

Dr. Lynn McPherson:

This is Dr. Lynn McPherson, and welcome to Palliative Care Chat, the podcast series brought to you by the online Master of Science, PhD, and Graduate Certificate Program in palliative care at the University of Maryland. I am delighted to welcome you to our podcast series titled, Founders, Leaders and Futurists in Palliative Care, a series I have recorded with Connie Dahlin to support course work in the PhD in palliative care offered by the University of Maryland, Baltimore.

Dr. Lynn McPherson:

Hello. This is Dr. Lynn McPherson, professor at the University of Maryland, Baltimore and program director of our graduate certificate, master of science and PhD on palliative care. And this is I think one of the most treasured interviews of the entire series that we've been doing. I'm joined by Connie Dahlin, but our guest today literally needs no introduction. It's Dr. Balfour Mount, who is, I don't think it's overestimating things or overstating things to say, the father of palliative care. I am absolutely fangirling on Dr. Mount, and I am just so, so, so excited he took the time to be with us today. Connie, what do you think?

Dr. Constance Dahlin:

Well, so I just want to give a little bit more introduction to our students and our listeners. So Dr. Mount is from Canada, and he is the founding director of the Royal Victoria Hospital Palliative Care Service. And you've heard some of our other speakers speak to the fact that Dr. Mount thought hospice wouldn't necessarily be accepted and really thought about this term, palliative care, and has launched it forward. I just listened to a Radiolab episode the other day, and it mentioned that Dr. Mount had listened to Elisabeth Kübler-Ross and got started, so there are many people who have been talking to him. So I guess without ... If you want more information, those of our students, we want you to know that Dr. Mount has written a book called Ten Thousand Crossroads: The Path as I Remember It. Really amazing to think about historically in the thought process.

Dr. Constance Dahlin:

But I guess, Dr. Mount, as we start, when you think about jumping into this, you were an oncologist, you had started your own career and also were getting familiar with the healthcare system on a personal basis and then you were in palliative care. That interesting perspective as both a clinician and as a patient, do you think that that made more of an impact on you than it might have without it?

Dr. Balfour Mount:

I was a surgeon, a surgical oncologist and a urologist. That's the clinical background. So I think the critical issue for each of us is learning to be open, open to ourselves, open to the patient, the person who is ill, and to their family members, and that, not a degree, not any other thing, that understanding is core to palliative care. Palliative care means non ... The word, to palliate, mean it's non-curative. We all need palliative care. The issue then, the core issues are that we're caring for, concerned with a patient and the family who will not have their current situation end through cure but who have the potential of some time left in living. And so that's our focus to attention, to our attention, the focus to our attention. And it turns out that that can be a great privilege for us and some benefit for them. So I'm very excited about what you're doing, Lynn, very excited.

Dr. Lynn McPherson:

Thank you.

Dr. Constance Dahlin:

When I was reading about your history, you were very personal in your book, and I'm curious about if you remember, what was it that even made you decide to go listen to Elisabeth Kübler-Ross? Because you could have not gone there and not been inspired, but you did, and it seems like that was a really important action.

Dr. Balfour Mount:

Well, Elisabeth became a good friend and a close friend. That was just one of many amazing lectures that come through McGill University, and it was suggested I might enjoy this. I knew absolutely diddly-squat about Elisabeth or about palliative care or anything else. There wasn't a thing called palliative care I might say. The connection of Elisabeth to what we're talking about today was simply that Elisabeth was a very observant psychiatrist, has the gift, she had several gifts, one was a clear understanding that she can develop remarkably quickly of who it is she's conversing with, who at a depth she was conversing with. And a second gift she had was she was probably the best speaker I have ever come across. She was just ... And a woman of depth of understanding of the psychodynamics of the people she was relating to. At any rate, the length to my life, Lynn, is Elisabeth as a friend, and we became close friends for the rest of her life.

Dr. Balfour Mount:

But the key to this conversation was that if you read her book, she just mentions in passing Dame Cicely Saunders, and simply Cicely Saunders in London, England, the founder of St. Christopher's Hospice. And the more I got interested in our deficiencies as caregivers when we're dealing with people facing a terminal illness, the more I became interested in that and by this point, knew Elisabeth, got to know Elisabeth, I thought, well, I better to get to know Cicely really well. So I flew to London and ended up the next ... For those who don't know, St. Christopher's Hospice is the real founder of the foundation of our increasing global interest in end-of-life care. The place that deserves the credit for all of this is St. Christopher's Hospice in London, and the person is Cicely Saunders. And her writings are ... a brilliant woman physician. Her writings should be required reading for all of us.

