

reflect
light
into dark
places

Morality and Ethics: Balancing Your Life
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My dear brothers and sisters,
aloha!
and welcome to my home state of
Hawaii.

THIS ADDRESS WAS GIVEN
ON NOVEMBER 7, 1994, AT THE
12TH SEMIANNUAL CONFERENCE
OF COLLEGIUM AESCULAPIUM
ON THE ISLAND OF OAHU.

I'd like to tell you a few interesting facts that you may not know. For example, the wettest spot on earth is Waialeale on the island of Kauai, with 450 inches of rain a year. Maui has more miles of swimmable beach than any other island. Sands come in white, gold, black, green, and garnet. The north cliffs of Molokai are the tallest in the world, more than 3,000 feet. Mauna Loa is the most massive mountain on earth, rising more than 30,000 feet from seabed to summit, more than 100 times the mass of Mount Everest.

And in a few hundred years, there will be another Hawaiian island. Loihi Seamount is a volcano 3,000 feet below the waves. Frequent eruptions add layers of lava, bringing it closer and closer to the surface.

Of the 680 species of fish in Hawaiian waters, 30 percent are found nowhere else. And now I'm going to teach you to do an impossible thing: pronounce the name of the state fish. It is the *humuhumunukunukuapua'a*.¹

If you can learn to pronounce an impossible word like *humuhumunukunukuapua'a*, then maybe we can learn a few other things today.

You know, I'm deeply honored by the invitation to be with you today, because I'm stepping outside my field of expertise to address a conference of medical personnel, especially in the realm of morality and ethics. My contact with the medical system is concentrated on the receiving end, and I certainly have no expertise in the web of specialties that you weave together.

But as a triple cancer survivor, I'm alive today because of practitioners in your profession, and I want to say thank you to all of you because of it.

I've been thinking for months about the topic of morality and ethics in medicine and how to approach this invitation to address you. Many things related to medicine have popped out of the newspapers at me during this time: the ever-changing list of what's good for your cholesterol and what's bad, medical forensic evidence in the trial of O. J. Simpson, the debate over the eradication of smallpox, the terrible suffering of the people in Rwanda and the increase in suffering by the lack of adequate medical facilities there, and in recent weeks the alarm that overuse of antibiotics may be creating the science fiction scenario of *The Andromeda Strain*.

And this doesn't include the day-in, day-out challenges of dealing with demanding specialties, adapting to more consumer-oriented patients, paying your malpractice insurance, hospital buyouts, and negotiating the probable future based on what may or may not happen with the federal health-care plan. Have I left off a few of your own particular problems? I think there's a good chance!

Challenges like this make us humble, and I have a little poster in my office that helps keep me humble. It reads:

*I know two things for sure:
Number one: There is a God.
Number two: You aren't him.*

So, I came to a realization that many people who have occupied this position before me have probably already come to: If I attempt to tell you how to do your job, I'll waste your time and mine as well. You're the experts in medical services, and you're the experts in the populations you serve. The statistics and studies available to me are probably both fewer and less helpful than those available to you through your own professional journals and in-service training. So how can I make a contribution today? Probably I cannot put specific tools into your hands, but perhaps I can address the heart behind the hands for a few moments as we share our thinking about morality and ethics.

I know you have a very ancient professional code of

ethics, one that has been updated to meet contemporary needs. I will not address the specialized question of medical ethics directly except to quote President Howard W. Hunter's comment about ethics, made in 1969 as a young apostle: "Ethics may be noble.... Philosophy and theology may be interesting...., but Christian faith is based upon the simplicity of the gospel, the example, the life, and the teachings of Jesus Christ."² He had been a practicing attorney and was certainly familiar with the ethical codes of his own profession. Morality is, in my opinion, a directly religious belief. It not only asks, "Is this fair? Is it honest? Can this action bear the daylight scrutiny of my peers?" It also asks, "Is this good? Is it right? Is it righteous? Can it bear the midnight scrutiny of my own conscience, naked before God?" I want to suggest to you that ethical decisions become easier if they are firmly rooted in morality.

