

## **CHRONIC DISEASE: Forming Healthy Relationships**

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### **William M. Buchholz, M.D.**

I wear two hats. One is as an internist, or primary care physician. The other is as an oncologist, or cancer specialist. What these roles have in common is that most of my patients have chronic diseases. Acute illnesses or injuries occur, are treated or go away, and are then forgotten. Chronic diseases occur, are treated, become less active, or are controlled, and then may reoccur or relapse. However active they are at the time, there is always the knowledge that they can come back. Hence, both doctor and patient have to cope with them at one level or another essentially forever.

Technologies like CT scans, antibiotics and angioplasties can be so effective in treating acute illnesses the doctor can become a technician and get away with it. There does not have to be a personal involvement of either the doctor or the patient. The drug or the procedure does it all. With chronic illnesses, relationships become more important.

I look at chronic illnesses like hypertension, high cholesterol, arthritis, or cancer for that matter, in terms of a series of relationships. There is the relationship between the doctor and patient, which goes both ways. There is the relationship between the “owner” of the body and the body itself. There is also the relationship between the person who has the disease and the disease. Finally, there is a relationship between the medical system and doctor-patient-family system.

In order to get the best use of the medical system, the least expense, and best outcome each of these relationships has to function well

Ideally the doctor-patient relationship is a dialogue in which each person talks to the other -- not at the other-- and listens carefully to what the other one has to say. Communication should be based upon trust and agreement on what the problem really is and what the goals of treatment are. Physicians bring their scientific training, professional skills and judgment as well as their ability to concentrate objectively on the patients' problems. Their job is to help patients correct what can be corrected and then counsel patients in effective coping patterns. The patients bring their problems to be solved, their own efforts to understand the problems, their knowledge about themselves, and a willingness to work with the physician to solve the problems.

The doctor-patient relationship breaks down when one or both talk at the other or stop listening. If this occurs, the first task is to reestablish the relationship, not just solve the medical problem.

When the doctor-patient relationship is working well there is a dynamic teamwork, with each person working together to achieve better health for the patient.

The second important relationship is between the owner of the body and the body itself. This concept -- that we own our bodies-- may be a little startling at first, but think about it. We say, “my head aches,” or “I have an ulcer,” in the same way we would say, “my car’s engine needs a tune up.” Implied is that there is someone who has a body and something has gone wrong with it. Ideally our relationship with our bodies is based upon compassion, educated respect, a willingness to listen to our “body language,” and a commitment to maintain our bodies in the best possible condition.

The owner-body relationship breaks down when we are fearful of body signals and either ignore them because of what they might mean (denial) or overreact and worry about every sensation. Sometimes the balance of power is upset and the owner forces the body to go on long after it is exhausted (burn out) or the body's inertia prevents the owner from correcting unhealthy habits such as overeating or alcohol abuse.

The third relationship is between the "dis-ease" and the person experiencing it. As an oncologist I have come to understand how complex cancer is. The wound of cancer is more complex than just the surgical incision. It includes all the person's fears and ideas about cancer, all the cultural myths about cancer, the threat to one's sense of immortality, and questions about the will to live and what makes living worthwhile. Cancer affects the family, too, with disrupted roles and activities.

At its worst, patients diagnosed with cancer will succumb to the fear and be literally frightened to death. They may either lose the will to live or run around ineffectively looking everywhere for a miracle cure.

At its best, at the initial diagnosis of cancer, the patient (and the doctor) will respond to it creatively. As the Chinese word for crisis, *wie dje*, suggests, there is both "danger" and "opportunity." As a crisis, cancer demands that the danger be faced and treated effectively. But there remains also the element of opportunity, a chance to reevaluate one's priorities, renew one's energies, and make use of the support that is available.

In summary, then, I believe that chronic diseases must be considered as dynamic relationships. The physician is there to provide the technology that is appropriate for that patient under those circumstances and then educating and supporting the patient in coping with the illness. Patients, in turn, are expected to do what they can to prevent illness by listening to their bodies and responding appropriately. When ill, patients need to take an active role in self-management and share the decision process with the doctor.

### **Susan W. Buchholz, Ph.D.**

Prior to receiving my Ph.D. in clinical psychology I worked as a Physicians Assistant with my husband, Bill. I still draw heavily upon that training and my knowledge of the body and the biology of chronic disease as I work with patients as a psychologist. Teaching patients about the body's natural healing processes, the mechanisms of their disease and the efficacy of their treatments helps to allay their anxiety and improve their ability to participate in their own care.

Often patients have misconceptions about their illness and fail to recognize fully the power of their body to heal and the success of medical treatments to improve their health. Correcting these misconceptions is particularly important in chronic diseases because patients often see themselves as helpless in the face of either a long lasting or terminal illness.

Patients must learn that by working with their bodies and their health care team they can live a meaningful, high quality life.

Living with chronic illness often requires a lifestyle change. This is particularly true for such common illnesses as heart disease, diabetes, hypertension, obesity, migraine headaches and even cancer, where diet, exercise and stress reduction are important. Most of the patients we see know exactly what changes are necessary, but for a variety of reasons they can't get motivated or are overwhelmed by what is necessary.

My work often consists of untangling fairly straightforward knots from the past that keep patients tangled up in a life-style that doesn't work for them. One person's knot may be to recognize her unrealistic, inhumane expectations of herself. Another's may be to learn to say "no" to people who expect too much from him. Yet another's knot may be to turn off the background noise in her brain so she can focus on what she is doing at the time. A common knot is the inability to nurture oneself in a healthy fashion.

Patients usually want to improve their health but are unaware of the programming inside their heads that sabotages their efforts. Unraveling these knots empowers patients, increases their self-esteem and reduces excessive office visits to the doctor.

Much can be done to help patients cope with potentially terminal illnesses, either the impact of the diagnosis or the effects of the rigorous treatments necessary to control the disease. Patients deserve support in order to live a full life, feel they are worthy of love, and are attractive regardless of how much hair they have lost or the shape of their body. Without this support patients may become depressed and anxious, neglecting their diet and exercise, becoming less compliant with treatment.

Unfortunately, with all the popular press on the effects of stress on illness, some patients have come to blame themselves for their cancer. This is an untenable situation. The appropriate question to ask is not "who is to blame?" but "what can I learn from this?" and "what do I want to change now?"

Frequently patients need to clarify what they want in their life. Chronic illness can be seen as a signal for a "course correction" or as a teacher rather than a monster out of control. With help and encouragement patients can identify what they need to heal and then, what may be an even more difficult job, ask for support to actually achieve what they need to do. The good news is that I see many couples and families that do come together under the stress of a chronic illness, do identify the patients' needs, and then work constructively as a team. Sometimes they need to improve communication between themselves. Sometimes they learn to communicate more effectively with their doctors so they can ask for support more directly. The doctor has fantastic skills and tools that can serve patients. Patients must communicate where they are and how they can best be reached.

Chronic illness requires more than just medication. Patients must overcome unconscious behavioral traps that keep them stuck in the illness and so become empowered to participate more fully in their health care.

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William M. Buchholz, MD  
Susan W. Buchholz, PhD