

medicine for fun, not funds

Patch Adams, M.D.

Patch Adams, M.D., noted speaker and self-proclaimed “lunatic,” enthralled audiences at AQP’s 22nd Annual Spring Conference and Resource Mart in Orlando, Florida, in March 2000. Audience members were treated to his personal and professional life stories, told with an entertaining twist. For the enjoyment of those who missed the session, here is Adams’ story, in his own words.

THIRTY-TWO YEARS AGO I ENTERED MEDICINE TO use it as a vehicle for social change. I’m a political activist. I’m also a nerd, so when I entered medical school, I knew I’d have a lot of free time, and that I wanted to use that time to study the history of health care delivery—not only the history in the West, but all over the world. I wanted to study it both in the press and voraciously through interviews.

When I graduated, I wanted to create a medical model that would address every single problem of health care delivery in one model. So when I graduated in 1971, 20 adults—three of us physicians—and our children moved into a large single-family, six-bedroom house and called ourselves a hospital. We were open 24 hours a day, seven days a week, for all manners of medical problems ranging from birth to death. We ran this pilot project for 12 years.

Never in our 29-year history have we charged money for our services—and it’s not that we want it to be free for poor people. We wanted to eliminate the idea of debt in the medical interaction. We didn’t want to think people owed anything for getting care. We wanted them to clearly know that they belonged to a community, and that their community would care for them. In that same light we did not allow barter. Patients were not allowed to give money. You could only donate to us if you did not get care from us. We also never had anything to do with third-party reimbursement. I’ve never seen an insurance form—Medicaid, Medicare, Blue Cross. I’ve never heard anyone say anything nice about insurance, and I don’t want to associate with something that no one has anything nice to say about.

Never have we had anything to do with malpractice insurance. When you carry malpractice insurance, you’re telling your patients, “I’m afraid of you and I don’t trust you.” You live your entire professional career in fear and mistrust. Fear and mistrust are horrible in

any human context; in medicine, it has damaged our profession horribly.

We also wanted to humanize health care, so we looked at human relationships and asked, “Where are we most human?” It was very obvious that we’re most human in our friendships, so our ideal patient became a person who wanted a deep, intimate, life-long friendship with us. With that kind of intimacy, great medicine can happen, particularly when dealing with a deathbed, intractable pain, or chronic unsolved medical problems. Indeed, the celebration of life is in the depth and deliciousness of intimacy that a person collects over the course of their life.

Doing that as a family doctor meant that my initial interviews with patients were three or four hours long. If you have any sense of my intensity, you may have an idea of how much I try to find out in that time. In most cases, I end up finding out more than anyone has ever known about them. In order to do that I also went to their home. I love the house call. It’s the greatest part about medicine—particularly if you’re a voyeur. When I make a house call, I open every drawer, door, and closet. I take home your letters, your diaries. I’m shameless—because I want to know who you are. You asked me to be your doctor, and I want to know you as well as anyone has ever known you.

In spending that kind of time with patients, I found that almost nobody in America was healthy. If I define health as a happy, vibrant, exuberant life on an average day, then I’m sure you can understand that we’re not a society that has any idea about being healthy, about loving life, about waking up in the morning going, “Life, baby! Whoa!” What did it matter if I cut out a tumor or corrected blood sugar or blood pressure if my patient’s life still sucked? Oh, good outcome—ten more years of a life that sucks!

That’s why, from our very beginnings, we wanted to address the issue of vitality for life. That’s why we fully integrated medicine with performing arts, arts and crafts, agriculture, nature, education, recreation, and social service. We didn’t integrate them as cute additions to pharmacy and surgery, but as the very core of what health care is all about—the health of society, the health of the community, the health of people and their love for life.

We’ve been the only hospital for 30 years to fully

integrate all of the healing arts. We're very concerned about the lack of acceptance of diversity in our world, and we wanted to be fully accepting of all healing arts, even though it was against the law. Now, 30 years later, it's a lot more accepted. But still, there are no hospitals that fully integrate them, and only a few that do so on a small scale.

