

The (non) healing space: Because it's much more than fixing the body

Zeina Assaf Moukarzel

Volume 10, numéro 1, 2023

Healing Spaces

URI : <https://id.erudit.org/iderudit/1096623ar>

DOI : <https://doi.org/10.26443/ijwpc.v10i1.363>

[Aller au sommaire du numéro](#)

Éditeur(s)

McGill University Library

ISSN

2291-918X (numérique)

[Découvrir la revue](#)

Citer ce document

Assaf Moukarzel, Z. (2023). The (non) healing space: Because it's much more than fixing the body. *The International Journal of Whole Person Care*, 10(1), 33–37. <https://doi.org/10.26443/ijwpc.v10i1.363>

© Zeina Assaf Moukarzel, 2023



Ce document est protégé par la loi sur le droit d'auteur. L'utilisation des services d'Érudit (y compris la reproduction) est assujettie à sa politique d'utilisation que vous pouvez consulter en ligne.

<https://apropos.erudit.org/fr/usagers/politique-dutilisation/>

érudit

Cet article est diffusé et préservé par Érudit.

Érudit est un consortium interuniversitaire sans but lucratif composé de l'Université de Montréal, l'Université Laval et l'Université du Québec à Montréal. Il a pour mission la promotion et la valorisation de la recherche.

<https://www.erudit.org/fr/>

THE (NON) HEALING SPACE: BECAUSE IT'S MUCH MORE THAN FIXING THE BODY

Zeina Assaf Moukarzel

Retired Critical Care Physician, Beirut, Lebanon
moukarzelzeina@yahoo.fr

KEYWORDS: Burn units; Patient-centered care; Patient-doctor communication; Health outcomes; Lebanon

Care more for the individual patient than for the special features of the disease... Put yourself in his place... The kindly word, the cheerful greeting, the sympathetic look – these the patient understands.

(William Osler)

Exhausted and worn out, Maria^{*} was staring wide-eyed at me, while I was standing still beside her bed of pain. My eyes could barely hide felt emotions. No matter what, I had to avoid falling short of my medical education, which taught me, wrongly for many years, to be heartless and unaffected by the suffering of others.[1] Surprisingly, things were quite different this time. This young girl succeeded in removing the protective barrier erected between my mind and heart over the long years of medical practice.

* The name has been changed.

To justify this new feeling, apparently in conflict with profession's requirements, I repeated to myself, "After all, I'm just a vulnerable human being."

The agony of 18-year-old Maria began three months earlier following a road accident, when her car overturned, rolled into a valley, and caught fire. In a few seconds, her life dramatically changed. She was admitted to the hospital[†] in critical condition with third-degree burns that damaged 70% of her body. The resulting physical, emotional, psychological, and social sequelae were significant and ineradicable.

After she had survived that critical phase oscillating between life and death, Maria repeated endlessly with an angry voice, "Come and stay in my place just for a few hours and you'll understand my suffering. Please transfer me to another section; I haven't seen daylight for more than three months. I suffocate. I need to breathe fresh air. I want to have my mother and sisters at my bedside longer. I need some privacy. I'm getting crazy here!" However, I didn't listen to her. I replied each time in a firm tone, "Your situation needs exceptional care; the treatment team can't move you around."

The next day, while I was busy changing her treatment, our eyes crossed through the observation glass. She spoke to me harshly, "You don't know anything! I'll never improve in this basement. I'm buried here alive!" Her words touched me deeply and sparked an intense feeling of helplessness in the face of illness and suffering. Furthermore, they triggered a sentiment of uncertainty about how to take care of patients. Instantly I decided to transfer her to a floor where she could see sunlight if only for a few days.

The Burn Unit is in the 3rd and last basement floor of an 8-story building in Beirut, the capital of Lebanon.[2] The choice of that location was not a coincidence given severely burned patients are at high risk of developing burn wound infection. Thus, hygiene and infection control measures must be strictly respected. It was essential to choose an isolated and self-enclosed place within the hospital to prevent spreading germs to and from the Unit.[3]

The Burn Unit consists of the nurses' central post with 5 rooms (including 2 rooms with 2 beds) surrounding it; they are separated from each other by an observation glass. In the absence of windows (the unit is in the basement) the lighting is artificial 24/7. The din is often unbearable for many reasons. First, the almost non-stop dring-dring of the phone; second, the perpetual movements of nurses and doctors; third, the presence of family members and other staff; fourth, patients' and their beloved ones' cries. This cacophony of sounds coexists with deafening jerky rhythmic noises of respirators, monitors, and alarms. To make

[†] The name and the exact location of the hospital have been omitted.

matters worse, the hospital smells of antiseptics, mixed with odors from medical dressings, burnt skin, and blood.

Fortunately, during rare periods of relative calm we turn on television and radio sets – the only devices in the Burn Unit that remind us of the outside world. Most of the time, Feyrouz's[‡] songs are broadcasted creating an agreeable ambiance for us all.

