



Working at the Wheel

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The family physician takes many turns though a life in practice. Ours is the only medical specialty that sees a patient through the entire cycle of life, from birth to death, or even birth to birth. (One mark of maturity for the family doctor is when you start delivering babies of the babies you delivered.)

Wheels figure big in medicine. We memorize the Krebs cycle, learn the circle of Willis and consult a pregnancy wheel. We make rounds. We organize our learning in clinical rotations. We polish our work with rapid-cycle quality improvement. We all want to avoid the dreaded hamster wheel.

Wheels are also powerful traditions in healing. The First Nations Peoples of North American used the medicine wheel as the centerpiece of their sacred architecture and healing practices. It symbolizes the cyclic process of life, nature, and change and the interdependence of relationships. In Hinduism and Buddhism, the Mandala represents the universe and creates a sacred space for meditation and healing. Centering is also a fundamental process in body-mind therapies.

In family medicine, we can now see another cycle developing as we come home to the medical home. What was tried and true in family practice is new again in the best of health care systems: comprehensive care, continuity, communication and teamwork.

As the wheels of progress spin faster, steered by managers and lubricated by information technology, we must work to keep the patient always at the center. They deserve care that is better, not just cheaper.

Adult learning psychologists tells us that Americans typically cycle through careers – not just jobs, but careers – approximately every seven years. Physicians are outliers; we take that long just to prepare for our careers. Family doctors usually spend their entire working lives in service to their patients and communities. I have sensed a seven-year cycle in medical practice: seven years of training; about seven years to rise to the pinnacle of performance, blending currency with experience; and perhaps seven

more years before one begins to feel the drag in the space-time continuum.

What sustains us over the long run is the excitement of variety and the rewards of continuity. It is knowing and growing with our patients and their families around the cycles, across the transitions and over challenges of their lives. We have the great privilege to share their joys and sorrows as we together turn, turn, turn through every season of life.

Now that I am entering my sixth cycle of practice life, I have been exploring old interests and new hobbies. I have dabbled a bit in pottery and even taken a course at my local community college. There they have a ceramics workshop for the college students in the daytime that duffers like me take over for evening classes.

Pottery – perhaps like family medicine – is a somewhat messy exercise in nature and nurture. The potter takes a lump of wet, formless clay and crafts a form that is useful because of the empty space it embraces. The family doctor takes the undefined problems of unselected patients and formulates plans that are successful because of the relationships built in the process. Both require dedication, practice and creativity. Both are utilitarian crafts that can rise to inspiring artistry.

The potter throws the lump of clay on the turning wheel. At first, it takes a lot of pushing and pulling and hard work just to center the clay body on the wheel. As the pot grows, the potter's hand must guide the clay with greater skill and a finer touch. To fashion a useful handle or a comfortable lip, you must keep the user ever in mind. Too heavy a hand threatens to send the whole piece flying off the spinning wheel.

Similarly, in practice, the doctor must develop an instinct for finding the center of the patient's suffering, amidst all the distractions whirling about. Alert eyes and tender fingers must sense when the center moves and the shape shifts. A steady arm provides the base for a gentle hand. You use time as your tool, work in

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stages, and keep things fluid until the true forms takes shape. Sometimes the best result is not what you first envisioned. Sometimes things go in the wrong direction and you simply have to smush all your work back into the raw material and start again, relying on something magical hidden within the clay.

In class, we spin the wheel, turn the pot, let the clay harden and then apply the glaze. All the vats of glaze – whether they're labeled flaming crimson or deep azure or sunburst yellow – look pretty much like the same brown mud. It's not until you put the pot through its trial by fire that the glaze takes on its true color. You really have only a hopeful notion of what the piece will look like until it emerges from the kiln at the end of the whole process.

At the end of each week, the teacher puts all the students' pots together in the big kiln to bake for hours and hours at temperatures over 1,000 degrees.