I'd like to share three ideas with you that may increase your peace of mind during those daylight scrutinies and also during the midnight hours. First, honor your impulses of caring. Second, establish subcommunities of caring as colleagues. And third, be a bridge builder across frightening chasms for patients who are dealing with the medical system.

THE IMPULSE TOWARD CARING

Let's start with the impulse toward caring. I'm making an assumption that all of you got involved in medicine at least partly because you cared about the sick and the suffering. You cared, and you wanted to make a difference. An Irish proverb states: "It is in the shelter of each other that the people live."³ I believe that each of you wanted to be a shelter to someone who had been exposed, even stranded without shelter. You wanted to be people who made a difference, not just people who made a living.

That impulse toward caring has its downside. It opens you up, leaves you terribly vulnerable to the pain that comes when a patient dies, makes you angry when someone provides substandard care, makes it possible for someone to con or trick you. If you're a passionate idealist, you get called names like "bleeding heart" and "do-gooder." People tell you to be more suspicious, to be tougher, to be more cynical. "Grow up," they say. "Get a grip."

But today, I want to tell you to honor that impulse toward kindness. I'm not saying expose yourself or anyone else to risk, either psychologically or physically. I'm not saying be softheaded. I'm just saying keep your softheartedness. You know that old proverb: A lot of people think they're hard-boiled when they're really just half-baked.

The instinct toward kindness and the willingness to act on it is the noblest impulse that our human race with its

terrible history of brutality, selfishness, exploitation, and general foolishness has ever come up with.

The word kind itself offers us so much insight: the Oxford English Dictionary begins its unraveling of the word kind by defining it as "the place or property, the character or quality derived from birth or native constitution. We are of that 'kind'—to act according to one's nature; to do what is natural to one; by nature, naturally, the natural state, form or condition; the manner or way natural or proper to anyone."

Is not one of the great gifts of any act of kindness that it "brings us back," that it makes us feel that we have somehow returned to a place, to a feeling, that is somehow permanent, deeply rooted, and unchanging even as we begin once again to drift away? Kindness is at the heart of our belief that people are basically good. Kindness is the vehicle for all our hope that in the larger struggle between good and evil, good will prevail because ultimately we will return to kindness. It is our natural condition, our instinctual impulse to extend a hand.⁴

That's an impulse worth honoring. I imagine that most of you know how to do this string game called cat's cradle. When I was growing up on the big island of Hawaii, we kids would always have a piece of string around our necks so that we had an instant toy if we had a few minutes. I used to know half a dozen patterns. Here's a simple one called two-eyes. Here's four-eyes. And here's one called five-eyes. And here's a pattern called broomstick that is asymmetrical. Can you see how all of these patterns have a symmetry and balance to them that make them strong and beautiful? Can you see how every part is connected and how every part sustains and supports the other parts? Can you see how there is no beginning or end to the string? We may think that the pattern starts here on the left side and goes to the right side—but the string with which we create the pattern doesn't start or stop anywhere. Can you also see how the pattern would not be visible at all unless there were spaces between its parts?

Acknowledging the ways in which we are connected—even if the connections are not visible—is a recognition of our basic humanity. Most of you are parts of other systems—clinics, city-county-state health offices, hospitals, universities, and private practices and partnerships. Sometimes the overlapping constituencies and the demands get extremely complicated. Sometimes it makes a rational pattern and sometimes it doesn't.

But the point I want to make is that it's your cat's cradle. It brings you into relationships with each other and also puts space between you. I want to challenge you to think about the first function more than the second. Concentrate on the way it brings you into contact with

people—not only with the patients for whom you are providing care but also with your colleagues. Think about ways to make those connections nurturing and strong. Think about ways these contacts with each other can be opportunities for the impulse toward caring to come out. Think about these intersections as occasions for kindness. Sometimes we sense the immensity of space that can separate us when we look at another human being and feel no connection. But sometimes something leaps across that space, like a shooting star across the sky, and we feel connected without even knowing why.