Dr. Balfour Mount:

So at any rate, after the first visit at St. Christopher's, that would be probably about 1970, I got to know Cicely. And out of it eventually came the fact that the next summer, '74 I think it was, I took my family and we flew to England, and she was going. She said, "I shall be going birding in Switzerland and will need another physician. Will you join the team?" So I did. And she went birding in Switzerland, and I had a remarkable summer with my family at St. Christopher's. Too much information. Sorry about that.

Dr. Lynn McPherson:

No. It's lovely. I think the part, Dr. Mount, that's so amazing is I think people forget that there was this movement and people started meeting each other and there was so much of a personal ... It wasn't just this curriculum that people had, but it was these connections of people. So I think it's actually lovely of talking about that, particularly since we all know that then the thought of, okay, hospice wasn't going to translate in the same way over here and so you're thinking about palliative care. So I think that that's really important for people to hear some of that personal side. I wonder. I was struck by your book in the sense of you are very much ... Your practice is underpinned by spirituality. And I'm wondering two

parts. If you haven't had been spiritual, do you think it would have held the same interest for you or was the spirituality also something that pulled you into the hospice and palliative care arena?

Dr. Balfour Mount:

I think we need to ... the suggestion that I'm particularly a spiritual person or that, as you, Lynn, expressed that this underpins my work, requires some discussion. I had trouble with that, and I have trouble with calling me a spiritual person. We all are spiritual people. This isn't just words or nice sounding gobbledygook. This is a key foundational understanding. The four of us, three of us, I can't even count, the three of us in this conversation can be looked at as, each of us, as being comprised of four components: physical, psychological, social and spiritual. And by spiritual, I mean man's search for meaning. Dr. Frankl was talking about all of us. And man's search for meaning is our quest for each of us in this moment, in this conversation, in getting into an argument with somebody who wasn't polite for whatever reason. We bring to each of our occasions those four components. We're physical. We're psychological, and we're existential. We're looking for meaning, not consciously but that's part of the dynamic.

Dr. Balfour Mount:

So I feel very uncomfortable in the notes to the questions and in the questions, the suggestion that I'm particularly spiritual. So are you. So both, that we all are. It doesn't mean we adhere to any given belief system. It doesn't mean that our care ... It just comes with the individual, comes with each of us. We're all spiritual. So I had a lot of discomfort with that question. Now, where was I? What was the question again as you phrased it?

Dr. Lynn McPherson:

Well-

Dr. Balfour Mount:

Realizing that we all are spiritual, for god's sake, literally and figuratively.

Dr. Lynn McPherson:

Okay.

Dr. Balfour Mount:

Realizing that, your suggestion is that palliative care as I understand it can be packaged or understood as a spiritual undertaking. And sure it can. So can anything we do be understood as a spiritual undertaking because we bring a point of view that part of which is generated from our understandings physically, psychologically, socially, spiritually. So talking about us having a spiritual program, the only truth there is that we're recognizing that part of the search we all have is a search for meaning. So yeah, of course, that's what it's about.

Dr. Lynn McPherson:

I think when I was reading it, I was more also thinking about Cicely Saunders, and David Clark and his biography of Cicely Saunders, spoke to religion being really her comfort also in her practice. And so just thinking about what have some of us thought about in this creation of hospice and palliative care? And I agree. There's many aspects to us. I wonder particularly-

Dr. Balfour Mount:

Could I interrupt right there?

Dr. Lynn McPherson:

Yeah.

Dr. Balfour Mount:

Cicely, if I understood those words you just said, her comfort was from her spiritual domain, and that was the comfort in her practice. My problem with that statement is that it's too easily misunderstood. Cicely's comfort came from the comfort she found and was able to underscore and produce and enable in the patients and families she cared for. Now you can say, well, I understand that as coming from spiritual. I'll tell you. Cicely was one tough cookie and not the wishy-washy kind of stuff. Yes, her belief system was fundamental to her, but I got news, it is for all of us. It is for all of us.