We also wanted to address the issue of burnout, and to really promote a celebration of life. That's why we created the first silly hospital in history—silly to live with, silly to die with. One of the first papers I had published was in the *Journal of Death Studies*, called "Fun Death." Now initially, death is not your idea of fun. But think about it for a second. Everyone here is going to die. In fact, you just got one day closer to death. Raise your hand high if you want a fun one. Right! (I hope there are some hospital administrators present.)

We have also been very concerned about environmental health. We've been farmers from the very beginning, and experimental in sustainable agriculture and all the environmental concerns.

All this time, for 29 years, we tried to raise money to build what has been, for 30 years, the only model in America fully addressing the problems of health care delivery. I'm proudly the worst fund-raiser in history. Our first donation came 14 years into the project—for the first 16 years no one would talk with me about our work. It really has taken the superficial nature of pop culture to bring attention to what we're doing to any kind of degree that will actually build our hospital.

Those 12 years we saw patients—just picture it. We have 500 to 1,000 people in our home every month, with five to 50 overnight guests per night. Those guests were needy, lonely, lonely and needy, needy and lonely and suffering—and they brought their medical problems.

We made no money. In fact, for 29 years, whoever has worked with us has paid to practice medicine. That's all I've known, is that I paid to be a doctor. I say that happily because the unencumbered giving of one's love to another person is worth paying to do. It's *that* thrilling and rewarding.

During that time I was 0 for 1400 in foundation grants, even though we only applied to foundations that said they wanted to address health care delivery issues. Now if you're not very good at math, that's a very bad record. We have been, and still are, the only model in this country fully addressing care delivery issues, and still, no one wanted to help us.

So after 12 years of refusing publicity, we realized that we had to go to the modern church, which is the media, in order to get funding for our hospital. We

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realized that, in doing so in a country where 80 million Americans can't really get the kind of care that they need, we would have to stop seeing patients, because we didn't even have beds to offer the patients that we *did* have. So we went public and had to stop [seeing patients]. I say that, knowing that we never actually stopped. But during the last 17 years, we've spent time climbing the fame and fortune ladder to try to raise the funds to build *an* answer to health care delivery—not *the* answer. It's so boring to think that there's only one answer for something so complicated. When Hilary Clinton first got her directive from her husband, what I suggested was to encourage 10,000 models. The people in a small town in Iowa don't need the same kind of thing that the people in New York City need. And maybe within New York City there are 20 models that are necessary, not one model. We've never even remotely thought that we're an answer.

We're a *stimulant*. If we can do what we're doing, then you can probably do what you want to do. If we define the patient in our first 12 years as being the individual or the family, which is the traditional way of looking at health care delivery, then in the last 17 years, our patient has been community and society. And we've been studying the signs, symptoms, and problems of that patient, and being active all over the world. We are now active in over 40 countries trying to affect change in many areas, health care delivery being one of them.

In that time I've probably spoken at more than 80 of our medical schools, some of them multiple times, and been a part of all the complimentary medicine, not only in our country but all over the world.

IT WAS ALSO DURING THAT TIME THAT I STARTED taking clowning missions to areas of need. I don't require any clowning experience. For 16 years I've taken groups of people to places like Russia for a two-week period. Ten- to 16-hour days of relentless clowning in hospitals, orphanages, prisons, and nursing homes. Eight years ago, because of that work, because of the abuses in the orphanages, we started to create orphanages ourselves. And that led to us taking clowns

into the war in Bosnia some years ago, and last year taking them into the Kosovo refugee camps. All of this time, trying to talk about the celebration of compassion, the celebration of giving, the richness that comes not from having *things*, but having experiences of love and offerings of helping other people.