Robert Fulghum writes that whenever anyone ends a lecture of a long meeting with the invitation "Are there any questions?" he thinks that most people have one of two questions: "Can we leave now?" and "What was this meeting for?" But his impulse is always to ask, "What is the meaning of life?" Sometimes he *does* ask that question. But only once, he said, did he get a real answer.

He was attending a conference in the village of Gonia on the island of Crete. Beside a rocky bay stand two buildings. One was a Greek Orthodox monastery and the other was an institute dedicated to peace, especially to unity between Germans and Cretans.

This site is important, because it overlooks the small airstrip at Maleme where Nazi paratroopers invaded Crete and were attacked by peasants wielding kitchen knives and hay scythes. The retribution was terrible. The populations of whole villages were lined up and shot.... High above the institute is a cemetery with a single cross marking the mass grave of Cretan partisans. And across the bay on yet another hill is the regimented burial ground of the Nazi paratroopers. The memorials are so placed that all might see and never forget. Hate was the only weapon the Cretans had at the end, and it was a weapon many vowed never to give up....

Against this heavy curtain of history, in this place where the stone of hatred is hard and thick, the existence of an institute devoted to healing the wounds of war is a fragile paradox. How has it come to be here? The answer is a man. Alexander Papaderos.

A doctor of philosophy, teacher, politician, resident of Athens but a son of this soil. At war's end he came to believe that the Germans and the Cretans had much to give one another—much to learn from one another. That they had an example to set. For if they could forgive each other and construct a creative relationship, then any people could.

To make a lovely story short, Papaderos succeeded. The institute became a reality—a conference ground on the site of horror—and it was in fact a source of productive interaction between the two countries....

By the time I came to the institute for a summer session, Alexander Papaderos had become a living legend. One look at him and you saw his strength and intensity—energy, physical power, courage, intelligence, passion, and vivacity radiated from his person. And to speak to him... was to experience his extraordinary electric humanity....

At the last session on the last morning of a two-week seminar on Greek culture, ... Papaderos [asked], "Are there any questions?"

And Robert Fulghum asked, "Dr. Papaderos, what is the meaning of life?" People laughed and started to gather up their papers, but Papaderos

held up his hand and stilled the room and looked at me for a long time, asking with his eyes if I was serious and seeing from my eyes that I was.

"I will answer your question."

Taking his wallet out of his hip pocket, he... brought out a very small round mirror, about the size of a quarter.

And what he said went like this:

"When I was a small child, during the war, we were very poor and we lived in a remote village. One day, on the road, I found the broken pieces of a mirror. A German motorcycle had been wrecked in that place.

"I tried to find all the pieces and put them together, but it was not possible, so I kept only the largest piece. This one. And by scratching it on a stone I made it round. I began to play with it as a toy and became fascinated by the fact that I could reflect light into dark places where the sun would never shine—in deep holes and crevices and dark closets. It became a game for me to get light into the most inaccessible places I could find.

"I kept the little mirror, and as I went about my growing up, I would take it out in idle moments and continue the challenge of the game. As I became a man, I grew to understand that this was not just a child's game but a metaphor for what I might do with my life. I came to understand that I am not the light or the source of light. But light—truth, understanding, knowledge—is there, and it will only shine in many dark places if I reflect it.

"I am a fragment of a mirror whose whole design and shape I do not know. Nevertheless, with what I have I can reflect light into the dark places of this world—into the black places in the hearts of men—and change some things in some people. Perhaps others may see and do likewise. This is what I am about. This is the meaning of my life."

And then, says Robert Fulghum, Alexander Papaderos carefully slanted his tiny mirror, caught the sun's rays, and sent them dancing across the room, glittering on Fulghum's hands.⁵

My friends, you here in the medical system have to walk through some very dark places and see into still darker places of the human heart and the depths of human pain. I think all of you are still in this system because you have had crucial experiences in bringing rays of light to dark places. You have not let the darkness overwhelm you.

