kin?

Manaakitanga. To manaaki the patient we might greet, encourage, or grow their mana.



Whakarongo, to listen but also to hear, to taste, smell and to sense. Perhaps whakarongo, this sensing, is our most profound skill in our consultations?

But what I am aware of most is that a spiritual life is in the whare, the kōrero is seamlessly woven with wairua, tipuna, Papatuanuku and Ranginui. We sense and respond to the mauri in the room. We are encouraged to think about seeing our kaitiaki role as creating mauriora, a vibrant energetic engaged and positive state.

I was brought up Catholic, so spirituality is not altogether unfamiliar, but I realise that the world I inhabit now is very secular, the values in my culture are success, a better car, a fancier holiday. We seldom discuss how to be a good human being. We do not talk of the soul.

I drive home from the wānanga both exhausted and energized. I have the feeling I have passed through another cultural world and now I am circling back around to my own knowing, but I am changed. What does this all mean in my world, for my work as a GP?

And the words that floated into my head were grace and belief. Being a GP requires grace. Grace means to be calm, at ease, witnessing the suffering that walks through the door. To be graceful in a consultation might mean we tread lightly and nimbly, steady in the face of whatever comes.

Belief is hope, trust that things can get better, belief that this patient has the capacity to step forwards into a new story. Belief that some power bigger than us, will spread some magic. And magic happens. The man in his shed cries and tells his story.

Belief might be the most powerful medicine we have.

A year ago I turned 60 which was fairly traumatic because it suddenly dawned on me I was no longer one of the young doctors
I reflected on what it was like starting out as a young GP and I wrote

A letter to my younger self. ⁵

Dear Lucy.

There's a lot of stuff you need to know, that you haven't been taught.

So, be curious. Ask questions, don't accept answers. Not much is true or black or white. Be a grey area specialist.

Listen to your patients, because they will teach you about life, and it is life you will swim alongside every day.



Be a good diagnostician, but don't deliver your diagnoses too proudly, you'll be backtracking in a nanosecond.

Don't be a tosser.

Be suspicious of evidence carved into stone tablets. Evidence will change multiple times in your career and sometimes go around in circles to the place it started. Follow it but trust your instinct.

Keep off high horses.

Objectivity is great in an emergency but not many of these happen in general practice, so don't let objectivity block your senses.

Sense when you have got it wrong. Don't blame the patient. Even a little.

Don't be a dick.

Be happy not knowing. Sometimes it's not you that needs to know.

Being a scientist can be fun but be prepared to be a mechanic or magician or cheerleader or a sponge to be squeezed out later.

Tick boxes for the bureaucrats then tell them, that in real life, it's the healing of stories that will fix their statistics.

Always guard some place for storing secrets.

Observe your nurses, they could teach you a thing or two.

Sit in the waiting room once in your life, and witness the power of welcome, and the sound of grace down a telephone.

It's not all about you.

Realize the patient is interviewing you, as much as you them. As well they might.

Don't harass the smokers and drinkers; you are asking them to give up their best friend.

Ask to meet their friend, yarn with their friend and see where they fit in the story.

Don't lecture the vaccine hesitant. Love them like you mean it and tell them to come back when they need another shot of that.

Don't pass judgement on the waist circumference, because later when they see themselves naked, they will remember your gaze of righteousness.



Don't lecture the non-compliant because their relationship with your pills might be indecipherably messy, in a way that cannot be said to a doctor who insists they must be swallowed.

Make your patients' tails wag.

Be yourself. Prescribe yourself liberally because you could be the medicine, called listening, hope, kindness, reassurance, laughter and love.

Hold hope like a life depends on it. It might.

Be in terror when the stakes are high but know that it is always too soon to panic. You can cry in the toilets later.

Look like you can be tough, but mostly be soft, light, care full, comfortable teetering on your back foot.

Know your colleagues. I mean really know your colleagues: their birthdays, their kid's names, who they pray to, what their mother calls them, what makes them quiver and hoot. Go towards them when they trip, or cry, or disappear, or become embittered. They need you. Even if they are dicks or tossers.

And stop trying to be perfect. You're not Jesus.

Know yourself. Greet yourself kindly, as you walk life's *good enough* path with the rest of us.

Laugh. Laugh at yourself, laugh at medicine, laugh at the madness of what we are trying to do in so little time.

Know that things can be made better, starting with yourself.

Know that you are marvellous. You have heard it from me. And when the voices of doubt creep in, when the stuff of life humbles you, when you are drowning in the shame of failure, remember, you are still marvellous.

Learn to love, even the unlovable.

Eliminate internal eye rolls.

Sit steady in the storms that pass through your room, hold on tight, be un-rocked.

And trust.



Because in the end that is the treatment.

Fix the things you can, but don't be grandiose.

The patient is on the hero's journey, not you.

Be a safe place for stories. You.

Be a story-doctor. Some stories are short. Others are a complex labyrinth with no end in sight. Some stories will make you rage or cry or keel over with exhaustion. Be still and breathe and take the blood pressure if you need to.

But know this; the blood pressure, the Xray, the diagnosis and the prescription are just characters in the story of a life, but they are never the main character.

And neither are we.

And just when you were wondering if I am in fact a real doctor here is a photo of me taken in PPE in early 2020. *Waiting for Covid* is a series of short stories and reflections I wrote during the pandemic. If you haven't listened, just google *Waiting for Covid*. https://www.nzdoctor.co.nz/article/news/waiting-covid-podcast-lucy-ohagan?mc_cid=e9f7305ceb&mc_eid=a5d6347a68

GPs were amazing during Covid and so was the College. Collectively, we are legends.

Te hei mauriora!

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