Personal Papers

Learning from and with each other

CLAIRE GRAHAM

I decided that I no longer believed in God. A Moslem housewife, a Dominican monk, and a student rabbi reassured me. There was no need to worry, my faith would return.

That was how I left a week of dialogue between three monotheistic religions earlier this year. Seventy people learning faith, understanding, and tolerance through discussion and cooperation and communal living at a conference centre on the Rhine valley in Germany. Jews, Christians, and Moslems from various parts of the world, all at present living in Europe. It was a week of emotional and intellectual trauma, hardly a holiday. Early morning wakening was one feature, tossing and turning over my new found weaknesses and faults. Why is it that I can feel antagonistic to my patients who cannot speak English? Probably because of my own inadequacy at speaking any foreign language and having to rely on interpreters for any words spoken in German. It was a week of self learning and a struggle of personal identity. A week of warmth, trust, and friendship.

Doctors' needs

An East German professor of theology addressed us on reinterpreting the New Testament in the light, or shadow, of the holocaust. He told us a parable from the *Breslauer Sonntagsblatt* in 1933:

The minister standing by the altar said, "All non-Aryans are requested to leave the church."

No one moved.

"All non-Aryans are requested to leave the church."

Still no one moved.

For the third time he announced, "Non-Aryans are requested to leave the church immediately."

At that, Christ descended from the cross and left the church.

If Jesus had been alive in 1942 he would have been murdered along with his fellow Jews in the gas chambers of Auschwitz. Other people spoke openly and bravely. A white Jew spoke of his marriage separation from his black Christian wife, and a monk talked of life in a religious community. An Imam living near London spoke of his youth in Pakistan and the success of his own arranged marriage, but his desires for his own children growing up in England to be able to choose their own partners. We all prayed and talked and ate together. There was no idea of conversion. We trusted each other.

On Wednesday afternoon I was left feeling cold and empty after an exercise to try to identify for ourselves where we need support in our own lives. There were about 12 of us in the group, mostly working in the caring professions. We had to choose a partner and describe to each other a typical week. I started with a weekend off and ended with a weekend on. I found the exercise hard and depressing. Why the hell do I spend so many days and nights confined to the hospital—80, 100, 120 hours a week? Where do

junior doctors turn for emotional support in their work? Doctors spend days listening and caring for others on the most sensitive issues of life and death. Who cares for the carers? Sometimes, but not often enough, another junior doctor with whom there is a bond of trust and respect may be willing to share emotional experiences rather than just their team's latest clinical rarity. No junior wants to tell his consultant his weaknesses and worries—that is, those that are not already apparent in the course of work. You show your brave face to your consultant in the hope of a good reference.

At the mention of any problem apparently unrelated to the organ or system concerned the consultant so often says, "Doctor So and So will sort it out" and glares at the most junior doctor present. Sort it out. Sort out the emotional, the social, the relatives, the referrals, the drugs, and the drips. I do enjoy the sorting out, but sometimes it is too much. Once I cried with a young wife whose 33 year old husband had only a few more days to live. Usually, I confide my worries to my husband and try to confine any visible emotions to him at home. How can we be adequately sensitive to the needs of others and understand their feelings without having feelings ourselves? I talked to my husband for hours that evening and we decided that I should chat to Father Gordian who had been at the "support" exercise that day.

Supporting, not necessarily curing

I spoke to Gordian on Thursday and we decided to meet after the evening lecture, at about 10 o'clock. My husband was at that hour engrossed in his Arabic lesson, a Jew being taught by a Christian. We decided to walk and talk. We walked up the hill in the moonless night, a narrow road through the forest. I could hardly see the edge of the road and was sure that I would trip into a muddy pothole by the roadside. Gordian reassured me. I was in the middle of the road all the time. I talked openly about my work and the way that I, as a person, interact with it. I talked about the doctors and nurses, and about my participation with my patients' lives and deaths and struggles and how as a doctor I can best support, but not necessarily cure them. It was wonderful to feel so listened to and understood on a professional level, my ideas made clearer or just gently pulled apart and retaught. We do that every day for our patients; who does it for us?

During the week I learnt about other people's views and worries about medicine. An Imam told me about having to visit his non-English speaking coreligionists in hospital. A Jewish lady asked me about cancer of the bladder—her father had just been diagnosed as having the disease.

I bowed with the Moslems, I watched as Catholics and Protestants took communion together, and I sang songs of praise in Hebrew. A rabbi preached: "we are three variations on one eternal theme... it is as we are that God created us and gave us three holy paths on which to journey towards Him. Perhaps that is how we must understand anew the words of the prophet Isaiah 'Holy, Holy, Holy is the Lord of all creation, the whole earth is full of his glory.'"

A group of us, a dozen or so singers, Jews, Christians, and Moslems, sang songs of peace together in five different languages, in Arabic, Hebrew, English, Dutch, and German, and we sang that

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wonderful verse from Isaiah, "Nation shall not lift up sword against nation, never again shall they train for war." We studied the Koran, the Hebrew bible, and the gospels. We asked questions and others tried to answer them.

Up a narrow winding footpath behind the conference centre is a cemetery. Too many of those buried there have no living descendants. It is a Jewish cemetery. One grave of a man bears a memorial to his wife—deported 22 March 1942. On 22 March 1985 Jews, Christians, and Moslems climbed the hill together to offer a Jewish memorial service and to light a candle. Some people were moved to tears, Jews, Christians, and Moslems praying together that Auschwitz will never happen again.