At times, the darkness must seem strong. Be strong to combat it. Don't think that being a professional means that you have to squash those sparks of kindness or smother the impulse that brought you into your job in the first place. That impulse toward kindness—that bright and noble instinct—needs to be disciplined and tempered with other values and virtues, but that impulse is one to be cherished. That's the first point I want to make: Honor the impulses toward kindness that you feel.

BEING A CARING COLLEAGUE

The second point I'm making is also based on an assumption—that overload and burnout are grinding problems in a job like yours. They can be greatly alleviated by establishing subcommunities of caring as colleagues. We've already talked about cat's cradle. I want all of you to humor me by playing another game that was popular among us children on Hawaii—because it takes cooperation. How many of you know "Pease Porridge Hot"? Repeat it a couple of times. See if you can pick up your speed.

Now, I'd like a couple of you teams to report on what you discovered. Who is someone who already knew how to play it? Have you ever played this game with your partner before? What did you discover about the experience? What helped you do it well? (Being able to laugh, the rhythm established by the rhyme even if the rhyme didn't make much sense, and practice.)

Each one of you has your own job to do. Part of being a professional is the training, the ability, and the will to perform that job to a certain standard, to carry your share of the burden, and to not fail your colleagues and the patients you serve. Teamwork is essential: "No one can whistle a symphony; it takes an orchestra to play it."⁶

You are colleagues. Is that relationship a cooperative one or a competitive one? Please consider ways to make it more cooperative. Who else understands the problems as thoroughly as a colleague? Who else can celebrate your triumphs with such sincerity as a colleague? And whom should you be able to trust more than colleagues? Be safe places for each other. All organizations have jealousies,

bickerings, feuds, and alliances—but don't let them dominate your organizations and don't let them dominate you. Instead, help each other, support each other, be a team for each other. Stick together.

I have here a highly sophisticated instrument for evaluating human potential that is widely used in educational settings. It's a yo-yo. Now, some people—I call them yo-yos—have very poor thresholds of trust in other human beings and in their ability to rely on others for help. If we could apply it to you in the medical profession, some people might think you're good for limited technical expertise like rocking the cradle or walking the dog. But I want you to be people with a dream. I say you need to go around the world—or at least around your profession—fighting evil with silver bullets of intelligence and creativity instead of sleeping your lives away.

Now, the second characteristic of yo-yos is that they're also experts in knowing what to do when you get to the end of your rope. Observe closely. Down, then up. A yo-yo never goes from up to up or from down to down. There are cycles and rhythms and seasons in our lives. We don't need to keep on doing the same things or doing them in the same way. And we certainly don't need to do things in the same way as others. We can do them in our own way, at our own season. We don't need to force ourselves. We have seasons of strength and seasons when we need to renew ourselves in strength. Honor those seasons.

I want to tell you a story about Maui, which is the island where my husband grew up. It is a story that has some implications about how colleagues can help and restore each other. You may know that the island of Maui, according to the legends of Hawaii, was named for the son of the goddess Hina. But it is not so well known that Hina also had four daughters. Near the city of Hilo is a site that is associated with the goddess Hiiaka, one of the daughters of Hina. As she was passing along the seashore, she greeted the daughters of a household who willingly offered her food to eat. She could tell they were troubled and asked them the cause of their concern. They told her that their father had not returned from fishing and they were very worried. Through her divine powers, she knew that the father had been drowned and that his spirit, or ghost, as the folktale puts it, was wandering on the shore, distressed about his daughters, unable to leave and unwilling to return. Because of the kindness of the daughters, Hiiaka said she would try to restore him to life, but they must do their part by not weeping until they knew whether she had succeeded or failed.

