



From “Bright Lights of the Second City”
by Betsy Storm (with permission of the author)

David Steinhorn

Pediatric Palliative Care Physician

Lifelong student of the spirituality of living, death, and dying urges individuals to pay greater attention to lessons each of us is called upon to experience.

David Steinhorn, M.D., was the medical director of The Bridges Program for Pediatric Palliative Care at Lurie Children’s Hospital (formerly Children’s Memorial Hospital) in Chicago from 2005-2011. In 2013, he joined the faculty of the University of California-Davis Children’s Hospital in Sacramento, California, as a pediatric critical care and palliative care physician. (Palliative care strives to give meaning and quality to life through the management of pain, symptoms, and the stress of serious illness. It is not the same thing as hospice care at the very end of life – although hospice always includes palliative care.)

In 2003, Steinhorn co-founded the Judith Nan Joy Integrative Medicine Initiative, which

sought to create a new model for hospital-based pediatric healthcare by integrating conventional allopathic protocols with complementary therapies, such as touch healing, massage, and acupuncture. He graduated from the University of Minnesota Medical School. Steinhorn says that above all else, his professional and personal passion is to bring light and awareness of the human spirit into institutional pediatric healthcare and into his own life.

I grew up in a Jewish household in the Rogers Park neighborhood of Chicago and was bar mitzvahed; however, Jewish services never resonated with me. My father, who'd grown up in an Orthodox Jewish household, experienced a great deal of ambivalence connected to his upbringing. He never found a constructive way to deal with his pain, and he committed suicide on my eighteenth birthday. That act of desperation catapulted me into seeking a beneficial way to deal with the loss, and I've been on a spiritual quest ever since.

I experienced an epiphany after reading *Many Lives, Many Masters: The True Story of a Prominent Psychiatrist, His Young Patient, and the Past-Life Therapy That Changed Both Their Lives*, by Brian Weiss, M.D. Reading about his experiences with patients who talked in detail about their past lives convinced me that this stuff is probably real.

A challenging aspect of medicine for the majority of physicians in the West is the separation between the physical nature of illness and the emotional and spiritual implications of being ill. The Western approach neglects the multidimensional nature of the human spirit.

Historically, physicians didn't possess all the drugs and the technology that we have now, but they were often more available psychologically and emotionally.

Any deep level of illness carries with it a profound opportunity to learn, a wake-up call to discover what, exactly, life is asking us to experience. Our lives are mirrors reflecting back to us that which needs to be examined. The question is not simply, "What does the body require to be cured?" but also, "What do the soul and the spirit need in order to be healed?"

Contemporary Western medicine doesn't have a clue, but many traditional healing methods –

including Reiki, a Japanese energy healing technique for stress reduction and relaxation that also promotes healing; Qigong, a Chinese system of working with chi, or life energy; and Shamanism, the spiritual practices of ancient civilizations and cultures – help individuals to be more open to life’s lessons.

The palliative care movement began in the late 1960s. Because there was no accepted alternative to further therapy, patients were offered additional medical treatments, even though their potential for living a good-quality life – or any life at all – was nil. There was, finally, recognition that there is not always another treatment to offer.

Pediatrics led the way in advancing palliative care by introducing the concept of referral to palliative care earlier in the treatment process. Traditionally, palliative and hospice care had only been considered during the last seven to fourteen days of life, when a patient was literally at the brink of death. However, that’s too brief a time to develop a rapport with families, understand their values, and work most effectively to discover the remaining lessons of life.

Hospice care evolved as a counter-culture movement: Many patients were abandoned by the traditional care system when there were no further therapies or surgery to offer. Patients didn’t want to be cared for by, say, an oncologist, who would primarily treat their cancer and its symptoms, only to be sent away when the oncologist had nothing further to offer. Instead, they preferred the idea of a team of individuals, as in hospice, that tends to their physical needs as well as their spiritual needs. This group includes physicians, nurses, social workers, chaplains, music therapists, Healing Touch* therapists, and others. Especially when they are dying, people deserve to be treated with dignity and compassion as intrinsically valuable human beings, for whatever time may remain. The care providers also gain much through the sacred work of attending to a dying person.

Dr. Steinhorn was interviewed at Children’s Memorial Hospital in Lincoln Park on November 15, 2010. (The new Lurie Children’s Hospital is located in Streeterville.) His birthday is May 30, 1950.