

WEDNESDAY PM WORKSHOP #1: RETHINKING HEALTH CARE

Workshop Session	Rethinking Healthcare: Caring for the Living and Dying
Names of presenters	Yacouba Koné; Khenpo Phuntsok Tashi; Judy Lief
Name of rapporteur	Maria MacDougall

PRESENTER 1

Presenter #1: Yacouba Koné, Santé Sud
Title of Presentation
The <u>Innovative Practice or Strategy</u> that the speaker is presenting. 70% population of Mali lives in the rural area. Santé Sud is an international NGO created to share knowledge among General Practitioner's (GP's) to reduce the disparity in access to quality healthcare. Prior to its establishment, a lot of young GP's that were fully trained were left without jobs because of policies and decisions dictated by the World Bank and IMF to reduce public spending. Government reduced the number of GP's as civil servants, except in places where people pay for private healthcare. University professors didn't know what to do with the excess of young GP's. Santé Sud was established whereby Community-Based GP's were created. This new professional identity had traditional and modern doctor's working together in the community merging primary health care and family medicine into one role.
The " <u>Mainstream Practice</u> " the speaker says their strategy is an alternative to.
The <u>Alternative Vision</u> presented by the speaker (i.e. this innovative practice contributes to this vision)

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Success Factors: factors that the speaker attributes to the success of their innovative practice or strategy.

Motivated culture, motivated community, and a good legal context is the experience of Santé Sud.

Key Challenges: the main challenges the speaker identifies in implementing the strategy

Overcoming Challenges: the ways the speaker says that challenges have been overcome.

Moving from the Fringe to the Mainstream: the ways the speaker says this work will move from the fringe to the mainstream.

Lessons Learned from this Experience - lessons learned identified by the speaker

PRESENTER 2

Presenter #2: Khenpo Phuntsok Tashi, Director of the National Museum of Bhutan

Title of Presentation

The Innovative Practice or Strategy that the speaker is presenting.

From birth to death there are 4 stages and 4 streams of happiness

1st – birth – subject to degenerate

2nd – aging

3rd – sickness

4th – death

It is very important to prepare oneself very well on how to handle death and how to help sick and dying people.

To be able to help people, three things are necessary:

1. love and kindness – know how to love yourself before you can help and love others

2. compassion – intention stems from having compassion

3. universal responsibility – will help and push you to help others – very important because it really motivates people to act

The “Mainstream Practice” the speaker says their strategy is an alternative to.

Many people worry about death but with this strategy dying people look forward to a new life and fresh life therefore don't have to worry about death.

The Alternative Vision presented by the speaker (i.e. this innovative practice contributes to this vision)

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Success Factors: factors that the speaker attributes to the success of their innovative practice or strategy.

rituals – life can be prolonged through rituals

1. nutrition - right food – to prolong physical fitness
2. sleep – very important because if a person is not sleeping properly their body won't agree with desired lifespan
3. exercise (yoga) – physical will not agree with intentions
4. meditation

Key Challenges: the main challenges the speaker identifies in implementing the strategy

Overcoming Challenges: the ways the speaker says that challenges have been overcome

With proper nutrition, adequate sleep, exercise and meditation each person can become fully enlightened and automatically prolong life.

Moving from the Fringe to the Mainstream: the ways the speaker says this work will move from the fringe to the mainstream.

Lessons Learned from this Experience - lessons learned identified by the speaker

Most important thing – birth, aging, sickness and death – comes to each and every being

Searching for happiness – involves building up on the three aspects of love and kindness, compassion and responsibility.

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PRESENTER 3

Presenter #3: Judy Lief, Author of <i>Making Friends with Death</i> , USA
Title of Presentation
The <u>Innovative Practice or Strategy</u> that the speaker is presenting. The Western world has a difficulty facing the reality of death, it is a human thing. The progress in health care and life expectancy contributes to denial of death, i.e. every problem should be fixed including death. The inability to accept death of humans might be connected to the inability to conceptualize and feel the possibility of the death of our planet – since we can't feel it and absorb it we blindly go ahead and do destructive things – collectively and personally.
The " <u>Mainstream Practice</u> " the speaker says their strategy is an alternative to. A majority of people in Western society hold a linear perspective that a good life = a long life. This is very confusing to relatives as these loving and compassionate people want to do the best thing for their dying loved one but often feel pressure in their decision-making regarding the extent of treatment provided. The pressure on families is extreme as people struggle with ethical decisions. The transition at birth and at death is important to examine as both have become medicalized or issues to be solved. These transitions used to be more holistic and spiritual but they have been reduced to medical issues by modern Western society.
The <u>Alternative Vision</u> presented by the speaker (i.e. this innovative practice contributes to this vision) One aspect to address this issue is to examine our own personal experience and resistance to participating in the life of the reality of death. We are all the same people – all living and all dying. Our modern technological society has changed the way people die in a historically unprecedented way. Technology around death and the causes of death today are very different than years ago. It is less clear cut as more people live with chronic disease and technology has provided artificial life support systems. These technological advances make it more difficult to die and can also create a more frightening experience for ordinary people due to being hopelessly bound by machines. Often, a low and unsatisfactory quality of living

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is created.