She commanded the spirit to take her to its body, and it rushed away, trying to avoid her and her power. But she followed it to the foot of a steep precipice where the body lay in the surf, torn by the rough coral and with its face bitten by eels. I love how realistic and humorous this tale

becomes, not at all solemn and serious, but really showing the hard work of performing a miracle. While Hiiaka was washing the body, the ghost tried to run away, and she thrust out her hand and compelled him to return by her divine power.

She drove the ghost to the side of the body and ordered it to enter, but the ghost thought that it would be a brighter and happier life if it could be free among the blossoming trees and fragrant ferns of the forest. It tried again to slip away from the [body] in which it had lived.

Hiiaka slapped the ghost back against the body and told it to go in at the bottom of a foot. [I don't think this is accepted medical procedure anymore, is it?] She slapped the feet again and again, but it was very hard to push the ghost inside. It tried to come out as fast as Hiiaka pushed it in. Then Hiiaka uttered an incantation while she struck the feet and limbs. The incantation was a call for the gift of life from her friends of the volcano:

*O the top of Kilauea!
O the five ledges of the pit!
The kapu fire of the woman.
When the heavens shake,
When the earth cracks open
Man is thrown down,
Lying on the ground...
E ala e! Wake up!
The heaven wakes up.
The earth inland is awake
The sea is awake.
Awake you!
Here am I*

By the time this chant was ended Hiiaka had forced the ghost up to the hips. There was a hard struggle—the ghost trying to go back and yet yielding to the slapping and going further and further into the body.

Then Hiiaka put forth her hand and took fresh water, pouring it over the body, chanting again:

*I make you groan, O Kane!
Hiiaka is the prophet.
This work is hers.
She makes the growth.
Here is the water of life.
E ala e! Awake! Arise!
Let life return
The kapu of death is over
It is lifted,
It has flown away.*

All this time, she was slapping and pounding the ghost into the body. It had gone up as far as the chest, then she took more fresh water and poured it over the

eyes, dashing it into the face. The ghost leaped up to the mouth and eyes—choking noises were made—the eyes opened faintly and closed again, but the ghost was entirely in the body. Slowly life returned. The lips opened and the breath came back.

The healing power of Hiiaka restored the places wounded by coral...and...eels...Then,...putting out her strong hand, Hiiaka lifted him to his feet.⁷

That's the part I always enjoyed the most—that Hiiaka, not tired from her hard labor of reembodying this spirit, "put out her strong hand" and lifted the restored man to his feet and then, although the story does not tell us, almost certainly restored him to his daughters.

My dear friends, there may be many times when you feel like the ghost—just wanting to get away from the unpleasantness and pain of the burdens you are called upon to bear—and times when you feel like Hiiaka, strong to restore and lift up. The great thing about being a team is that you can lean on each other's strengths. There are times when you can provide strength to another and times when you need strength from another. Both are honorable. Things become wrong and lopsided only when you refuse to give yourself permission to experience both the ups and the downs, the ghost state and the Hiiaka state.

I hope you can see yourselves as strong, as capable of hard labor for a goal, as deserving of the pleasures of achievement, as worthy of honor. Your sacrifices count for something. You need to see how your efforts are acts of salvation, deeds of redemptive love. You need to see that you are important and that your work makes a difference in the lives of the patients you serve. If it does, then you will have the strength to renew yourselves and each other and continue your work. It will be worth it. You will not lose sight of the individual in a crowd of terrible and overwhelming problems.

There will be many times when you will give and give and then never know whether it really did any good. Perhaps nothing is a faster recipe for burnout, but as colleagues there is much you can do to provide support and courage during discouraging times for each other. Remember the yo-yo—give each other some slack and help pull each other up. Create subcommunities of caring as colleagues.

BRIDGE BUILDING

The third concept I'd like to explore with you today is that of bridge building. Each of you can be a bridge builder across treacherous rapids for patients who are ill and frightened, frightened of hospitals, frightened of all the different people they have to deal with, frightened of

the technology, the complications of insurance, and the failure of their own bodies when they have counted on them all of their lives.

