

THE HEALTHY DOCTOR PODCAST

Episode 29 – Dr. Warren Kinghorn

Medicine: A Moral Enterprise

Steve Sartori:

Welcome to The Healthy Doctor Podcast, where we host conversations about physician well-being. I'm Dr. Steve Sartori, Director of the Center for Well-being at the Christian Medical & Dental Associations. The relationship between theology and medicine is deeply rooted historically and often misconstrued or misunderstood in contemporary circles. Our theology and belief systems influence our behaviors and our practices, which greatly impact our personal and professional well-being.

Steve Sartori:

My guest on this episode, Dr. Warren Kinghorn, is especially qualified to address this topic, as he is a scholar in both medicine and theology. Dr. Kinghorn is Associate Professor of Psychiatry at Duke University Medical Center, Esther Colliflower Associate Professor of the Practice of Pastoral and Moral Theology at Duke Divinity School and Co-Director of the Theology, Medicine and Culture Initiative at Duke Divinity School. He is also a staff psychiatrist at the Durham VA Medical Center. He received an MD from Harvard Medical School and a Doctor of Theology from Duke Divinity School, and his work has always been at the intersection of Christian faith and healthcare, especially related to Christian engagement with mental health and mental illness. I am very eager to engage in conversation with Dr. Kinghorn. Please listen in.

Steve Sartori:

Warren, thanks for joining me on this episode of The Healthy Doctor Podcast.

Warren Kinghorn:

Thank you for having me. Thank you very much.

Steve Sartori:

I'm wondering, I've read a lot about you and you're not a common guy. You've studied medicine, you've studied theology and I just wondering if as we get started, you might share a bit about what led you to choose a career in healthcare and even psychiatry.

Warren Kinghorn:

Well, again, thank you for having me on the program. I'm really, really grateful to be here. With respect to healthcare, I think that I fell into it more than anything else, and it had to do in part with the fact that I was raised in a Southern Baptist evangelical church and home. And in that context, I was taught to trust science, I think, as a way to understand God's world. And there was always a lot of support given to medicine as a profession and to physicians.

Warren Kinghorn:

I was also taught that serving and helping others was a good thing and that Jesus was a healer. And so, medicine was a way, as I think it is for many, to put those things together. And I also realized from some early experiences that I just loved the culture and the feel and the busyness of hospitals. And so, one thing led to another and I ended up in medical school.

Warren Kinghorn:

And as for why psychiatry? I think that's partly tied up in my work in theology because that's in part why I chose to become a psychiatrist, but I've always been fascinated in what it means to be human and how the mind works and why humans do what we do. Those are psychological questions to be sure, but they're also theological questions.

Steve Sartori:

How the mind works, kind of an attraction to this human part of healthcare and then a heritage that really kind of set you up for you to fall into healthcare, so to speak, you said. Yeah, interesting and these things seem to converge and after you kind of followed that route, you continued to explore the theological intersection with medicine and psychiatry so you decided to pursue that more formally. How did that come about?

Warren Kinghorn:

I did, yeah. I mentioned I grew up in an evangelical church and so even from high school and college, I wanted to connect my Christian faith to being a doctor. And initially, I was in college in the 1990s, and I thought the way to do that was to care about questions of medical ethics. And so, I was interested in questions about abortion and euthanasia and that sort of thing. And then, I went to medical school at Harvard and I quickly realized that thinking as a Christian about medicine was much broader than bioethics. And I began to realize that modern medicine, as we see it now, is at most a couple of hundred years old as a way of thinking and speaking.

Warren Kinghorn:

And I was getting a pretty good education, indoctrination really, in those ways of thinking. But I also realized that what I was seeing didn't always fit into medicine's categories. Medicine seemed to be too flat.

Warren Kinghorn:

I wanted to be able to think theologically about everything I was doing in healthcare, not just about these limit questions of ethics. One example of that, I was a first year medical student and I spent a couple of days shadowing at an alcohol detox facility in a neighborhood in Boston. And I just spent a couple of days talking to the men who were there. And they were, for the most part, middle-aged older men who had been drinking for a long time. They wanted to quit. They knew that they'd be better off without alcohol. They were hopeful that this time might work, but they also blamed themselves for having gone back to alcohol again and again and again.

