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WHAT THE WORLD NEEDS NOW IS HUMILITY

Cory J. Ingram
Family Physician, Palliative Care, Mayo Clinic, Rochester, Minnesota, USA
ingram.cory@mayo.edu

Humility is not a theme I recall being taught during my medical education. Frankly, it was never addressed at any point during my training. The medical literature is as anemic on the topic. Stemming from the Latin word *humus*, meaning earth, one might consider humility to being analogous with being well grounded. Some have named various qualities to humility: openness, an attitude of unknowing, curiosity, innocence, spontaneity, tolerance, spirituality, patience, integrity, detachment, awe, and letting go. The application of meanings and qualities of humility into real world actions and interactions is what speaks to me. What is the potential of humility as a verb? One appealing action is that humility allows for different interpretations of the same event. Humility facilitates a space for self-growth. In the context of relationships, humility lends opportunity to re-frame our own opinions and be open to others' perspectives. I have come to identify listening as exemplifying humility. It translates as being present with another human being, in silence, with attention to fully understanding what they are communicating.

A novice in the field of medicine, I worked as a junior internal medicine house officer in Bronovo, a hospital in The Hague. It was a coveted residency and I felt fortunate and honored to train there. I bore responsibility for the care of internal medicine patients in an era predating emergency room physicians. So, between the junior house officer from surgery and myself, the nurses were forever occupied making certain we did not harm the patients under our care from the emergency room to the ICU/CCU and all the wards in between. Looking back, I had far more responsibility than knowledge and experience combined. I practiced medicine out of quick reference handbooks *en route* to the next medical crisis.

It was common to go in on a Friday morning to emerge back into the world on Monday following sign-out. It was in one such moment that I felt the overwhelming urge to scream to every passerby. "**Do you know what is going on in there?**" Have you ever felt like that? I imagined my experience was similar to that of family members who had left the hospital that weekend following the health crisis or death of their loved one. They must have wondered, "Why the world is still going on as if nothing has happened?" Especially, when their world had just come to a screeching halt. I felt that way too.

It was on a Friday afternoon at Bronovo that I encountered my first patient with fulminant AIDS. In 2001 that was an uncommon clinical presentation in The Netherlands. Initially I missed the diagnosis. He was a healthy-appearing middle-aged man who had presented to the emergency room with dyspnea on exertion and profound hypoxia. We administered oxygen and started the work up. On the light box, his chest X-ray resembled heart failure to me, a young junior house officer. His blood tests were normal outside of the arterial blood gas I had drawn from his right femoral artery and one blood test, his elevated LDH, did not rhyme with anything I could piece together. I reviewed the case with the cardiologist who agreed to admit the patient to the coronary care unit for further evaluation.

Not long thereafter, my residency director stopped by to say good-night before heading home for the weekend. I shared my concerns about the gentleman because I lacked a good idea of what was going on given the elevated LDH and overall clinical presentation. I did not consider any negative ramifications for not knowing the right answers. My director sat down and listened as I presented the case. As an infectious disease physician, he instantly knew what the diagnosis was. Together we went to the CCU and transferred the patient to the ICU and initiated the proper treatment. Humility had served the situation well. My director had listened; I had been vulnerable. Humility had created an environment for a "don't know" mindset where my concerns could be heard. The cardiologist was humble and appreciative to have the patient's care directed in the correct direction shortly following admission.

Just a year later, I was an intern at the University of Nebraska. North America long had emergency room doctors. So, this time when I was called to the emergency room for a middle-aged hypoxic gentleman I was expected to admit him. This patient had recently returned from China while SARS (Severe Acute Respiratory Syndrome) was spreading worldwide. Otherwise healthy people were dying from SARS. I remember walking to the emergency room with my senior resident. I was genuinely scared. I felt particularly vulnerable for my own health. Having just returned to the USA, my wife and I were expecting our first child. I was concerned for them and felt anxious, "Would I be there for them?" I remember prioritizing self-preservation above caring for this gentleman. I was fearful about seeing him. When "self" becomes more important than others humility fades. Subsequently the gentleman worsened and required ICU level of care i.e. my unit did not need to admit him. The ICU team did so and honestly, I felt relieved. Now I am humbled and ashamed of that moment in my career.

During the COVID-19 pandemic in March, 20 years into my medical career, I wandered through near empty corridors at Mayo Clinic. New York hospitals were at peak capacity; people were becoming ill and dying at alarming rates. At that time, we essentially had shut down all clinical services outside of acute hospitalizations where our team provides consultative hospice and palliative care services. This resulted in tremendous financial losses. In an incredible act of solidarity, the Mayo Clinic leadership instituted salary reductions and furloughs to steer the clinic through the crisis, back to opening in the fall. Talk about a shared experience and vulnerability of life and livelihood. Talk about a humbling experience.

This pandemic period has become the most difficult time for people to die from anything, including COVID-19. Visitor restrictions in hospital and nursing facilities are necessary, however, people are more isolated and lonelier than ever before. Families are separated at an important time of life and complicated grief is more prevalent. Post-death rituals are disrupted, scaled back, and postponed. The longer-term impacts of complicated grief on society is yet to be known. Adult children have threatened to break into their loved one's room. I have heard people refer to the entry check point screening areas as the *gestapo*. I have advocated for end-of-life cases for easing of visiting restrictions so people can spend the night with their dying loved one or get a better visual and visceral appreciation for how near the end of life their loved one is when discussing end-of-life care.

Isolation of clinical staff is changing our experience in caring for patients. Group rounds have stopped. Staff are working remotely. Clinical teams are interacting less in-person. We are treating patients through telemedicine. We seldom shake a hand, give a hug, or even share a non-masked smile with each other and our patients. The impact on non-verbal communication is palpable. We are teaching students, residents, and fellows through tele-lectures. We do not have a cup a coffee with anyone in the staff lounge where previously good medicine was shared.

Still a husband, now with four children, it is without hesitation that, I along with my colleagues, have answered the call to server with an unequivocal "yes." I have volunteered for every service that needs coverage. I have accepted COVID-19 patients and created unique situations for patients and families to cope with the situation within the restrictions of the pandemic. I have worked within our teams with much pleasure and joy during the pandemic. I believe it all comes from a place of sincere humility to share this experience with others with an openness to their vantage points. None of us really know. We are learning as we go. We are cautious and caring. I am all eyes and ears; just listening.

With that in mind, I still have that feeling I had long ago when I stepped out of Bronovo on that Monday morning. Sadly, when observing society through the news, social medial or other venues I am struck by the polarized nature across topics, from border closings, race relations, climate change, masking, return to school, return of sports, voting, and policing. It all just makes me want to scream to society, "**Do you know what is going on in there?**" The pandemic is the largest globally shared human experience in my lifetime. If humility were a guiding force, I would expect us, as a society, to be able to listen to each other, appreciate

various points of view and have gratitude for each other. Humility as a guiding force that can heal the divides and calm the unrest. It may not be the humblest title, but what the world needs now is humility. ■