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### **Why I Rejected the Conference on Dental Health Part III**

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**Your Life Your Health**

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The following is the foundation of how to develop hope in a society, as hope is the only power which can change individuals and society. And, hope must be had by each person, one at a time, and hope is only recognized in the society as it becomes the majority experience of the members of that group. The following is a discussion how to develop hope.

#### Value

The beginning of hope is the belief that I, as an individual, have personal worth; I have value. This is the foundation of hope. Where does hope come from? How is hope created? First, hope is founded upon the intrinsic value of the individual. "Intrinsic" means "belonging to the essential nature or constitution of a thing." In other words, a person's value is not a result of what they have, what they do, or who they are; the value of a person is as a result of their being a "person." It is the song I sang at church when I was a child and it changed my life: "Red and Yellow, Black and White (there is that word again), they are precious in His sight." I learned that everyone was a "person," a "real and valued" person.

This is a foundational principle of western civilization and particularly of the value system of the United States of America. It is not the state which is of ultimate value; it is the individual and it is not the individual as a "concept," but as a person, as an individual. There is no doubt that some are honored more than others because of what they have and/or of what they have accomplished, but objectively in our culture, we do not value the life of one above another.

If hope is necessary for a person to take steps to improve their health, and if the foundation of hope is a sense of personal value, and if a healthcare provider's responsibility in a patient-centered medical home is to motivate and empower a person to improve their health, how then, can healthcare providers instill in others the sense of their having personal value? How does this practically operate every day?

It may be that the essence of a profession, which classically included the ministry, the law and medicine, is that the professional directly communicate to an individual their sense of personal value. In medicine, individual and person value is built by the respect, dignity and compassion

with which each person is treated in the clinical setting, whether hospital, clinic, dentist office, emergency room, nursing home, or other location. Simple things like shaking the hand of a person while looking them in the eye and greeting them by name are the beginning of this exercise. In the healthcare setting, each individual, whether a bank president, or not, can be addressed by their title -- Mr. or Mrs. or Miss -- until and unless the relationship is such that addressing a person by their first name is appropriate.

It may be that the respect and dignity with which an individual is approached in the clinical setting instills a greater sense of the personal worth of an individual than even the excellence of the care they receive. This is not to suggest that inferior care is balanced by compassion, but it is a fact that excellent care given in a negative environment will not benefit the patient as much as that given in a caring, affirming relationship.

The value of life and the personal value of an individual are the root of our healthcare decisions. The choice to live rather than to die is the first choice based on that value. The choice to make healthy decisions about behavior, access of care, follow-up and follow through on treatment recommendations are all founded upon the value a person places on life and upon their own life. Because these judgments of value are often not cognitive -- they are often not things we consciously think about -- a person may be unaware that they are making a decision about their personal, intrinsic value, but they are nonetheless.

Beyond their personal interaction with patients in the clinical setting, how can healthcare providers contribute to the development of hope in a patient through the affirmation of personal value? An optimistic view is helpful. Optimism is not created by the ignoring of reality, but it is assuming the best while facing other possibilities. If an individual has no personal value, it is possible to be fatalistic and to assume the worse; if they are highly valued, optimism - the expectation for the best -- will be the intuitive, default position.

The healthcare provider also builds a sense of the value of the individual when he/she addresses the future of the patient from a perspective of change. "Here is where you are today, but with the following actions, you can change that future," is not only an expression of optimism but it is a result of clinical competence to know what can and what should be done to make things better. Rather than quickly dismissing the patient -- and this is not a function of time spent with the patient but of total focus on the patient's future -- providing the patient with a plan of action and treatment plan for improvement of their health invests in them value.

Follow-up is one of the most important evidences of the value of the individual. When a person is given appropriate interval follow-up, it instills in them a sense that someone else cares, and even if life's experience have diminished their own caring about themselves, that caring can be regenerated through others caring about them. A part of follow-up is access. When the only access a person has to a healthcare provider is when they are in the office, generating a bill and making a payment, the relationship becomes commercial. When the patient has access to the counsel and attention of a healthcare provider at an appropriate frequency, at other times, the patient begins to see that he/she has value to someone else and is more likely to begin having a sense of personal value. When a healthcare provider answers telephone calls in a timely fashion, he/she is instilling value, which is the foundation of hope, in the life of the patient.

And, while this may not be a conscious transaction in the mind of the patient or provider, it is nevertheless the case. A dramatic change in the patient's sense of value takes place when they have personal and private access to the healthcare provider as is given by the provider giving the patient his/her personal cell phone number. When this is done as a commercial exchange as in concierge medicine, it has less benefit to the patient, but when it is done as an expression and declaration of personal value, i.e., without a payment "buying" the number, it has immeasurable value in the life of the patient.

## Virtue

The second foundation of hope, which is actually the "engine," or the power source of hope, is virtue. Like hope, virtue has many definitions. Webster's gives one of them as "a capacity to act, potency." This is the sense in which virtue is an aspect of hope. We often, and appropriately, associate "virtue" with morality, but it means more than that. Without the capacity - the power -- to act, hope has no means of impacting a person's life. However, a person who recognizes the value of their person -- regardless of their education, position, pocketbook or other external measure -- and who has virtue -- the ability to make decisions and act on them -- can change their future. Virtue provides the patient with the courage to make decisions which are uncomfortable but beneficial.

Virtue allows a person to persist in a decision until the promised benefit is realized. The presence or absence of virtue is often the difference between success and failure. And, the absence of virtue does not mean that a person is evil or immoral in the sense in which we are using the term. The absence of virtue simply means that the person lacks the courage, the conviction, the consistency, the perseverance, or the capacity to change their behavior over a long period of time for the good of their person.