You are a backup system. You have jobs because people are mortal. Bones break. Germs invade. Arteries clog. Organ systems age. Defective genes, pollution, accidents, and nutritional deficiencies take their toll—sometimes after years. You're part of a second-chance safety net to try and interrupt degeneration and disease, to restore balance, to resist invasion, and to provide optimal circumstances for healing.

I'm sure that all of you have dealt with patients who are frightened, confused, and resentful because of the very mechanisms that are mobilized to help them heal. They don't understand the procedures. They are exhausted by explaining the same problem over and over again to each intake receptionist, each nurse, each doctor, each intern. They feel that the marks on their charts are more important to the nurse than the look in their eyes. They wait all day to see the physician making his or her rounds and then forget what they wanted to say. They feel overwhelmed and intimidated. Some lapse into passivity. Some fight back. Both processes turn healing into a competition instead of a cooperative enterprise.

I'd like us to stand up and sing a song that can be a reminder about individuals. How many of you know that great old campfire favorite "Kum Ba Yah"? I have here a historic instrument, a ukelele imported all the way from the mainland, after it was imported all the way to Hawaii, and you get to sing along while I strum. Let's sing three verses: "Kum ba yah, my Lord," for the first verse; then "Someone's crying, Lord" for the second verse; and for the third verse "Someone's praying, Lord."

Now, let's talk about this "someone" in the song. Who's crying? Who's praying? I think it's extremely important to concentrate on individuals. It's easy to be overwhelmed by the sheer volume of your caseloads, by the enormity of demands on your time. And if the statistics are all you are going by, your defeat is certain. Every life you save will one day succumb to something else. No doctor can fend off death forever. But during the time of contact, even in the face of inevitable death, you can provide shining moments of caring that are redemptive and holy. These moments do not occur in groups. They occur one person at a time, and that is the inexhaustible source of hope in what you are doing. It is the reason why you must never give up. I think of a Japanese poet, Ki Tsurayuki, who lived in the 10th century. One of his most famous haiku has been translated as

*In my curved palm I hold a tiny drop
Of water, where, for one brief space of time,
I see the moon's round face reflected.⁸*



“Is not one of the great gifts of any act of kindness that it ‘brings us back,’ that it makes us feel that we have somehow returned to a place, to a feeling, that is somehow permanent, deeply rooted, and unchanging even as we begin once again to drift away? Kindness is at the heart of our belief that people are basically good.

Kindness is the vehicle for all our hope that in the larger struggle between good and evil, good will prevail because ultimately we will return to kindness. It is our natural condition, our instinctual impulse to extend a hand.”

Being able to see the universal in the particular, being able to see that an effort with one person increases the amount of love in the world—that is a wonderful talent and gift. Dan Zadra says, “Choose to live, work and succeed in the most powerful nation on earth: imagination.”

I know that you have to deal with groups and with cases. Sometimes for your emotional health you have to objectify what is happening to put some distance between yourself and a too-painful reality. You get told not to take things personally. But I’m saying the opposite. When you can, as often as you can, *do* take things personally.

When I was a principal in Denver, the problem of illegal aliens seemed very far away. I had read magazine reports and watched newscasts about the problem of illegal infiltration of our border with Mexico and the task of deporting illegal immigrants, of course, but it never touched me until suddenly a little dark-eyed boy named Gabriel was withdrawn from my school because his family was being sent back to Mexico. His teacher and I shed tears and hugged him, thinking that we would probably never see him again and feeling such sorrow that he would be taken from our lives in this way. I have never felt the same about the problem of illegal immigrants since.

I remember, years ago, reading an anecdote in *Reader’s Digest* about Jane Addams, who founded Hull House and the beginning of the social reform movement in this country. (In fact, one of you can probably give me the reference for this story.) She went to a distinguished friend of hers and told him about an individual she wanted the friend to assist. He listened to her impatiently and then snapped, “Jane, I’m too busy for this. My work is such that I can only act on behalf of groups. I can no longer take an interest in individuals.”

