

James L. Holly, M.D.

Healthcare Policy and Hope

By James L. Holly, MD

Your Life Your Health

The Examiner

June 21, 2007

If, as we said last week, any national healthcare policy which will succeed must engage the recipient as an active agent and as a responsible participant, what do we do about the millions of people who will not cooperate with their own health and/or who either will not, or cannot begin to make healthy choices in their lives? Changes in the administration, financing or access to medical care cannot correct and make up for all of the "bad choices" people have made and/or continue to make in their lives. At SETMA, we have begun to discuss, "How can we get people to make the right choices?" The reality is that we can't threaten them. Of course, with smokers, we have been telling them that if they don't stop smoking we will not continue to care for them. As a result many have stopped. Yet, when you begin to deal with nutrition and activity habits, it is probably not possible to make that bargain.

Our frustration -- and it is a frustration -- has arisen from the fact that we KNOW how to help people improve their health. Nonetheless, many patients' health does not improve because they are unwilling or unable consistently to make the choices which are required to become healthy. What do you do with a person who knows, that if they continue to overeat and under exercise, that they will die, and yet they don't change? What do you do with a person who knows, if they don't stop drinking alcohol, that they will lose their family and their life, but they don't? What do you do with a person who knows, if they don't take their medication, they will become sicker, but they don't?

At SETMA, we have been grappling with these questions and more. We have concluded that the problem for most people is not in their heart, their arteries, their intestines or their joints; the problem is in their heads. Or, as one SETMA physician is fond of saying, as he places his fingers on either side of his temple, "The problem is between here."

Without doubt, he is right, but what is it between his fingers, in a person's head, that is "the problem?" There is no simple solution, but a great deal of it has to do with hope and/or the lack of hope. Without hope, human beings begin to die. And, while it is true physically, it is true mentally, emotionally and spiritually, human beings begin to die from the inside out.

The evidence for this is easy to see. There are entire websites with the title "health and hope." Books are written about the association between the two. One website states, "Hope requires an action plan." This website is dedicated to helping you create a hope-filled plan." A search on the web for the delineators of "health and hope" gives 3,165,065 responses.

Health and hope go hand-in-hand, but how? And, how do you give hope to a person who has an incurable illness, who has made so many bad choices in his/her life and/or who have experienced extensive failure in his/her life and who believe there is no hope for

things to change?

Hope is the basis for all human effort. In the face of futility -- the vacuum of hope -- men and women become acquiescent. The Apostle Paul addressed this in the New Testament. In I Thessalonians, he said, "I know your faith meant hard work, your love meant solid achievement and the hope you have in Christ meant sheer dogged endurance." The phrase "hope meant sheer dogged endurance" means "catching on, holding on and keeping on."

How often have you heard someone say, "I started a diet but after three weeks I gave up." They lacked that "sheer dogged endurance," which allows them to "keep on keeping on" because they lacked the hope that what they were doing would help. Someone who has "hope," will keep on, no matter how long it takes.

But, what is hope? Obviously, there are elements of hope which are a matter of faith. Many of us have strong beliefs which under gird, inform and give substance to our hope. Yet, there are common elements of hope which are universal. It is these which concern us as health care providers and which we would like to "tap into" in order to help our patients achieve the health they desire.

The first element of hope is the affirmation that the future is positive and good. For some, this is a difficult aspect of hope. Due to the loss of loved ones to death or estrangement, the future doesn't look bright. For others, the irremediable consequences of past choices, or bad experiences make the future seem gloom. Yet, when we get outside of ourselves and find someone else who needs us and when we recognize how precious life is, hope returns. If there are those who do not value us, there are those who do, or who will, or who can. If we give ourselves to others, they will reciprocate with a gift of their love and companionship. My daughter is a person filled with hope. I have always said that she could fall into a mud hole and turn it into a swimming pool. Some of this is personality; most of it is hope. Everyone can have hope, if they so choose. With health concerns, hope gives us the resolution and purpose to continue until the good things we expect happen.

The second element of hope is the confidence that change will make a difference. When IBM was in trouble as a company, they employed and empowered a group of people they called "change agents." One of the principles which they discovered about "change agents" is that if you are going to change things, then you had better make a difference. Hope demands change, expects change and at the same time makes change inevitable. With health concerns, hope gives us the willingness to endure short-term discomfort, or deprivation in order to achieve long-term gains.