Dr. Lynn McPherson:

Yeah. Can I switch topics because something just occurred to me?

Dr. Balfour Mount:

Yeah.

Dr. Lynn McPherson:

I don't know if another one of our interviewers said this or I read it perhaps in your book or somewhere else. You had gone to England for one or two summers, whatever, and then you came back to Canada. How did you come up with the term palliative care?

Dr. Balfour Mount:

Well, thanks, Lynn. I was looking for a way to ... I had come to the point of seeing the problems Cicely was addressing as being profoundly important for all of us in the caring professions. At first, I thought that the few programs out there including particularly Cicely's at St. Christopher's, they used the term hospice. I thought, terrific. Who in the world has ever heard of the word hospice, for god's sake? Because you keep talking about a hospice movement. Well, there may be a movement now. I'll tell you. When we were starting, there was no movement in North America or anywhere else in the world.

Dr. Lynn McPherson:

Right.

Dr. Balfour Mount:

But there were a few places with hospices like Cicely's, like St. Christopher's. And I was looking for a word then. I thought it's the Royal Victoria Hospital or hospice, and that's what I'll use. And my francophone colleague said, [foreign language 00:20:05], "You can't use hospice because in the connotation, that will remind francophone people of [foreign language 00:20:17] France." And in France, hospices have unfortunately and probably well earned a very poor reputation. So I couldn't, because I'm in Quebec and francophone province, I couldn't use the term hospice. I thought it was great. It meant Cicely to me, so that was wonderful. That's not what it meant to francophone people.

Dr. Balfour Mount:

So I looked at the other options that were possible and came up with palliative care because to palliate is to alleviate, and that's what we want to do. And so that's how it happened. So it became the Royal Victoria Hospital Palliative Care Service. I asked Cicely and Robert Twycross, who was then just beginning in England, if they liked the term and, of course, they said, "No. It's terrible. It should be hospice."

Dr. Lynn McPherson:

Yeah. We interviewed Dr. Twycross as well.

Dr. Balfour Mount:

Have you?

Dr. Lynn McPherson:

Yes.

Dr. Balfour Mount:

Oh. Robert is the real thing.

Dr. Lynn McPherson:

Absolutely. He tells it like it is. That's for sure. When you started your palliative care practice at your hospital, was it interprofessional right out of the gate?

Dr. Balfour Mount:

What do you mean interprofessional?

Dr. Lynn McPherson:

Was it more just you as the physician? Did you have nursing, social work, pharmacy, chaplaincy involved as well?

Dr. Balfour Mount:

Our program from the very first had a ward with beds, a consultation service to the active treatment wards of the hospital, a home care program for the patients and families at home, a bereavement follow-up program for those grieving after their loss, a research program and a teaching program.

Dr. Lynn McPherson:

Wow.

Dr. Balfour Mount:

And we had all of those from day one.

Dr. Lynn McPherson:

Wow.

Dr. Balfour Mount:

It was a struggle, I can tell you. As I understand the question, it's, who was on the team?

Dr. Lynn McPherson:

Yes.

Dr. Balfour Mount:

Well, physicians who were full-time patients referred to us from other wards or services in our 1,000-bed McGill University teaching hospital. When I say 1,000-bed, I'm including Montreal Neurologic Institute, and I'm including the Psychiatric Division and so forth. That makes that up to 1,000 beds. We needed physicians who were ... The physician, who had previously cared for the patient referred to us, was always welcomed, and it could be a physician, but physicians are pretty busy people and surgeons so they basically weren't there if their gift entering didn't enable them to cure the person. So I needed physicians like [Einard, Jimmy and John, Scott 00:24:18], I could go on and on, but physicians who were part of our service. And, of course, we needed nurses and we needed trained nurses, and we had a training program and then they came to us for a trial period and then have that training when they were with us. We had a social worker. We had a pastoral care person. These are people ... So we had a full interdisciplinary team, leaving out the critical and until at last we had a volunteer program.

Dr. Lynn McPherson:

Great.