To this, Jane listened unmoved, then retorted coolly, “That’s remarkable, Charles. Even God hasn’t advanced to that stage.”

When my husband died two years ago, his cardiologist, Dr. Robert Fowles, spent hours with my sons and me as well as being with Ed at the hospital. During those terrible six days when Ed was dying, he told me, “This is just as difficult for me as it is for you. Ed is not just a patient. He is my dear friend.” I can’t tell you what a comfort it was that he did not shield himself from our grief and that he did not know that what he said was true as he shared our grief and did not try to hide his own. After Ed’s death he wrote such a warm and cherishing letter to me, saying: “Anything I can do for you would be a privilege. Please call me.” His relationship with Ed extended beyond Ed to me and the boys in a warm circle of caring and sharing.

And it didn’t stop as time passed. A few months later a man was stricken with a heart attack under circumstances very similar to Ed’s. He was alive but not conscious, and the prognosis for his recovery was very bad. By coinci-

dence, he was in the same hospital as Ed and was also under Dr. Fowles’ care. Dr. Fowles thought of me and suggested to the wife, who was naturally in great distress and turmoil, that she talk to me. How sensitive he was! Many people might think, “Oh, that will just remind Chieko of her own loss. Surely it would be kindness to shield her from this second death.” Instead, he realized that I had precious knowledge that I was in a unique position to share.

I visited with that woman several times on the phone. I could listen with real understanding to her situation. Yes, it was painful, but it also helped me feel very close to Ed, and that was very healing. When the husband died, I went to the viewing and greeted the wife face-to-face for the first time as a friend and a sister. It was a moment for which I will always be grateful to Dr. Fowles.

In the medical world you are undeniably authority figures to your patients, whether you want to be or not. Be their advocates, their guides, and their empowerers—not in a paternalistic way but in a way that respects their agency and their individuality. I ask you to be particularly sensitive to the differences of culture and gender. This sensitivity will require you to educate yourself in how you are communicating across cultural boundaries.

Let me give you an example from my own field of education. In the Japanese culture of my little village on the big island of Hawaii, I learned to show respect, helpfulness, attentiveness, and cheerfulness as a child. These are traits that stood me in good stead as I dealt with the few Caucasians I came in contact with. They helped assure my success in school, and education was the road over the mountains to a larger world for me. But what if my culture had taught me instead to boast, to swagger, to test dominance, and to attack quickly? My culture would have done me a disservice. I had all of the obstacles of racial and gender prejudice to overcome anyway as I pursued my professional education, as Ed and I tried to find jobs and housing in Salt Lake City, as we reared our children, and as I competed with other qualified professionals for advancement. What if I also had cultural problems of wariness, defensiveness, and hostility to overcome? There is much you can do in helping people from other cultures and races understand what they are communicating, interpreting their cultural language to others, and helping them find new languages that may communicate more effectively. Please be particularly aware that to understand and deal effectively with the men from a particular culture does not necessarily mean that you have the same facility with the women in that culture. Gender is such an omnipresent difference that we sometimes have difficulty understanding what an enormous barrier it can be.

I am sure you do not underestimate how racist our country, our state, and our city still are. Jack Weyland of Idaho, a writer with a particular knack for reaching teens,

commented, "Just last year I had an incredible experience that I want to write about someday. I was asked to be an advisor for eight Native American freshmen. We set up some science projects for them, and they would bring in their friends. It was amazing. Working with them, I actually felt that I had crossed over to their world. I identified with them. It helped me to see the world from their perspective, and I saw that the world was racist. It was like being in a foreign country. It changed my life, this ethnic diversity."¹⁰ If you have never had this experience, I submit to you that there are parts of the experience of ethnic patients that you cannot understand, not through any bigotry or ill will on your part but simply because you literally cannot see the world they live in.