The third element of hope is that my actions can make a difference. Futility is the belief that no matter what we do, it will not make a difference. In the face of futility, we give up. Hope eliminates the power of the sense of inevitability. Hope declares that nothing is inevitable until after it happens and that until that time, our efforts can make a difference. In health concerns, this element of hope gives us the courage and the determination to stop overeating, to begin exercising, to take our medication, to ask questions, to start a

treatment program and/or to change other habits which are damaging our bodies.

The fourth element of hope is the confidence that I can make a change. Here is where hope often needs help. Often people who need to make a change say, "I have tried everything." What they often mean is that they have tried a "quick fix," or they have tried a "gimmick." And, they discover that none of these gimmicks work for long. What they have not tried is working in collaboration with someone who will help them by walking through the "darkness" with them. The same Apostle Paul whom we quoted above, talked about "bearing one another's burdens." The reality is that we were designed by God to need help and to give help. Hope is most powerful when it is collective. And, that collective-ness requires only "two or three," not thousands. In health concerns, this element of hope requires that we partner with those who can support us and help us sustain our effort until we are successful.

The fifth element of hope is the determination that I am willing to persist in the change until it makes a difference. Relentlessness is a character trait birthed of hope. The most common failure in health matters is the termination of a "diet" before the desired results have been achieved. Hope allows you to continue no matter how long it takes. Also, hope not only allows you to continue, but demands that you continue the effort no matter how hard it is. Hope gives you that "sheer dogged endurance" which Paul addressed. It is that "bull-doggedness" which inevitably leads to success. And, in health concerns, it is imperative that we relentlessly pursue our goal until it is achieved.

The sixth element of hope is the knowledge that changing does not make me a better or more valuable person. The changes we want to make are not in order to become acceptable or worthwhile. The marvel and the miracle of "humanness" is that we are valuable and worthwhile no matter how young, old, sick, well, tall, short, thin, fat, handsome, ugly, rich, poor, or other descriptive phrase we could use, we are. Change does not make us better. Change may make us healthier. Change may make us thinner. Change may make us stronger. But, we are intrinsically valuable because of being a creation of God's. Hope frees us from self-rejection and self-loathing and liberates us to pursue our goals with joy and purpose. In health concerns, this element of hope allows us to persevere because we are acceptable, not in order to become acceptable.

The seventh element of hope is that our exercise of hope always impacts others whom we love and care about. Here is the ultimate payoff of hope in human terms. We get to influence for good those we love. Hope is contagious. When we exercise hope, others catch that spirit. When we demonstrate the effects of hope, others take hope and are encouraged. Hope is a "trip" and it is a trip which we never take alone. In health concerns, when we experience the results of hope, others' health will be improved, also.

The eighth element of hope is that we are not alone. This is the summation of number four and number seven above. It is the truth on the basis of which all hope is founded. It is the message of one of the most beloved works in human history: The Twenty-Third Psalm. It states, "Yea though I walk through the valley of the shadow of death, I will fear no evil for Thou art with me." The reality of God's presence is that which ultimately

makes us not alone, but it is also the presence of an entire community which prevents our isolation and alone-ness. In health concerns, our not being alone means that others are going through the same thing that we are and some of them are worse off than we are. This element of hope is also birthed of the reality that others have overcome the same adversity and so can and so will we.

The ninth element of hope is that it is personal. Just as I am not changing in order to be acceptable to others, I am not changing to be acceptable to myself. And, the change I am making is for me. I am doing it not to please others, but to fulfill my own goals, aspirations and dreams. The only sustainable health initiative is one which is internalized, that is, one which comes from my own heart and desire. If we are changing for our wife, children, boss, etc, it will not last. If we have determined for ourselves to change, we will succeed.

The tenth element of hope is that hope is not competitive. I am not trying to do better than anyone else. I am determined to reach my goals, not beat someone else's performance. The great thing is that everyone can win at the "game" of hope, for it is truly the "game of life." And, the game of life is not a zero-sum game with winners and losers. Everyone can win, and everyone can lose. In health concerns, our attention never is on others, but always upon ourselves. The wonder of exercise is that it is not what others can do, but what I am doing which matters. I can't lift 500 pounds while others can, yet, their ability is not injuring my health. It is whether or not I am exercising, even if I can only lift twenty-five pounds, which will determine my state of health.

Hope is the foundation of good health. If a national healthcare policy is going "to work," it must somehow be structured in a way to generate and sustain hope in people who do not have hope.