Caring for patients with severe burns is highly stressful and demanding for the medical team, in particular nurses, who are in close constant contact with patients during long shifts. Working in a hostile environment further negatively affects their emotional, psychological, and social well-being, causing burnout among some of them.[4] When exhausted and stressed, healthcare professionals struggle to provide optimal care; the quality of communication with their patients is degraded; they may lack patience, empathy and compassion, and patients' needs are sometimes ignored.

Under these conditions, it's not surprising that patients are dissatisfied. They undergo a high level of stress thereby prolonging their own healing process. I remember vividly angry verbal outbursts by some nurses as well as mine towards patients. It took regular coffee breaks to kick start positive conversations and engage in mutual active listening to reduce tensions.

We are all human beings after all!

After my final eye contact with Maria, upon hearing her touching words, my once cherished job became a nightmare. I could not tolerate seeing burned and dead people anymore. I could not cope with that closed, gloomy place. The consistently poor work conditions had gradually impacted me, either unconsciously or consciously.

Nonetheless, I continued to work in accordance with the requirements of professional ethics, but I had lost my serenity, my smile, and my harmony. I started to say to myself ceaselessly, every day, at every moment, "To the underground again and again!" What a life! I began blaming myself, "Why did I leave the Operating Room which offers a breathtaking view of the sea, to immerse myself in this melancholy place?" I started experiencing devastating physical and psychological fatigue. I finally felt what Maria felt. She was right!

The few hours I could venture out to breathe, to see the sky and to look at the sea in a crowded and polluted city, made me think deeply of Maria, my patients, and colleagues. How could they exist or heal in that

[‡] Feyrouz is one of the most famous singers in Lebanon and the Arab world.

closed underground unit? How could they experience wellbeing there? What is care, after all? Isn't it much more than fixing the body, decreasing the physical burn pain, covering the wounds with skin grafts, and trying to reduce the face and body scars? Isn't it caring for the whole person?[5]

To conclude my reflection

In patient-centered care aiming for optimal health outcomes, the physical environment is as essential as delivering quality care. When designing hospitals, it's crucial to take into consideration families and patients' needs, their lived experiences, in addition to staff perspectives. A pleasant home-like space may promote patient's recovery and wellbeing, as well as staff welfare.[6]

If I had the opportunity to re-design the Burn Unit, I would locate it in an isolated place with plenty of daylight.[7]

Other factors, such as reducing noise and providing a pleasant view would be considered. Why not integrate artistic activities such as painting, drawing, and playing music instruments? I would create a "Whole person healing space"! ■

ACKNOWLEDGMENTS

I would like to express my gratitude to Dr. Patricia Lynn Dobkin – my trainer during the 8-week program of Mindfulness-Based-Stress-Reduction for healthcare professionals that I attended at McGill University – for initiating me to the culture of mindfulness and the importance of awareness in medical practice.

REFERENCES

1. Dobkin PL, Hased CS. Why teach mindfulness to clinicians? In: *Mindful Medical Practitioners: A Guide for Clinicians and Educators*. Cham, Switzerland: Springer International Publishing; 2016. p.1-8.
2. About Lebanon [Internet]. Lebanon Ministry of Tourism, 2011 [cited 2022 Oct 15]. Available from: <http://mot.gov.lb/AboutLebanon>.
3. Palmieri TL. Infection prevention: unique aspects of burn units. *Surg Infect (Larchmt)* [Internet]. 2019;20(2):111–4 [cited 2022 Oct 15]. Available from: <http://dx.doi.org/10.1089/sur.2018.301>.
4. Dobkin PL, Hased CS. Applied mindfulness in medicine. In: *Mindful Medical Practitioners: A Guide for Clinicians and Educators*. Cham, Switzerland: Springer International Publishing; 2016. p. 39-41.
5. Talking about Whole Person Care [Internet]. *Programs in Whole Person Care*, McGill University, Montreal, Quebec, Canada, 2022 [cited 2022 Oct 15]. Available from: <https://www.mcgill.ca/wholepersoncare/whole-person-care-0>.

6. Ghalehnoei MP, Massoud M, Yarmohammadian MH. Presenting a conceptual model for designing hospital architecture with a patient-centered approach based on the patient's lived experience of sense of place in the therapeutic space. *J Educ Health Promot* [Internet]. 2022;11:188. [cited 2022 Oct 13]. Available from: http://dx.doi.org/10.4103/jehp.jehp_629_21.
7. Li H. University College London. Daylight in hospitals: health and wellbeing impacts on patients [Internet]. UCL Institute for Environmental Design and Engineering, 2021 March 11 [cited 2022 Oct 15]. Available from: <https://www.ucl.ac.uk/bartlett/environmental-design/news/2021/mar/daylight-hospitals-health-and-wellbeing-impacts-patients>.