

Alternative Break Program ABP Gala

April 6, 2017

***Civic Engagement and Life at the end of life:
four stories that lead to questions***

Robert Pollack

Professor of Biological Sciences, Columbia University

To begin,

I'd like us to consider the notion of reciprocal empathy. Merriam-Webster says empathy means

“the action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another, of either the past or present, without having the feelings, thoughts, and experience fully communicated in an objectively [explicit](#) manner; *also* : the capacity for this”

By *reciprocal* empathy I mean the notion that when two people each feel empathy for the other, each can see the need of the other, and meet it, without explicit communication.

Here are four stories about my search for reciprocal empathy; each leads to a question. I will leave time for a discussion of these questions, if anyone is game for that.

Story 1

A brief resume: I graduated from Abraham Lincoln HS in Coney Island in 1957. My parents never finished High School. My English teacher encouraged me to apply to Columbia College and I was admitted. My initial idea was to be a writer but the NY State Scholarship I got would not have covered my costs and my parents could not afford the difference. So I was planning on Brooklyn College after all.

When Sputnik went up – the first orbiting satellite – New York State doubled the Regents scholarship for anyone who would major in physics or engineering. So I switched to physics and got a full \$250 each semester toward my bursar's bill of \$400. I have that receipt on the all of my office today. That's how I became a scientist.

From 1966 to 1994, that is for almost 30 years, I practiced the rituals and enjoyed the discoveries of basic research, first as a graduate student at Brandeis University outside Boston, then as a postdoctoral fellow in Pathology at NYU

April 6, 2017

Medical Center, then as a junior scientist running a lab at Cold Spring Harbor under the regal tutelage of James D. Watson, then as a tenured Associate professor at Stony Brook medical Center and then, at last, as a professor in Biology at Columbia, where I have been since 1978.

This pleasant journey foundered on the rock of my becoming the Dean of Columbia College in 1982, when I was given the awesome responsibility of breaking a 230-year tradition by admitting women to the College. Becoming the Dean ruined my ability to take refuge in my lab. I could no longer remain in splendid isolation from the world's concerns.

Specifically, the discipline of scientific thought did not seem to be able to help me make the judgments I was called upon to decide. After all, scientific ideas are disprovable ideas. As a scientist, I knew I had a good idea about how some aspect of nature worked, when I could construct an experiment, make the prediction that if I were right the data would fall one way, and if I were wrong, the data would show my idea to be wrong. If I then found the data supported my idea even when I had done my best to allow the data to show I was wrong, I had reason to say I was right.

But how to test the idea that it was right to admit women, or if it was right to ask alumni to give me enough money so that no one had to worry if they did not have the funds to pay once they were admitted? And why bother trying? I came to understand that these were part of a new world of questions for which the answers were not found through disproof by experiment, but rather from the heart.

And so my first question: can one trust the heart when the question cannot be asked in a disprovable fashion? If not, what else can one trust?

Story 2

My Deanship lasted 7 years – there's a reason we have sabbaticals – and when I stepped down in 1989 I began to seek places and ways to study questions of human interaction; questions whose answers were, for better or worse, totally resistant to disproof by experiment. By 1994 my last NIH research grants had run out, and I chose not to reapply for any further NIH funds. This choice was received with great solicitude by my Biology Department colleagues. I got the sort of response one fears hearing in the clinical context of a bad prognosis.

This was the decade of the collapse of the Soviet empire, and that led me to my next institutional home. My wife's family had been farmers in Slovakia a century earlier, but that land was confiscated by the Germans in WW2, and then nationalized

by the communists after the war when Slovakia became part of the Czechoslovak Soviet Socialist Republic or CSSR, so there was no way for her family to recover their past.

Given that history, I had no choice in 2000 but to rename the new venue for my work the Center for the Study of Science and Religion, the CSSR. The acronym meant that thereafter, people searching the web for the CSSR would find us and our work, and not just remnants of past soviet dictatorships. The CSSR asked questions at the overlap of science and religion, questions about an aspect of nature, but ones that could not be answered through experimental testing of a disprovable idea.

The CSSR found its home in Columbia's Earth Institute. There, the questions we focused on centered around the paradox of our species' success at commandeering the planet's resources for our purposes. For example, currently 90% of all the biomass of vertebrates on this planet is either us, or the species we raise to kill and eat.

How did we get here? How can we each learn to think of ourselves as one of 8 billion members of this species? How can we avoid the dire consequences of our species' novel success?

