I attended this conference because the abstract I submitted about my research into Spiritual Care had been accepted as a presentation. However, there were a lot of other things going on during the conference that I have been able to learn from, particularly the speakers in the plenary sessions.

The first plenary was given by Gerd Gigerenzer on the topic of Risk Literacy. He gave examples of the misuse and misunderstanding of health statistics. Dr Gigerenzer asserted that as most people, (doctors and patients) don't understand statistics, informed decision making is science fiction. His TED talk (https://www.youtube.com/watch?v=g4op2WNc1e4) presents his vision of a solution to this problem.

Sandra van Dulman spoke about listening. Until I heard her speak, listening was something I took for granted. We know we have to listen to patients and teach our students to do the same, but during this talk I began to understand listening at a much deeper level. Dr Van Dulman cited Martin et al. (2016) who compared training for undergraduates in attitude orientated listening skills vs technique orientated skills. They found that the attitude group outperformed the technique group. A good listener does not only hear content but also underlying emotions etc. using eyes, ears, heart and undivided attention. Without being conscious of your own inner voice it is difficult to improve your listening ability.

Iona Heath gave the plenary talk on the final day, taking the title “The missing person: the outcome of rule based totalitarianism of too much contemporary healthcare.”

Dr Heath asserted that guidelines and rules have over-ruled people's experience and individuality in health care. There is widespread manipulation of needs by vested interests e.g. over diagnosis. In 1984-like double speak, “disease is health”, which leads to the imposition of screening on healthy people. Tests displace listening, numbers replace narrative. The numbers are seen as applicable to all at all times. The person is missing so medicine has become mechanistic. Dr Heath explained that totalitarianism in medicine leads to patients being seen as interchangeable units, as are doctors. Both are treated as a means to an end. This would seem relevant to the recent discussion about the Junior Doctors’ Contract and low levels of morale in the profession.

However, there is a way to improve the situation. In my presentation I explained the evidence for addressing patients’ spiritual needs. The link between body and spirit was accepted in days gone by. The split only began during the time of the Ancient Greeks and became complete during the Renaissance (1300-1600). The biomedical model which results from totalitarian health care has been found wanting, with the Francis report (2013) highlighting a lack of compassion. Providing truly holistic care, including addressing spiritual needs, is thought to increase compassion and reduce burn out in doctors. Data from a recent study in to faculty perceptions indicated that Spiritual Care should have a place in the undergraduate curriculum.

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