

## Editor's Message

### On Kindness

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Spring is a time of transition and moving on. The snow is melting in most parts of the country, this will be my last editor's message, and I have been evicted from my office space.

I wish I could describe a situation in which I was caught using my office as a money laundering operation for the Russian mob, or that I was discovered cooking methamphetamine over my aromatherapy candles. Unfortunately, I have been asked to move my practice for much more banal reasons: I share the fourth floor with another DO and a chiropractor, and it has been decided that my practice is "not appropriate for this environment". I was notified of this by email and given 3 weeks to relocate. What makes my patients different from theirs are two things: 1) I accept Medicaid; 2) part of my fairly broad practice scope includes addiction medicine. So yes, their patients are having to use the same bathroom as poor people and people in recovery, and this creates tension with the folks I'm sure they regard as "paying customers".

I'm a business owner too. I get it. Your practice comes with a whole package, and if what you are going for is upscale and exclusive, then the mere threat of coming into contact with someone who may or may not have smoked crack before may undermine the feng shui, even though the positive predictive value of someone's appearance as a yardstick of drug use is remarkably less sensitive than my neighbors may imagine. I don't begrudge the right of the landlord to cater to the tenants who have been in this space for 20 years, over the community needs for a doc like me.

But here is the message I wish I could send to my "healer" neighbors and my landlord, who ironically is also an osteopathic physician: control the décor all you want, limit the exposure to hoi polloi, make your office your very own personal Studio 54 and have a velvet cord across the entry way. But accept this: you have just signed over your right to call yourself a "holistic" anything. You may be smart. You may be talented. But you are not kind.

When I was practicing in rural Maine, I remember the first

time a patient brought me a gift. She was a nice old lady and I had treated her fairly uncomplicated problem and a week later she felt a little bit better than she had before coming in. She brought me a jar of jam and a lovely note in which she expressed that she was so lucky to have "such a wonderful doctor".

I felt like a rock star. I had hit it out of the park. William Osler should read my memoir and despair.

Unfortunately, I was full of it. This nice lady did not bring me jam because I'm a great doctor. She brought me jam because she is a nice person.

She was a nice person and being kind to her was easy. She went around town collecting kindness. The bagger at the grocery probably trips over himself to give her egg carton a little TLC. She probably has not had to pump her own gas since the Nixon administration. And for every mitzvah, she probably thanks the person delightfully and makes them feel proud and wonderful.

Then we have the other people. The ones who seem to have been raised by wolves, or not at all. There is my patient Amanda, who was recently fired from a job that hires everyone, after she addressed a customer by a racial slur which I have never heard used outside of period films from the 1950's. There is my patient Jason, who uses the f-word as the universal modifier and does not appear to notice that this is not normative behavior or that it will be unlikely to help him next time he goes to court. And there is Daniel, who is huge and menacing and whose PTSD, when triggered, results in his treating everyone around him as though they had committed a recent act of aggression.

If you can find these folks colorful rather than offensive, it may be possible to be kind to them. But how would you handle Rachel, who gleefully announced that her recent home invasion charges were being dropped "because the kid who it happened to died"? And by "died" she means "killed himself after the trauma my friends and I subjected him to."



How about Scott, whose brother is the enforcer for the local chapter of the Aryan Nation and who came in one day with a swastika tattoo on his neck? When I told him he was breaking my heart and he was better than that, he replied "it's ok that your husband is a Jew as long as he is white."

I do not accept their behavior. I do not tell them anything they do or say is A-OK and fine by me. I discharge people from treatment when they do not adhere to my guidelines and I call the police or DHS if I feel someone is in danger. I do the right thing by my community and by the law. I have been the star witness in a case in which my patient lost parental rights to her children. I am not an enabler and I am certainly not a doormat.

But you know what else I'm not? Cruel. A bully. I'm not the orthopedist who walked in to Daniel's hospital room and told him "I know just the surgery you need but I'm not doing it because you're an addict and too unstable!" and then walked off clearly feeling he had scored one for the home team. I'm not the ER nurse who smugly told my chronic pain patient that her unilateral facial droop was probably due to "all the drugs you're on," prompting her husband to feel justified in scolding her and trying to send her to "rehab," even though she was actually having a TIA. I'm not the tow truck driver who told my patient outside the recovery center, "move your car, junkie," something he would have never felt empowered to say, had he not been aware of the tacit societal agreement that poor people and addicted people are not entitled to the same kindness as the nice old lady with the jam.

You know what I am? An osteopathic family physician. Where other doctors have a scalpel or a chemo drip, our most important tool is the relationships we form. And these are forged in kindness, not in sanctimony and not in power plays. Anyone can be kind to the child with strep or the pleasant older gentleman who broke his wrist falling on the ice. That's rookie stuff. We are charged with kindness to everyone. And it's more important. Because everyone will be kind to the jam lady. But

we may be the only people this week who will show kindness to the felon with the drug problem. We may be the only person in the world to touch them in a caring way.

It's tempting to take out our aggressions on the people who seem to beg for it. We would have the support of our peers and the rest of the world when we tell off someone who has it coming. But we are better than that. We don't come to work for our own benefit. We come for theirs. And it does not make the function of society or the practice of medicine better when we use our role and our power and their dependence on us to score points off of them and be anything less than respectful and considerate. Whether or not they give us gifts or remember their manners.

It is not easy, particularly when you realize that some people have done nothing to deserve gentleness or support. I need a lot of reminding. In my office hangs a print. It shows a tree, and the charge by Mother Theresa, "Do It Anyway". It includes the lines:

"People are often unreasonable, irrational, and self centered. Forgive them anyway. If you are kind, people may accuse you of selfish, ulterior motives. Be kind anyway.....if you are honest and sincere, people may deceive you. Be honest and sincere anyway....The good you do will often be forgotten. Do good anyway."

It has been my great honor to be the editor of this journal for the past few years. I hope you all will retain an osteopathic identity and remember what makes the practice of family medicine special and important, and that you remember that although not everyone may be held in high regard, everyone deserves respect and kindness, and to be treated as though they hold inherent worth and dignity. Because at the end of the day, the way we treat the downtrodden, and the way we treat each other, is not about who they are. It's about who we are.