After some time getting the feel for the spinning wheel, I worked to nurture a pot through each of these steps. I then left it on the shelf to dry and to be baked along with the others in the kiln. The next week, I returned to class and went to search for it on the shelves where all students' finished pots were mingled together. I

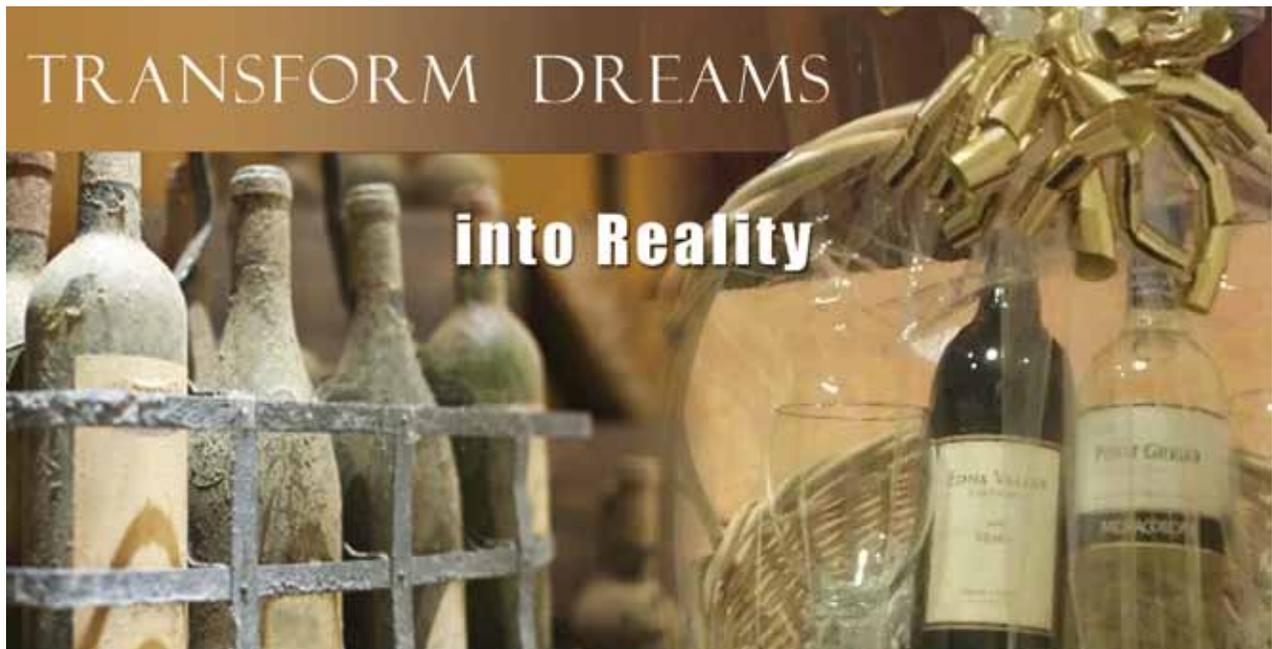
poked about and found my pot. (It's not too hard to recognize my pots because they all seem to look much like me: heavy and squat and blue.) I picked up the piece and held it in my hand with some tentative pride. It looked even better than I had hoped; the form was a bit more delicate and the glaze a deeper blue. I turned the pot over to check the initials I had scribed into its base. To my surprise, it was not my pot.

Also to my surprise, I recognized the other potter's name scratched into the clay. This pot had been made by a young woman that I had delivered as a baby nineteen years ago. At first, I was incredulous; could that baby now be a college student? Yes, the years declared.

Still proud, I reckoned that some special piece of that pot was mine, after all. Not through any sense of ownership, but through the simple joy of contributing in some silent, centrifugal way.

Vital parts of medicine's future will come around from family medicine's past. As the wheels of progress turn toward organized systems of better patient care, we must be at the center, surrounding the patient with care and radiating the power of the personal doctor.

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