Warren Kinghorn:

And I understood even as a first-year medical student, that I could read the medical literature around alcohol use disorder, and I could understand things about neural circuits and treatments. But their experience called for these broader concepts like agency and will and sin and grace and redemption and forgiveness. And I realized that my medical school training didn't have much space for these broader ways of thinking that were central to who I was as a Christian.

Warren Kinghorn:

I also actually got involved with a CMDA chapter in Boston at Harvard. It was really, it's an amazing of people who were Christians from all over the world, all over the global church. And we began to ask together, what does it mean to be Christian in this space? We were in this set of academic medical centers that's larger than most downtowns of most US cities. And we began to see, think about how can

medicine be understood as a power in the New Testament sense as a good structure, one that's capable of great good, but that also is fallen? And how do we think about medicine as a good but fallen power? And how then does it mean to engage as Christians in this world of academic healthcare?

Warren Kinghorn:

And that made me want to think even more and more about how do I think as a Christian about these questions? There were a few different things I consider, but one thing led to another and I ended up deciding to take some time away from medical school to do a Master of Theological Studies at Duke Divinity School, where I have since studied and am now teaching. And that really helped me to better understand just the landscape of Christian thought and practice. The image that I've always used is that when I first came to Boston, it was my first time there interviewing for medical school.

Warren Kinghorn:

I remember landing at the airport, getting in a cab at night, going in this very confusing route that led me under a tunnel and on a freeway interchange and by a body of water, and then I was at the place that I was staying. I couldn't have told you at the time where I had been in Boston, I just knew that I was somewhere in Boston, but after living in that city for several years and biking around and learning to love it, I can now look back on that trip and I could tell you exactly where I was, each place on that first night.

Warren Kinghorn:

I could tell you that I was driving on Storrow Drive by the Charles River, looking across the river at MIT. And I can map myself. And so, theological study helped me to better understand not only where I fit into this larger world of the church and of Christian history and Christian theology, but it also helped me to understand how to make sense of health and healthcare from the perspective of Christian theology.

Warren Kinghorn:

And that's something that really has changed my life and changed my career and has affected the way that I think and practice ever since.

Steve Sartori:

Well, Warren, as I listen to you, I think that you were a little bit unusual as a medical student. I only have my own experience, but the experience of my friends, we were out playing basketball and studying and not thinking so deeply about theology and thinking so deeply about meaning and what is it about my faith and how does it affect medicine? And then, you were surrounded by people who also fed that and you were nurtured and you were in a community that was encouraging those kinds of things. And so, I'm wondering, were you unusual or were you really normative? What happens to us as students, as far as our morality, our virtue, our values, and what's going on with us as we go through training in that way?

Warren Kinghorn:

Absolutely. Well, first of all, I think that the community for me was absolutely important, that the community students and of mentors around me, I still am in touch from teachers and mentors in that time, including the person who led the CMDA chapter at that time, and that has been a huge gift. To the question about formation, I'm now a clinician educator at Duke. I teach a lot of psychiatry residents and medical students, as well as divinity students. And I think of all of medical practice as a moral enterprise, like certainly scientific knowledge is important, understanding technology is important, but fundamentally modern medicine is about walking with somebody who's in some form of distress and trying to figure out what is the right thing to do in this situation given my understanding of this person

on a journey and given our shared understanding of what a good life looks like for them? And then, helping them to move toward that.

Warren Kinghorn:

And that's fundamentally a moral practice. Ethics isn't just the limit questions like scarce resource allocation and abortion and physician assisted suicide and those kinds of things, but ethics is central to everything we do. I mean, because it applies to everything we do in the world of clinical practice. And so, medical education is all about moral formation. What does it mean to shape clinicians and to shape ourselves to be those who love what's lovely and who do those things that are right and who are the kind of people who can step into complex situations and know the right thing to do? And so for me, all of medical education is a kind of extended process of moral formation and it has to be done in community. And I was really fortunate early in my training to have those who walked alongside me and encouraged me to do that. And I certainly wouldn't be where I am now, apart from that community.

Steve Sartori:

That's a very interesting kind of concept that I'm not sure everyone would grasp very readily. And so, I think of that and I think of hm, how is it then, if all of medicine is moral enterprise, what happens when things don't go right morally? Because we read a lot about moral distress, moral injury and all of that topic. Perhaps, you have some perspectives on some of that.