This brings us to my second question: Are these science questions? Do these fateful questions need to generate any disprovable hypotheses? Or must they too be answered from the heart?

Story 3

CSSR had 15 fruitful years, working for the most part on the way different religions approach the questions that are not available for testing by disprovable hypothesis. Through our work with the Archdiocese of New York, I found myself working with Msgr Lorenzo Albacete of the lay catholic organization Communion and Liberation, and with Dr. Anthony Lechich, medical director of the Terence Cardinal Cooke Hospital.

Quite unexpectedly, a new and different project emerged from our conversations. About 12 years ago, Dr. Lechich offered to have our CSSR undergraduate interns shadow him for a summer, to learn how this Hospital for people at the end of life works, and to perhaps offer insights to him as well.

This summer program cost money, but I happily was able to raise the money from alumni and friends, so it went along for many years. Then in 2014 I found myself and the CSSR under strain, as grants become harder to get. Our home in the Earth Institute ceased to be a haven and became instead a fee-for-service

arrangement. Lacking the funds to pay for our continuation, I made plans to close down the CSSR.

This would have meant the end of a budding operation that had emerged from the TCC summer program: RCSS students themselves had begun to propose additional, novel projects that involved an element of service, an element of science, and an element of self-reflection.

Then, in one of those low-probability events that change things for the better in an unexpected way, Harvey Krueger, College '51, Law '54, one of the alumni who had given me money to sustain the TCC summer program, decided to give the CSSR an endowment of \$600,000. Do the math: this meant the CSSR would always have about \$30,000/year for projects proposed by its student interns.

Immediately these interns taught me that I was as much their student as their teacher. They constructed a project and asked me to help them with it. It had no hypothesis testing, and no data gathering either, for that matter. It was a volunteer program, "At Your Service."

At Your Service links Columbia undergrads with TCC residents who are at the end of life. It has sent about 50 students each semester for the past five years to TCC for four hours per week of voluntary service, where they learn to be long-term companions of residents there, people who are not going to leave the hospital alive.

No data collection, except perhaps the subjective data we share in their own essays on what *they have learned* from their long-term companions. This is the key point: it is an example of mutual empathy at work.

If these students were instead to have gone to the hospital to record their observations and then to write them up as a research project, would they have been able to open themselves to the subjective experience of sharing life with someone at the end of life? This raises our third question.

Question 3: Do medicine and medical research require the doctor or medical scientist to tamp down empathetic feelings for the person she, or he, is treating, or accompanying? If so, why?

Story 4

With the Krueger Endowment in hand I found a new home for the CSSR in 2015, in the Center for Science and Society, a large interdisciplinary operation working out of the Department of History. We became the Research Cluster on Science and Subjectivity, one of seven research clusters forming that Center's

academic activities. Shuffling the final R from last to first, the CSSR became the RCSS, and Religion was replaced by Subjectivity as the focus of our work.

The RCSS has had a simple agenda: we offer funds to undergraduates who have the will and courage and focus, to propose, to carry out and to write up their own projects involving science, service and subjectivity.

These criteria emerged from our student program of volunteer work at TCC. So it was no surprise when one of these student colleagues, SEAS student Tess Cersonsky, proposed her project: that the RCSS create a course that would give academic credit for the shared-empathetic work of volunteering to be a long-term companion of someone at the end of life.

Also no surprise when faculty colleagues at Columbia initially tried to dissuade me from proposing such a course, because "sitting with dying people is not an academic subject." But Tess did not give up. She drafted a syllabus for a seminar that would meet weekly, with a "recitation section" of 4 hour/week of TCC volunteer service. To assure that the focus would be on the experience of shared empathy, each week's class would be a discussion of the experiences of accompaniment, in the context of a reading, and in the presence of a different senior faculty member from the medical school.

The course was accepted as a Seminar in the American Studies Program, thanks to its Director, Casey Blake. It takes its name from an earlier, CSSR-sponsored, TCC-volunteer program: "Life at the End of Life." It had its first meeting this past Autumn semester. With 20 students, it had the side benefit of providing 80 hr./week of volunteer service for 14 weeks of the term. It was a great success. Next Autumn, we welcome RCSS Intern Jenny Davis as TA and Dr. Craig Blinderman, head of Palliative Care at CUMC, as co-Instructor.

Question 4 : What place has reciprocal empathy in the notion of Service practiced through ABP and elsewhere here at Columbia? What should be its place?