Dr. Balfour Mount:

Now, the volunteer program consisted of person who came to us and came to the topic from a variety of backgrounds and experiences, of course, but who were interested in having the training program we offered and becoming part of ... We had a very stringent interview process before we took them on, but we had the palliative care service training program, which had its own director and as a member of the core team and they were an equal part of the team. Interestingly, they had their own charting system that was the volunteer charting system. They did not have access to the patients' hospital chart. It would have contravened the hospital mandate, but they certainly weren't ... If we wanted to know something, we went to the volunteers.

Dr. Lynn McPherson:

Of course, they had to see.

Dr. Balfour Mount:

So those were all strong in arms of a vibrant program.

Dr. Lynn McPherson:

Yeah, definitely.

Dr. Balfour Mount:

And exciting stuff.

Dr. Lynn McPherson:

Oh, totally. So when you look back at 1970, did you ever sit there and think to yourself, I wonder where this is going to be in 50 years? And now that you look back, has this crazy idea of yours worked out? Are you proud of how it's evolved? What do you think?

Dr. Balfour Mount:

To become a surgeon and then to become a surgical oncologist after finishing surgical training, doing another two years of training at Memorial Sloan Kettering Cancer Center in New York, and then coming back as a surgical oncologist for urology, it's a big time and effort investment and a great source of privilege to have had that kind of background. So to leave that, and I was the only one in Canada with that kind of training at that point, it meant initially as this became a ... as palliative care became a research project for me and to develop that system and those six or seven arms of the service. For the first years, I was also continuing surgical oncology, and that was ... To make the decision to shift into full-time palliative care was a big decision that influenced a lot of things in the hospital care.

Dr. Balfour Mount:

I would say that looking back, Lynn, it was Cicely ... When I made that decision, Cicely wrote and said, "Oh, [Bal 00:29:23]. I am very pleased. I feel you made the right decision." So when the boss had said it was okay, I felt better. And you rightly asked me as I look back now, how do I feel? I feel it was the great privilege of my life because I've gained as much or more than anyone else from that decision and feel so privileged and humbled by what every day our patients go through and their family members go through and, as you know, excited about the difference we can make in a potential catastrophe facing them. I look back with great humility and feeling of gratitude.

Dr. Lynn McPherson:

Yes. Oh my, gosh. You're making me cry. Oh, my.

Dr. Balfour Mount:

Oh, dear.

Dr. Lynn McPherson:

[crosstalk 00:30:39] impact. If I could just share, I'm a palliative care pharmacist and so is my daughter.

Dr. Balfour Mount:

Wonderful.

Dr. Lynn McPherson:

She just got back from maternity leave a couple of weeks ago, and she's been working with a young woman who's very, very ill. And today she texted me and said, "I think she's dying today." And the woman just woke up long enough to say to my daughter, "I love you. Thank you for everything you've done for me." Oh my, god. You started all that. It's all your doing, you and your friend, Cicely.

Dr. Balfour Mount:

Well, Cicely was just remarkable.

Dr. Lynn McPherson:

So are you. Connie, what else should we talk about?

Dr. Constance Dahlin:

Well, I'm just curious. There's a lot to reflect on and I wonder if you have any hopes or worries for the future of palliative care.

Dr. Balfour Mount:

My hope would be first of all, for the programs already underway and whether they're in whatever environment, but when there's a designated program, whether it's called hospice or whether it's called palliative care, my hope for the future would be that those involved continue to struggle for excellence and continue to recognize what a privilege they are facing. The privilege of entering another person's life and having that person enter your life at a time of maximum need. And to sit together and find that, okay, this may not be a situation either of us wanted but here we are. Now, what are the issues for you right now? What are you facing? What would you like to see different? What do I need to focus on if I want to help you? How can you help me? That kind of things.

Dr. Lynn McPherson:

So important. What advice do you have for these students in our PhD program as they move forward?

Dr. Balfour Mount:

Lynn, I would like to know more about your PhD program because for me, it's breaking new ground which is exciting to hear. But to have my ... I take it from what you had said and what I imagine that it's a program preparing people from multiple disciplines.

Dr. Lynn McPherson:

Yes.

Dr. Balfour Mount:

All the disciplines that I mentioned and more to work with, contribute to those facing terminal illness and their families. Okay. My wish would be to remind them that the excellent in potential that they can bring to the bedside or to the home isn't defined by having letters after their name, whether the letter is PhD or MD or FRCSC or whatever it is. What they can bring that really matter is themselves and willingness to work toward being open because that's the key thing. If Viktor was looking for man's search for meaning, we all are is the secret. What it depends on in our struggle to find our meaning is our capacity to open. If we're physical, psychosocial and existential, the existential I think of as meaning that capacity to open to the other who happens to be in a predicament.