Warren Kinghorn:

Absolutely. Yeah. As I say, I do think and I would defend that all of medicine, all of healthcare is a moral enterprise. And I think one of the things that I love about working as a clinician with many colleagues who are Christian and many who aren't is that I think that healthcare largely is clinicians who are incredibly well-trained and work really hard to do right by our patients, to do right by each other.

Warren Kinghorn:

And that's what some of the exciting things about healthcare for me is not just working as an individual with patients, but it's working alongside colleagues and just trying to figure out, how can we do right by this person? And that's something that's so gratifying. And yet, it doesn't always work like that. And there's these terms moral distress and moral injury that have been increasingly talked about just in the last several years in medicine, these are different terms. Moral distress comes largely out of the nursing literature, and so is more directly related to health care. Moral injury comes out of the literature of combat and combat trauma and has only more recently been brought into healthcare.

Warren Kinghorn:

But I mean, here's the way that I think about these ideas is that if our clinical work is fundamentally moral at its core, if we're constantly working to do right by patients in ways that lead to health and peace, what the Bible would call shalom, then what are we to do when we find ourselves as clinicians constrained by systems, maybe even constrained by ourselves or by others in a way that we're unable to do the right thing? That being ourselves who are able to do the right thing seems somehow blunted or stunted.

Warren Kinghorn:

And so, I had mentioned the term moral distress came out of the nursing literature. This is nurses who are writing about what's the experience of being ordered by physicians to provide certain kinds of intervention or care that they believe fundamentally is harmful to the patient? Maybe in an ICU setting, where they feel like they're doing harm to somebody by continuing to put in lines and draw blood and

that kind of thing. And what do they do with that experience of feeling like they're harming when they're there to help?

Warren Kinghorn:

And the term moral injury has been picked up by physicians recently, but what does it mean to be practicing in a system where maybe because of constraints by the system itself, maybe because of patterns of insurance reimbursement, maybe because of just the way that relationships among colleagues work, you don't feel like you can provide care that respects the dignity and fullness of who patients are.

Warren Kinghorn:

And that becomes really demoralizing after a while. And so, one way to describe that experience is the now very familiar language of burnout, which would be classically clinicians getting exhausted and feeling like they're not able to really treat their patients as full persons in the sense that their work isn't mattering very much. And more recently, that's been brought into this frame of moral injury, maybe what's happening is that we want to do the right thing. We came into medicine in order to be certain kinds of people that could do the right thing and we find ourselves in systems that in some ways are blocking that. And that can be a really significant challenge and problem for clinicians broadly and for physicians, specifically.

Steve Sartori:

Wow. It seems like an ever increasing kind of difficulty we encounter given the nature and change of healthcare to business models and to other structures that seem to put increasing constraints upon us being that moral provider and the impact on people that we see as you stated, whether it leads to burnout or maybe even worse.

Steve Sartori:

You probably get put in the place of maybe helping a colleague deal with this or having a conversation around a distressing event or a distressing patient encounter. And how can a doctor respond to this?

Warren Kinghorn:

First of all, I just want to acknowledge that doctors are not always simply victims of these kinds of situations. Doctors often have a lot of power to choose our practice settings and even to shape our practice settings. And so, sometimes the way that, so I'm a psychiatrist, sometimes the way that psychiatrists get into these positions is by consenting to practice settings where the very structure of our care isn't one where we can really fully attend to what people need. And so, there might be systems that pay a very high salary in exchange for seeing a very high number of patients in a day for very few numbers of minutes per encounter.

Warren Kinghorn:

There's economic incentive to do that, but you do that over and over again, and you end up mostly doing medication management and not having time to really be able to give to patients and that can lead to burnout. But physicians have a role to play in this and so we're not just the recipients of it. But I think more broadly when we think about moral distress or moral injury, I think one thing, and I want to speak more broadly and also specifically as a Christian, is that simply naming the wrongness of a situation, naming that I'm in a situation where I'm not able to treat my patients or my colleagues or myself with the dignity that is required of me and of them as children of God, as image bearers of God. And so, naming it, this is not right, this could be better, this should be better.

Warren Kinghorn:

And I think the biblical tradition of lament of carrying these things to God saying, "God, I'm in a situation that I feel trapped, I don't know how to get out of, I'm not sure what to do, and I want to carry this to you," without immediately pretending like it's okay. I think that's something that the Psalms give us space to do for example, and is really important.