DURING OUR FIRST 28 YEARS I FAILED MISERABLY at raising funds. After 28 years and 80-hour work weeks with almost no vacations, we had \$6,000 in that building fund. After “Patch Adams” opened in December 1998, we had a \$30 million building fund for our hospital.

We did own our piece of land [before the movie]. Twenty years ago we bought 310 acres in Pocahontas County, West Virginia, which is the least-served state of health care in the United States. We wanted to go where the need was greatest. We have a beautiful piece of land with three waterfalls with caves behind them; a four-acre lake; a mountain of hardwood trees; and rich bottom land that’s had no had chemicals in it for 20 years. There we’re building a 40-bed rural community hospital: surgery, OB/GYN, pediatrics, internal medicine, family practice, psychiatry, acupuncture, chiropractic, herbal medicine, body work, faith healing, and more, all working together side by side. Forty beds for patients, 60 beds for staff and beds for their families—it will be their home, too—and 40 beds for guests, people like yourselves. It would not require that you be in the healing arts to come there, spend a vacation, and learn the joy of service.

YOU UNDERSTAND, WE’RE REALLY A GIMMICK. WE use disease as a gimmick to get you into what is actually a university of human community. Here we teach Friendship and Service 101, and we teach people getting along, and the cybernetics of human culture. We try to encourage people to feel the ecstasy of belonging to something that helps other people. The hospital will have 30,000 square feet devoted to the arts. We think art is a center focus to human culture, and we’re embarrassed about its placement in our society; how we quickly abandon it in our schools as soon as spending gets cut. Our hospital will have a full modern stage. There will always be theatre, music, art, ceramic pavilions, metal work pavilions, photography studios, fine arts studios, fine woodworking studios, etc.

Our hospital will have a school because we’ve been concerned all of these years about where education is going, and you can’t attract health professionals to rural West Virginia unless you can provide a school for

their children. This school will be experimental as well in trying to understand how to make education thrilling for both teachers and students. It’ll be for our staff’s children, sick children, children of sick parents, and children of the local community that would like to attend. And, of course, everything will be free.

We will be as much of a model for the environment and our agriculture as for our structures. In fact, we’re committed to what the environmental movement calls an eco-village—creating how humans might live in the future in a way that works in harmony with nature.

We will operate this hospital on less than 5 percent of the national average for a comparable-sized hospital, eliminating over 95 percent of the cost by making it a service and not a business. By creating the kind of physical and contextual design that we have for our hospital, we’ll create a place where doctors and nurses are willing to come to work and live full-time, working 60 or more hours a week for a \$3,000 per year salary—and they beg to do it. They beg from all over the world to do it. And I would suggest that you could have such a hospital in your community. You just have to design it in a way that a doctor would want to work there. You really just have to care for them and their families. What they want to do is serve, but if you don’t give them a context to serve, then they’re going to buy into the context that’s currently available, which is damaging everyone except the investors.

Seven years ago I wrote my first book, *Gesundheit* (Robert Heard Publications, 1993), and got good reviews. It led to an interest in Hollywood, and unless you live in a cave, you probably know that Universal Studios made a movie of my life and released it in December 1998. It was the No. 1 film in the country for some weeks, and it’s changed our lives forever. It took me seven months to get permission to take the clowns into the war in Bosnia. It took *four days* to take them into the Kosovo camps. That’s the nature of pop culture.

I think that we’re on the threshold of getting the kind of funding we need. We’re so optimistic that we’re planning this year, finally, in our 30th year, to break ground. We *will* open our hospital in four years, exactly the way we dreamed it, without any compromise.

Patch Adams, M.D. is a physician and professional clown. For 30 years, Adams has advocated the powerful effects that fun, joy, love, humor, creativity, and community have on healing. Adams, a self-certified “lunatic” whose optimism is contagious, has been the driving force behind the Gesundheit Institute, a nonprofit, holistic healing community located in West Virginia. Adams is the author of Gesundheit (Healing Arts Press, revised edition, 1998).