

On Learning to Heal: or, What Medicine Doesn't Know

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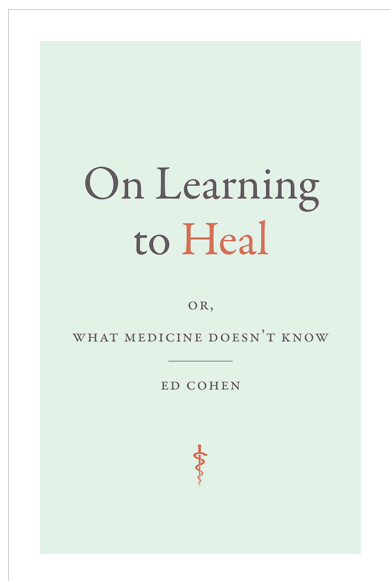
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In colloquial speech, the terms “cure” and “heal” often are interchanged. However, while achieving a cure entails the eradication of illness, the concept of healing is far less clear.¹ In the least, healing is a process that combines physical, emotional, and spiritual elements in an effort to regain a personal sense of balance and peace.² But must one be cured first to facilitate healing?

In *On Learning to Heal*, Ed Cohen, professor of women’s, gender, and sexuality studies at Rutgers University, draws on his personal experience with Crohn’s disease and his PhD in modern thought and literature education to propose that one can be healed without achieving a cure. Furthermore, while medicine can assist, he argues, healing is a fundamentally intrinsic, patient-driven process.

A 13-year-old Cohen already had symptoms for several years when a summertime, transcontinental family trip spurred his parents’ realization that he suffered from something more than just run-of-the-mill diarrhea. Cohen, both poetically and with a bit of humor, summarizes the trip as being trapped in a “blue station wagon with vinyl seats and no air conditioning traveling on interstates where rest stops are few and far between” (p. 50). Following the trip, his pediatrician referred him to an internist and, subsequently, to a duo of gastroenterologists, which led to a lengthy hospitalization and his eventual diagnosis with Crohn’s disease.

When first explaining the concept of an autoimmune disease, doctors told Cohen that he was allergic to himself, rejecting himself, or as his adolescent mind best understood, his body was “eating [itself] alive” (p. 60). In retrospect, Cohen realizes these descriptions implied that he was both the cause and the effect of his disease. The diagnosis, he explains, started a life of “living under a medical description” (p. 53).

From his diagnosis to graduate school at Stanford, Cohen continued prednisone for more days than not, uninformed at the time of its short- and long-term side effects. In 1982, a near-death flare and subsequent out-of-body experience—presumably the effect of acute illness and hefty doses of exogenous mineralocorticoids—led to his realization that he possessed the ability to heal *with* Crohn’s, and not necessarily *from* Crohn’s.

The book is part memoir, part medical history, and part philosophical view of health and well-being. In striving for this triple aim, *Learning to Heal* is a personal narrative on one page and a college-level philosophy thesis on the next. The personal narrative of a patient’s struggle with chronic disease is compelling; both clinician and patient will connect with these easy-to-read segments.

The philosophical arguments, however, require some mettle. While names such as Hippocrates, Louis Pasteur, and Abraham Flexner are inherently familiar to the family physician, recalling philosophers Georges Canguilhem, Thomas Nagel, and Michel Foucault calls for a long reach back to undergraduate coursework. Likewise, while a reference to germ theory is easily understood, comparisons of reductionism and vitalism are not quite as comfortable. Fortunately, an in-depth knowledge of neither medical history nor philosophy is required, and with a slowed reading pace and a few Internet searches,

Cohen’s points are achievable.

At times, Cohen displays a respectful, well-earned cynicism of medicine. Initially presenting and diagnosed in the early 1980s, Cohen’s initial patient–physician relationships followed the paternalistic model. Interestingly, while his initial symptoms shuffled him through an array of specialists, diagnostics, and confusing metaphors, notable was the absence of a family physician. Not until after his near-death crisis did a therapist assume the role of patient advocate and attempt to coordinate care by reaching out to his gastroenterologist.

Cohen’s story is filled with the pain of his journey as well as the humor he finds in the predicaments resulting from his “fecal fireworks” (p. 17). He proposes that in having an appreciation for the unexplainable—the anecdotal story of a cancer’s spontaneous remission, for example—clinicians can better support a patient’s healing. He highlights the limitations of modern medicine and the crucial importance of keeping an open mind in how we understand illness. His story reminds us that words matter, and carefully phrased explanations can facilitate understanding and healing. His journey demonstrates the incredible power of a compassionate and open-minded clinician and validates the importance of a strong patient–clinician relationship. While to cure, as he asserts, is both an aspirational and mythical phenomenon, the power to help our patients find healing is both achievable and paramount. It is this, as the subtitle alludes, that “medicine doesn’t know”—or at least seems to have forgotten.

REFERENCES

1. Glaister JA. Healing: analysis of the concept. *Int J Nurs Pract*. 2001;7(2):63-68.
2. Hsu C, Phillips WR, Sherman KJ, Hawkes R, Cherkin DC. Healing in primary care: a vision shared by patients, physicians, nurses, and clinical staff. *Ann Fam Med*. 2008;6(4):307-314.