Warren Kinghorn:

I think second, building community, I talked about the importance of community for me as a student and community is still incredibly important for me, both as a clinician and as a teacher, as a professor. I'm fortunate to be surrounded here at Duke by a number of colleagues who I think know me and know my work and whom I trust and who can hold me accountable in particular ways, and we can limit these things together.

Warren Kinghorn:

And then, I think the question for clinicians is once you recognize a situation as one of moral distress or moral injury, what does it mean to take positive action forward? Sometimes, that might mean some form of repentance, of asking forgiveness of patients or of colleagues or of others, if we feel like we haven't been able to do the right thing. Sometimes, it means going in a new direction, like not working in a certain setting where we've been working and seeking a change.

Warren Kinghorn:

Sometimes, that means working to reform the setting where we are, but what it can't be is simply just accepting that this is the way things have to be. I think we're called to something deeper and broader and more joyful as clinicians and simply like tolerating systems that are dehumanizing our patients and us. And fortunately, many systems don't work that way, but certainly some do.

Warren Kinghorn:

And I think we have a responsibility as Christians to try to recognize that and to lament it and then to seek to change that. I think the key point is that as a clinician, you are not a cog in a machine. You're a moral agent. You're someone who God loves, who is called to the work of healing. And so, if we find ourselves simply feeling like we're cogs and machines then something's wrong, there's something better for us and for our patients than that.

Steve Sartori:

Yeah, the challenge not to accept where we are, but to say, "Do I need a different context? Do I need to surround myself with a community of people who can help me respond and uphold my moral integrity as a moral agent, as someone operating in a moral enterprise called medicine?"

Warren Kinghorn:

Absolutely.

Steve Sartori:

And these are challenging situations for us as Christians in medicine, because sometimes the consequences are great. Sometimes, we are convinced that we must take a stand against a systematic issue or an individual issue or whatever, and we must be prepared to experience the consequence of that.

Warren Kinghorn:

Absolutely. And I think that's what the church is for. I mean certainly, my experience of community in medical school was in a context of Christian community, but I think the church, the institutional church has a role to be able to call clinicians into accountability and to fellowship and to encourage clinicians, but also to be able to hold space for people to say, "You know, is the work that I'm doing consistent with my life as a disciple of Jesus?" And the church has a really vital role to play in the lives of clinicians, not just simply doing... I mean, although this is very important, not just helping us to read scripture and to be in a space of worship, but also specifically as clinicians to ask, "How is what I'm doing contributing to God's reign on earth?"

Warren Kinghorn:

And if it has nothing to do with that, then like, what am I being called to differently? What might my opportunities be?

Steve Sartori:

It seems like we have great opportunity to leverage this community of Christian believers for these kinds of conversations, rather than just going on our merry way and not paying attention. As you said, the first thing is really to pay attention to these things, to notice them, to name them, to recognize them and to acknowledge it and to start with taking it to God and then taking it to other fellow believers and especially those who really have a deep, natural understanding of the context within which we operate and move.

Warren Kinghorn:

Absolutely. Absolutely. Yeah, yeah.

Steve Sartori:

Warren, we have so much more to talk about, but I want to kind of begin to bring this home, so I know these kinds of conversations around medicine, theology and culture are part and parcel of what you do and what you're involved with in this initiative at Duke called Theology, Medicine and Culture-

Warren Kinghorn:

Absolutely.

Steve Sartori:

What does this initiative address and what could you share with us about that initiative?

Warren Kinghorn:

I'm a co-director of the Theology, Medicine and Culture Initiative at Duke Divinity School. We are a seminary based initiative that exists to connect the world of healthcare to the world of Christian faith and practice, to bring the good news of Jesus into the world of healthcare.

Warren Kinghorn:

And we are so fortunate to be surrounded by students and faculty who really care about these questions. We have several programs that I'd love for people to know about. We offer online seminars that now are online and carry CME credit that you can find on our website, which at www.tmc.divinity.duke.edu. We also have a residential program for people who want to move to Durham and study at duke for a year or two in the divinity school here in community with others who

are called to help care, to study for a degree to be engaged in spiritual formation, to be engaged in a lot of intentional community conversations.