My white coat pocket has acquired another book, *Teach Yourself*

German. My diary is filling up. A day to visit Mrs Kahn to learn how to wear a sari, some time to talk to Mrs Cohen who just happens to live round the corner, and we are going to visit a local mosque and have tea there one Sunday.

Everyone needs an escape valve when times are difficult. Perhaps doctors are scared to acknowledge their own weaknesses in front of a community that holds them in esteem. Perhaps if we were more open we would be better, stronger doctors.

I learnt a lot that week. Every moment was a challenge and the rewards were great—a deeper knowledge of the people and communities with whom I live and work and a greater knowledge of myself.

And, by the way, I think I believe in God again.

Appendicitis in Omsk

DAVID TOMSON

It seems hard to believe that it happened, as I sit here convalescing in an English country garden surrounded by the warmth of family and what I hear is a fairly rare appearance of the sun. But a now well healed laparotomy scar, four drain holes, and a still open grid iron wound confirm that in fact two weeks ago, almost to the hour, I was lying on an operating table under the knife of a fine Georgian man with sparkling eyes and a good Cossack nose, called Goram. The place—Omsk, central Siberia, east of the Urals, USSR. But it doesn't really begin there.

It had long been the plan that while coming back on the Trans-Siberian Railway from three months in southern China, I would take an intermittent photographic panorama of half the world. Every four hours I would record the scene. I never finished it, but perhaps I could give you some word pictures that are as permanently fixed in my memory as ever my pictures are on celluloid.

Beijing (Peking) railway station: 7.30 on Wednesday morning, carriage 6, two doors from the Chinese restaurant car. My companions: Francis, a friend, a medical student, a smiling Buddha (Chinese food had done nothing to reduce his girth), a seven week intensive student of acupuncture, and John, a footloose Australian on his way to relations in Latvia. A spare bunk was piled high with Chinese scroll paintings, model acupuncture men, and other goodies we were hauling home.

Down the corridor were as varied a bunch of travellers as you could wish for. René, a Dutch version of Sherlock Holmes complete with twinkling eyes, enormous green cloak, and a long stemmed pipe. An itinerant Argentinian who, when offered beer, proceeded to pour it liberally on to his hair, claiming that it was much better than shampoo. (It didn't look as though he had done many trials, controlled or otherwise.) Fifty seven Germans, who had proudly spent twice as many dollars in 25 days rushing blindly round half the world as Jill had spent in eight months doing voluntary work in a leprosy hospital in Thailand, and finally six Finnish anthropologists, who turned out to be both excellent company and excellent hairdressers.

First symptoms

Click. The plains of Inner Mongolia, the eastern tip of the Gobi, the vast uplands of Outer Mongolia, Ulam Baator, the blue expanse

of Lake Baijkal edged by melting ice floes, and the first of endless silver birch trees.

Click. A niggling stomach ache outside Irkutsk. No one recommended the Russian dining car so perhaps it was the Chinese friendship store's Spam. Nothing that a little acupuncture treatment wouldn't cure. Enter the thin, bearded medical student lying on the bottom bunk. Small silver needles placed in the webs between first and second toes, two larger ones lateral to the tibia two Chinese inches below the patella—Zusanli point—a general tonic point; another couple neatly inserted two cun from the navel and a couple more on Hegu in the hands. The Chinese cabin staff didn't bat an eyelid. Such activity is the fried rice and prawns of the Trans-Siberian. Unfortunately the pain didn't take much notice either.

Novosibirsk. "What about a doctor?" "No, it will turn out to be gastroenteritis." "I've just read the acute abdomen (with final exams three weeks away and having done no Western medicine for three months this was the first attempt at revision) and I don't think it's appendicitis." "No, you can't walk with appendicitis." (You see, the Trans-Siberian reaches parts other train rides leave alone.)

Four hours from Omsk, 11.00 pm. Somebody's sign positive, somebody else's negative—guarding but not rigid. The pain was getting worse. Even the driver had caught a flavour of the drama, and we arrived in Omsk a quarter of an hour early. They had alerted the doctors. I was to be examined on the train.

Russian operation

I had heard that the Russian middle aged population shared a tendency with the Italians—that is, a propensity to spread—but this was ridiculous. Swathed in Siberian coats and scarves, the question was would she, the doctor, get into the carriage—head on, sideways, or with a run up? Like a champagne cork she teetered tantalisingly at the door before finally arriving in a flourish. Shades of Mervyn Peake, but this was real and so was the huge metal tool box out of which came an ancient stethoscope. There was no mistaking the slow thoroughness of my examination and no doubting the decision. I was to go to hospital in Omsk.

Rushing through the pale Siberian night, through Omsk—city of Dostoevsky's exile—closed city without a cathedral ("so the foreigners wouldn't be interested to visit it anyway"). Omsk—city of the most wonderfully caring and efficient nurses and doctors, city of the surgeons in chefs' hats. Omsk with Goram, who saved my life more or less.

Lying still and peacefully, I surveyed the Russian intensive care unit, clean and white, all reusable. I felt safe and cared for. I had known for some time that for the patient a good nurse is worth 10

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