There will inevitably be emergencies when honesty, courtesy, and mercy will be low-priority qualities, perhaps even high-risk activities. You have professional ethics and codes of behavior, standards of professional conduct, and clear lines of allegiance within the system to help you during those times. But I still ask you, where you can and where it is possible, to remember the needs of a hurting, confused human being and offer small kindnesses where you may—even in the face of anger and rejection, even when fairness does not require it.

So that's my third point. Be a bridge builder. Communicate caring and kindness whenever you can, even in high pressure and exhausting circumstances. Interpret the system and your patients to each other; help them find a common language.

CONCLUSION

My dear friends, think for a moment of how we began this exploration. We began with a little exercise in doing something impossible—learning to pronounce *humuhumunukunukuapua'a*. Then we went on to explore the religious roots of morality and ethics.

As a beneficiary of the medical system, let me thank you for your efforts. Let me thank you for the initial impulse of caring that led you to become professionals in the medical world. Let me thank you for the continuing compassion and professionalism of your service, even when burnout and exhaustion overtake you. Let me thank you for helping each other, offering a helping hand when a colleague is faltering, strengthening each other for the enormous task that you have. Let me thank you for building bridges to different lives and better lives for your patients and their families. And thank you for letting me share these thoughts about the religious roots of morality and ethics.

Remember Alexander Papaderos and his mirror, shining light into dark places. Remember Hiiaka and be there

when the spirit of your colleagues wanes, ready to capture it and slap it back into them, then lift them up with a strong hand. Accept that help from your colleagues when you need it. Remember Gabriel, whoever your Gabriel is—remember him and recommit yourself to helping individuals. Remember the cat's cradles that link us together and the yo-yos that know what to do when they get to the ends of their ropes.

And most of all, remember why you chose this profession, why you schooled yourself and studied and learned, so that your kindness would be efficacious. You are engaged in a noble work—not a glamorous work nor an easy work nor a spectacular work—but a noble and an ennobling work. The need for you is great, and the future needs will be greater.

In closing let me quote the words of Teilhard de Chardin:

Some day, after we have mastered the winds, the waves, the tides and gravity we shall harness the energies of love. Then, for the second time in the history of the world, [we] will have discovered fire.¹¹

This is the work of the Savior, who taught us the way of love. May he keep that fire burning in our hearts, I pray in his holy name, even the name of Jesus Christ. Amen.

NOTES

1. Ruta Ariyoshi and Allan Seiden, "50 Things Every Visitor Should Know About Hawaii," *Hemisphere*, November 1992, pp. 23–25.
2. *Conference Report*, 6 April 1969, p. 138.
3. Irish proverb, as quoted by the editors of Conari Press, *Random Acts of Kindness* (Berkeley, California: Conari Press, 1993), p. 82.
4. As quoted by the editors of Conari Press, *Random Acts of Kindness* (Berkeley, California: Conari Press, 1993), pp. 153–154.
5. Robert Fulghum, *It Was on Fire When I Lay Down on It* (New York: Ballantine Books, 1988), pp. 171–75.
6. H. E. Luccock, as quoted in *To Your Success: Thoughts to Give Wings to Your Work and Your Dreams*, compiled by Dan Zadra (Woodinville, Washington: Compendium, Incorporated, 1994), p. 37.
7. W. D. Westervelt, *Myths and Legends of Hawaii*, selected and edited by A. Grove Day (Honolulu: Mutual Publishing Company/Tales of the Pacific, 1987), pp. 79–82.
8. Translated by Rev. Arthur Lloyd, *Buddhist Meditations from Japanese Sources* (Tokyo: Rikkyo Gakui Press, 1905), p. 108.
9. *To Your Success: Thoughts to Give Wings to Your Work and Your Dreams*, compiled by Dan Zadra (Woodinville, Washington: Compendium, Incorporated, 1994), p. 31.
10. Ruth Liljenquist, "Jack: The Weyland Way of Storytelling," *Latter-day Digest*, February 1994, pp. 33–34.
11. As quoted by the editors of Conari Press, *Random Acts of Kindness* (Berkeley, California: Conari Press, 1993), p. 53.

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