FROM THE EDITOR'S DESK

# What Awe Might Do for Our Community

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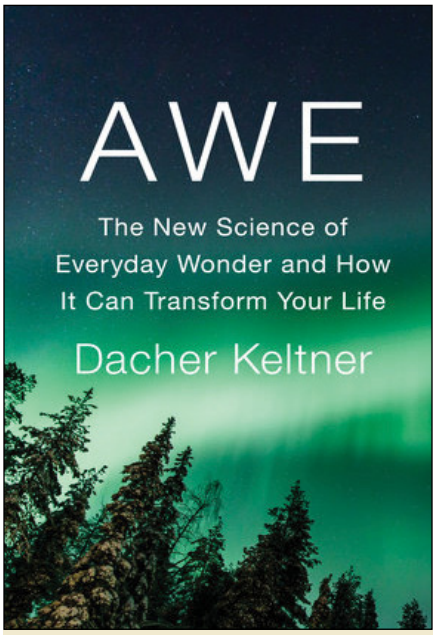
*Editor in Chief*

We are again pleased to present several compelling articles in this issue. One particularly inspiring contribution is "Exploring Vaccine-Preventable Pediatric Illnesses and Vaccine Hesitancy" by Drs. Moodley, Hintze, Bramley, Fenimore, and Martin. My own conversations with patients regarding immunizations have taken on added weight during the past few years, and I appreciate the suggestions regarding how to negotiate often-fraught encounters.

As health care stewards, we clinicians have a commitment to both the health of individuals and the community of citizens at large. Thus, the conversation regarding immunizations, for example, is not only about personal choice, but also the impact of the intervention on the broader population. In a way, we are all public health clinicians and practice in such a way to keep our community safe. What remains in the back of our minds is that to help create so-called "herd immunity," we must immunize as many patients as possible, as early as possible, to protect as many for as long as we can.




New York, Penguin Press, 2023,
336 p, 28.00 hardcover

If one goal is to have people consider others as well as themselves, how can we promote this sense of sharing and unity in our patients? For answers, I recently reread Dacher Keltner's inspiring *Awe: The New Science of Everyday Wonder and How It Can Transform Your Life.* In it, he discusses the role awe — amazement, or as he characterizes it, that which invokes "Whoa!" — plays in our lives, the benefits of opening ourselves to awe, and the role it plays in knitting our communities and society together. We may experience awe in the everyday and mundane, certainly in nature, art, and music, but perhaps most reliably, awe can be found in human courage, in triumph over either suffering or death.

Derived from the Middle English word "ege" and the Old Norse "agi," awe might have at one time implied something similar to fear, dread, or terror. And indeed, witnessing something awesome can still yield cold chills and goosebumps, whose physiological purpose may be to suggest we huddle together.

Wonder — for example, reflecting on what we find to be awesome — may be as healthy as exercise, getting enough sleep, and avoiding toxins. It appears that individuals who experience awe are more likely to be social, to share with their community an investment in overcoming threat. Keltner details that awe can also engender more creativity, more apt communication, more cohesion and solution-oriented action.

If awe and wonder could be prescribed, they might outsell sertraline. That's because those who experience wonder regularly are able to quiet parts of their brain that tend toward self-criticism, that are overstimulated by trauma. They are less prone to exacerbations of anxiety and depression. Even more, people who experience awe and reflect upon it regularly are more likely to expand their circle of caring, to feel empathy toward others. Individuals who witness awe are more likely to express gratitude and be moved to kindness and generosity, and to model their behavior on fellow citizens who are courageous, kind, and generous.

Who among us wouldn't benefit from more awe and wonder in our lives? William James suggested that wonder is one of the most important opportunities for bringing us into contact with the divine, and Ralph Waldo Emerson in his Harvard Divinity address of 1838 implored listeners to set aside dogma and go in search of the benevolent lifeforce that unifies us all;

in that search, he suggests, we are likely to experience wonder and distill our experiences into joy.

Let's preserve what it is that brings community together and create more opportunities to reinforce our shared connections.

We can all support the Stormers baseball season, because spectating is indeed a way to form community, and we can also foster programs that allow shared awe and wonder. One such movement is the Walk with a Doc program (walkwithadoc.org).

Walk with a Doc is as simple as it sounds: a health professional leads a group of community members in a walk of 30-60 minutes from once a week to once a month. Informal conversations on health topics may be covered, but even more important, participants enjoy spending time together outdoors — sharing a common route, an opportunity to take in a beautiful sunset, the changing leaves and expanse of sky. Perhaps they may also find what Emerson said would distill into joy.

To my knowledge there is not yet a Walk with a Doc program in Lancaster, but they can be found in Harrisburg, Lebanon, Reading, and Philadelphia. We have many accessible trails here in our community that would further support this awe-inspiring opportunity.

Going in search of shared awe with a program like Walk with a Doc seems like a great way to build community, and individuals who have joined in the past not only experience increased physical activity but have demonstrated more social connectedness and a better knowledge of health care-related issues. This seems like a great way to inspire trust and have a positive impact on the lifestyle of our patients and friends. It could be ... awesome!

# JLGH Spring 2025 Recap

## *Q&A for Extended Learning*

*The Spring issue of* The Journal of Lancaster General Hospital *offered articles on transcarotid artery revascularization, opioid-induced constipation, caring for older adults, and other practice recommendations. Review the questions and answers below to see how much you remember from the issue. Need a refresher? All issues of* JLGH *are available at JLGH.org.*

**Q**
**A**

**Are there safe and effective alternatives to carotid endarterectomy to treat stenosis?**
The ROADSTER 3 trial demonstrated that transcarotid artery revascularization (TCAR), in standard-risk patients, is safe and effective at treating stenosis without incurring increased risk of stroke. Clinicians should review the study's data to aid in shared decision-making discussions with patients being offered the procedure.

**Q**
**A**

**In the context of caring for older patients, we must sometimes assess capacity to ensure we are acting in their best interest. What is capacity and how can it be assessed?**
Capacity is the ability to comprehend relevant information about illness and make decisions that align with personal values and preferences. One option to help evaluate a patient's capacity in the inpatient setting is to use the University of Toronto's Aid to Capacity Evaluation (ACE).

**Q**
**A**

**What are the three peripherally acting *mu*-opioid receptor antagonists approved for use in treating opioid-induced constipation, and when can they be used?**
Methylnaltrexone, naloxegol, and naldemedine can be used after patients have been on opioids for a minimum of four weeks.

**Q**
**A**

**What assessments should clinicians use in the initial workup for older adults with suspected kidney disease?**
Glomerular filtration rate, electrolytes, and the albumin-to-creatinine ratio. Additionally, tools such as the Kidney Failure Index can help determine the need for further nephrology consultation.

**Q**
**A**

**What are some causes of acquired methemoglobinemia?**
Although methemoglobinemia is rare, use of dapsone, exposure to nitric oxide or nitrates in food or well water, use of isobutyl nitrates, and exposure to topical anesthetics such as benzocaine and lidocaine are all potential causes of this life-threatening condition.