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Hubris, Humility and Healing

"Pride goeth before destruction, and an haughty spirit before a fall. Better it is to be of an humble spirit with the lowly, than to divide the spoil with the proud."

- Proverbs 16:18-191

There is justifiable pride in completing the arduous journey: the 4- to 5-year post-baccalaureate Doctor of Medicine degree capped with a grueling year of internship, passing the professional licensure examinations, obtaining a 3- to 7-year post-graduate residency training, hurdling Diplomate specialty board examinations, perhaps even completing a 1- to 2-year clinical and/or research fellowship subspecialty qualification and becoming a full-fledged Fellow of a specialty society, college, or academy after a 2-year probation or initiation period. A full 15 to 20 years after High School, you are finally on your own. Armed with encyclopedic knowledge and cutting-edge skills, you confidently (even cockily) set out to conquer case after clinical case as you "exercise awesome power over life and death."2 You may even succeed in your campaign for some time, and pride can easily bloat out of proportion into hubris -- "excessive pride toward or in defiance of the gods, leading to nemesis."3 Thus was the weaver Arachne transformed into a spider after challenging (and being defeated by) the goddess Athena.4

Unfortunately, Arachne was oblivious to her web. You would not be where you are were it not for the countless people who directly or indirectly supported you throughout your journey. Your parents and family, clan and community, teachers and classmates were certainly there. But more than them, the nameless--even faceless-- others whose lives and services (yes, including the cadaver you dissected in anatomy) made yours possible were also there. Ultimately, many others had to die, figuratively and literally, so that others-- you included-- may live. The very persons you now perceive as patients represent the collective people (living and dead) who made your becoming a physician possible. You owe them.

If you still have not learned by now, patients are not cases to be solved but persons to serve. Engaging whole but broken people, people in pain or dis-ease, entails more than expert knowledge and sharply honed skills. As Sir William Osler said, "To know the patient that has the disease is more important than to know the disease that the patient has."5 Head and hands are worthless without heart. Competence needs to be motivated by compassion and enabled by communication. It has little place for pride and none for hubris. On the contrary, its primary stance is one of humility—true concern for others as opposed to self-concern: 6

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EDITORIAL



"Do not imagine that if you meet a really humble man he will be what most people call 'humble' nowadays: he will not be a sort of greasy, smarmy person, who is always telling you that, of course, he is nobody. Probably all you will think about him is that he seemed a cheerful, intelligent chap who took a real interest in what you said to him. If you do dislike him it will be because you feel a little envious of anyone who seems to enjoy life so easily. He will not be thinking about humility: he will not be thinking about himself at all."

This concern for others, rather than for the self, may mark the so-called "sweet spot between hubris and humility" where one feels "small and insignificant but empowered at the same time." Being confronted by and surmounting the tension between life and death with each patient encounter (some more than others) redefines and reinforces this spot over and over again -- but not without taking its toll. After so many years, a part of me still dies with each patient's death. I suppose that one cannot deal with wellness and illness, and living and dying, without sustaining collateral damage in the process— far beyond the inevitable wear and tear that accompany our own aging process. And this is a truly humbling realization.

We can choose to wallow in self-pity and even despair. Or we can bracket our pains and concerns, and practice the compassion of the wounded healer, where "in our own woundedness, we can become a source of life for others." Compassion is enabled and concern communicated when we ourselves embrace pain, dis-ease and brokenness—ours, as well as that of our patients. It is not easy, but we fully begin to serve as worthy instruments of healing when with each death, we die; and with each life, we live again.

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