Dr. Lynn McPherson:

Absolutely. So important. Connie, were there any last questions from you or Dr. Mount, anything else you want to contribute to this recording? You're so awesome.

Dr. Balfour Mount:

It's a very great privilege to talk to both of you. I can't think ...



Dr. Constance Dahlin:

Well, we are so appreciative of everything that you've done and appreciative for you to talk to us, and our students will really appreciate hearing your thoughts. And I think as you think about the evolution from 1970 to now, who knows what will happen in the next 50 years of healthcare evolution and palliative care considering where we've come? Maybe it'll have a new name. Maybe it'll have a new system if we think towards healthcare reform. Maybe Canada is better off than we are. So I say that from an American thing, but thank you again for everything you've contributed and helped to get us started with.

Dr. Balfour Mount:

I guess the one other thing. When the topic of spirituality came up, I think of my caution about ... why I like the term existential. It is that it stops people in their tracks and makes us scratch our heads and say, gee whiz, what's existential? I use that instead of spiritual because if the person I'm speaking to thinks he is addressing or was looking at spirituality meaning religious and religion, that puts that person in a box. It defines a person as coming from a certain sector with a certain degree of certain beliefs.

Dr. Balfour Mount:

I like to meditate. The guy I meditate with most frequently, pretty well every week, well every week, is a businessman here in Montreal. He's a little bit younger than me, but he's my close friend. He is Jewish. When he was a kid, a young guy and fed up with the realities of life, he took off and he ended up spending five years in India on a backpacking trip that last five years, and he became a Buddhist. So here I am meditating with a Jewish Buddhist, and what am I? Well, I could go on and on about the thoughts I have in that condition, but what I really am is recognizing the need through the help of whatever faith tradition I belong to or would like to represent in my best moments, but that I remain open. And openness for me, it means that's the spiritual part. And it's not meaning being wishy-washy. Wishy-washy is a lot less wishy-washy if you end up crucified at the end of it, at the end of your practice.

Dr. Balfour Mount:

So we're talking about really important critical things here. And what strikes me is they are for all of us. And whether we're ... In the book, one of the cases is a guy, who I grew to love, who came to us, was a bank robber, and he had been in prison and we took him in as a patient. I ended up falling in love with this guy. He was amazing and really something. I had to bring Linda, my wife, in to meet him. And there's a picture of him in the book, by his bedside. My point is if I asked him what his religion was, he wouldn't have been able to tell me. What I fell in love with wasn't that he was a bank robber, I can assure you. It was the person underneath, the person that was there and, boy, he was as rewarding to me as a friend as anyone else that I've met. Too many words.

Dr. Lynn McPherson:

No. That gets back to your point about one of the most important questions we can ask someone is what do I need to know about you as a person so I can take care of you? So I think your points are well taken. And I don't know about you, Dr. Mount, but I am super jealous that I'm not going to see the next 50 years. I'm jealous of these youngsters in the field.

Dr. Balfour Mount:

Yeah.

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Dr. Lynn McPherson:

And I should thank you for everything that you have done. I'd like to thank you for my career and my daughter's career and Connie's career. You're the bomb.

Dr. Balfour Mount:

Thank you so much.

Dr. Lynn McPherson:

Thank you. Thank you. Thank you. Well, that's it. Chat any time, okay?

Dr. Balfour Mount:

Okay.

Dr. Lynn McPherson:

Take care.

Dr. Balfour Mount:

I appreciate this. Bye-bye.

Dr. Lynn McPherson:

Bye.

Dr. Lynn McPherson:

I'd like to thank our guest today and Connie Dahlin for the continuing journey in our podcast series titled Founders, Leaders and Futurists in Palliative Care. I'd also like to thank you for listening to the Palliative Care Chat podcast. This is Dr. Lynn McPherson, and this presentation is copyright 2021 University of Maryland. For more information on our completely online master of science PhD and graduate certificate program in palliative care or for permission request regarding this podcast, please visit [graduate.umaryland.edu/palliative](http://graduate.umaryland.edu/palliative). Thank you.