Warren Kinghorn:

We call that our Fellowship in Theology, Medicine, and Culture. And then, this next year starting fall of 2021, we're actually launching a new distance certificate in theology and healthcare for practicing clinicians. It will be a six course certificate. It involves two courses that specifically look at the history of healthcare in the light of Christian faith and practice, two courses that are kind of basics of theology, history, biblical study, ethics, and then two that are focused on spiritual formation for clinicians.

Warren Kinghorn:

We think of ourselves as offering theological formation for the church's health practitioners. And so, if any of your listeners are interested in being in conversation with us about that, we would welcome that and those in those conversations.

Steve Sartori:

That sounds very exciting. You've got me interested and I trust many of our other members would be interested in it, as well. Thanks for doing that, then engaging in those kinds of conversations and that kind of educational initiative and opportunities for us. And Warren, is there anything else you'd really like to share with our listeners before we close?

Warren Kinghorn:

I think I would want to say what I say to any group that I speak with and also try to bring into my clinical practice, which is that there's a few things that we just have to always remember as Christian health practitioners. And the first one, the most important thing of all is that the deepest truth about who we are is that we are loved and known by God. And that's more true of us than any board certification or any practice setting or anything that we are or are not doing in the world of healthcare. And the second thing I think is that the image of the traveler or the wayfarer earlier that the most helpful way to think about engaging healthcare as a Christian is to think of ourselves as pilgrims or wayfarers and to think of our patients as wayfarers, those on a journey from God to guide.

Warren Kinghorn:

And so, the question is always like, "What's needed right now for the journey on which I find myself and what's needed for my patients on their journey with me having the privilege to walk alongside them?" When we start with those two premises, that we are deeply known and loved by God, and that we're those on a journey with a privilege to walk alongside each other, then so many possibilities open up. I think the possibility of real joy.

Warren Kinghorn:

And maybe last, I would just offer the inexhaustibility of the Bible, of scripture, of Christian faith that any clinician who is feeling like their practice is kind of wearing them down, there's just this incredible well within the world of scripture and within the world of the church. And we can just rest on that. That's something that I think God has given us this gift.

Steve Sartori:

I think that we as Christians have such an advantage in so many ways to understand and appreciate that we're known by God, that we're loved by God, that we're surrounded by a community of others who have that same experience and that leads to joy.

Steve Sartori:

And so, it never ceases to amaze me that we actually generally are healthier in so many ways because of that understanding of who we are and who made us that way. And to me as a director of well-being, I just love to see practitioners and clinicians and healthcare workers and healthcare leaders understand those underpinnings because I really do believe there's a deep, deep, well of joy there to be found. Thank you for your work and for challenging us to continue to think deeply and to not just go on our merry way, but to really dig deeply into some of these issues that you were thinking about even as a very young Harvard medical student and maybe even before, so thanks for sharing that, Warren, and God bless you.

Warren Kinghorn:

Thank you, Steve. You, too, and blessings on your work. Thank you so much.

Steve Sartori:

So much to think about there with Dr. Kinghorn. I wish we had more time and hopefully in the future we will. But thoughts about the fact that medicine is a moral enterprise and we as physicians are moral agents. And that oftentimes when that morality is breached and causes a conflict within or a constraint from a system, we must deal with the consequences of moral distress or moral injury or even moral trauma. And yet, we can name that, we can face it. We can address it in the context of community, knowing that we are known by God and that we are loved by God.

Steve Sartori:

If you have some interest in learning more about the Duke Center for Theology, Medicine and Culture, go to their website at www.tmc.divinity.duke.edu, and you can find much more about their programs, their resources, their classes and courses, you might be very interested in what they have to offer.

Steve Sartori:

At the CMDA Center for Well-being, we help doctors and other healthcare professionals align with God, optimize well-being and maximize influence. We offer professional coaching services that help you advance your well-being, navigate transitions, or grow your leadership skills. For more information, visit www.cmda.org/coaching or email coaching@cmda.org.

Steve Sartori:

Our coach training courses afford you the opportunity to learn the mindset and skills of coaching that equip you to help others without giving them advice. These popular courses are dually accredited, providing both category one CME credits and coach training hours approved by the International Coaching Federation. To stay abreast of current course offerings, visit www.cmda.org/events. Thank you for listening to this episode of The Healthy Doctor. Thanks to those who helped produce it, Rusty, Scott, Eric, our media team. Tune in again next month, and until then care for yourself as you care for others.

Announcer:

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