More recent movements to bring more sanity and compassion into working with the dying is necessary. How we as humans can die better led to the hospice movement. There are now many countries in the world who have adopted a more humanistic approach for caring for the dying. This includes treating them as real people who are dying and not as isolated medical cases.

Success Factors: factors that the speaker attributes to the success of their innovative practice or strategy.

Key Challenges: the main challenges the speaker identifies in implementing the strategy

Health care professional's acceptance of caring for the dying. There is still a wedge between the hospice movement and the medical school system. It is not integrated well into medical school teachings.

Overcoming Challenges: the ways the speaker says that challenges have been overcome.

The measure of health and measure of success isn't that you live – dying is part of the cycle and can be done in a healthy way. It is necessary to bring together spiritual insights and technological advances and sophistication to complement each other.

Moving from the Fringe to the Mainstream: the ways the speaker says this work will move from the fringe to the mainstream.

Lessons Learned from this Experience - lessons learned identified by the speaker

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SUMMARY OF WORKSHOP DISCUSSION

Workshop Discussion: Summarise statements, questions, responses:	
Name	Comment
Richardson	<p>AIDS epidemic devastated countries and is a striking example of need for passage. Jerry Diamond has said there is more to come in our society. I would like your opinion on significant number of passages?</p> <p>Judy Lief's Response – mother nature corrects herself – population's die off as part of cycle – action should be from where the problem started – what can you do? We can't make a completely safe world.</p> <p>Richardson Epidemics have devastated cultures and economics – how can we prepare for this thing or is there a way?</p> <p>Yocuba's Response – As far as AIDS prevalent rates, they differs from one region to another. In the south of Africa there is a 30% prevalence rate but go north and the rate diminishes – we are aware of one thing – AIDS made us aware that death is not a fatality. For example, Uganda had a 25% rate but after implementing preventative measures and having strong political will they fell to a 10% rate – simple decisions re: responsibility. For example, every time a person dies from AIDS, in front of that person's body, people admit that the person died from AIDS in order to use it as a message to change behaviour. In Mali, 85% of the population is Muslim. In the Mosque people talk about wearing condoms in case of non-abstinence. African accepts death as it is but with AIDS a whole process is started to see how evitable death could be with AIDS – aware our future depends on that - malaria – kills as many as AIDS.</p> <p>Judy Lief's Response The AIDS pandemic is a great lesson in humility. The arrogance before the pandemic broke out re: that society felt they had conquered such diseases.</p>

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Audience Member from Iran	<p>Could you comment on the connection with happiness and well-being in preparing for death?</p> <p>Khenpo Phuntsok Tashi's Response: have to be happy if well-prepared to die – taking a new, fresh life so if you are well prepared and confident for intermediate state and confidence makes you happy you are not scared. If fully convinced and develop inner confidence when you leave you are happy because of the new life you will be taking. One should not die with attachment – this will leave you to the hungry ghost – should not die with ignorance – this will lead you to animal rooms</p> <p>One needs to die with compassion – be yourself and be present.</p>
Vicki	<p>I was diagnosed with cancer last year and it was a very surprising experience. I didn't become a cancer patient but Vicki who had cancer. Most people fear cancer and feel they are on a slippery slope to death, but I was feeling victorious, it was another piece of my existence. I considered it part of my life journey, it was quite liberating. There is something eerie about our cultural beliefs about death, it is as if what is dying is all the parts of life that were never alive. We project our own morbid ideas about death on others. I felt that being up against something that serious placed me in the presence of something more alive – a greater existence. People discover some sense of excitement that is not there in the humdrum of life so their fear is actually more a fear of what it is like to be alive as they are faced with the realization. I don't feel that many people are actually living.</p>
Audience Member	<p>People who meditate must think about death – it's preparation and how they keep stable & happy. I live my life surrounded by Buddhist's but I am a non-observant Orthodox Jew – death is part of the lifecycle and the mystery of what happens is something worth considering as a means of enjoying life</p>

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Workshop Discussion: Summarise statements, questions, responses:	
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Audience Member	From Hindu influence I believe suffering is an attachment. The more attached the more you invite suffering because you need it too much – how we deal with attachment is more important.
David Fletcher	<p>If in denial about death in our bodies, is there some denial about the death of some form of the environment on this planet? Is the death of the planet part of the natural cycle of the pattern?</p> <p>Response Judy Lief: The notion of sustainability only goes so far because at some point things end. Our planet is precious and we should do whatever possible to sustain that and make it available to all but at the same time it is always good to have in mind that we are just existing in this form for a short time – we can only do a few things.</p> <p>Tara Oak Response: I worry about that perspective because it is a slippery slope leading to “why bother”? I think we need to have compassion and love in treating our environment just like we do for ourselves. Naturally our environment will become obsolete but we are not ready to have earth die. An analogy is the idea of having parasites all over you all the time - you don't have the chance to heal yourself, therefore with sustainable and ecological development we are creating a healthy process where our earth can protect itself.</p>
Audience Member	I am blessed to be working with someone about to die from a terminal disease. She is looking at death and connecting herself with the bigger picture. She has taught me to tap into the wealth and joy of every moment. Dealing with death face on brings us something to look at – how do we get it into the health care system that dealing with death is something we need to look at? We are in denial, I work in a hospital with 400 doctors and only 1 chaplain.