

Take 2 Poems and Call Me in the Morning: Reading Medically Themed Poetry for Insight and Renewal

Johanna Shapiro, PhD

Abstract

Despite the chronic overload of patients and paperwork experienced by many doctors, this paper argues that doctors should make time occasionally to read and reflect on a medically themed poem. Reading poetry can reduce the burnout and isolation many physicians can come to feel as a result of medical practice. In addition, by helping doctors to see their daily professional life from a different perspective, poetry can lead to creative new ways of interacting and even intervening with patients. Possible outcomes for physician-readers include renewal, inspiration, and recommitment to core values of service and patient care.

Why should a busy clinician read a poem about medicine rather than a double-blind randomized controlled trial? Of course, the choice is not either/or, but it is probably true that not many physicians turn to poetry in order to better understand their profession. Nevertheless, poetry, especially poetry by other physicians about the nature of doctoring, can decrease feelings of burnout and stress as well as provide insights and reminders of what the practice of medicine is, or should be, about.

Similarities Between Medicine and Poetry

At first glance one might think that practicing medicine and writing poetry are diametrically opposed occupations. But in considering “the big picture,” ie, the meanings implicated in these 2 professions, we can discern significant similarities between doctors and poets [1]. Both, for example, regularly confront mortality and death: the physician in her daily practice, the poet in the topics she chooses to explore in her writing. Both seek to create order from chaos: the physician through the application of medications, surgery, and other treatments to cure or ameliorate disease, the poet through the crafting of language to examine and address ultimate questions. One could also argue that both doctors and poets seek to provide relief from suffering and are concerned with healing. Certainly this

is true for physicians; and while not all poets would claim to be healers, much has been written about the therapeutic properties of poetry [2]. Finally, both physicians and poets must maintain an emotional balance between steadiness (emotional equilibrium) and tenderness (compassion, caring) [3] in order to effectively carry out their work. Too much detachment and objectivity, and doctor and poet alike have only an intellectual, mechanistic impact. Too much emotionality, and doctor and writer are swept away in their own unexamined feelings, to the detriment of patient, and reader.

Similarities Between Patients and Poems

Further, although it might be easier for the rational, science-driven physician if patients were like logically argued and cogently reasoned essays or empirically derived equations, they probably more closely resemble poems in the sense that they are often elliptical, indirect, and allusive [4]. Patients regularly speak in metaphors or analogies: sometimes it is hard for them to say what they really mean or to articulate what they really fear. Like poems, they are wonderfully complex and sometimes frustratingly irrational. Similarly, we may think of the patient-doctor encounter as like a poem in that it packs a lot of meaning, emotion, and significance into a typically brief time (space)-frame. To respond adequately to a poem or to a patient requires careful, empathic attention, and the capacity to be moved by what is being conveyed. Unlike an argument or a mathematical formula, a poem—and a patient—should evoke not only intellectual comprehension and appreciation, but emotional resonance as well [5].

How Physicians Can Benefit from Reading a Poem

Because of these similarities, turning to poetry can be an important complement to the physician’s daily diet of UpToDate and research abstracts. As the physician-poet William

From the Department of Family Medicine, University of California, Irvine, Orange, CA.

Carlos Williams famously wrote in his poem *Asphodel, That Greeny Flower* [6]: “It is difficult to get the news from poems; yet men [sic] die miserably every day for lack of what is found there.” Poems do not (usually) transmit factual knowledge. Instead, what they focus on are those aspects of life that speak to the core of what it means to be a human being, without contemplation of which we might indeed “die miserably,” bereft of a sense of what gives value to our lives. Physicians need to nourish their souls as well as their brains in ways that are relevant to their daily work [7]. That is what poetry is good for.

Recognition and Healing

Speaking more concretely, I believe there are 2 major reasons for physicians to read medically themed poetry: (1) recognition and healing, and (2) insight and renewal. With regard to the first point, medicine can be a lonely profession [8]. Part of the socialization process in medicine often means that conversations about the heart of doctoring—the emotional demands of the profession triggered by overwork, stress, loss, uncertainty, suffering, and death—are rarely discussed. Even when they are addressed, physicians often do not feel they have permission within the profession to fully articulate their distress and must rely on routine formulations [9], depersonalization and distancing [10], or humor [11], forms that do not adequately speak to their real confusion and suffering. The result can be burnout, including emotional exhaustion, feelings of cynicism and depersonalization, and a sense of ineffectiveness and lack of personal accomplishment [12] as well as a more existential diminution of values, dignity, spirit, and will, “an erosion of the human soul” [13]. Poetry (especially poetry by other doctors) offers an opportunity for physician readers to “find themselves” in the writings of colleagues in ways that they may not experience in the casual exchanges in hospital corridors or cafeterias.

Once the physician “finds herself” in a poem, the possibility for healing emerges. As the psychoanalyst D.W. Winnicott asserted, being seen by another is a fundamental component in the development of selfhood [14,15], which applies not only to the personal self but to the professional self as well. Often it seems that much of who a physician “is” must be kept secret from colleagues and peers, for fear of being perceived as insufficiently tough or successful [10]. Finding one’s dilemmas, thoughts, and feelings in the words of another can be both reassuring and consoling. It can also be a first step toward releasing the distress or angst resulting from a difficult clinical situation and experiencing a sense of solidarity and community with other physicians and with patients. The commonality of professional and personal woundedness opens the possibility of emotional healing [16].

Insight and Renewal

When a physician feels recognized, a space opens to rethink stressful or difficult patient encounters that previously have led to feelings of disillusion, annoyance, and frustration. By insight, I mean the possibility that a medically themed poem can offer new ways of thinking and feeling about patients or situations that normally appear challenging [17]. Of course, poetry (typically) will not report on new courses of treatment or pioneering medical interventions. But it encourages the physician-reader to take a step back from what has become excessively routine or especially problematic in the patient-doctor encounter, and to approach it with fresh interest and creativity [18]. By stimulating a reflective reexamination of a familiar situation, a poem can trigger new appreciation and sometimes even new ideas about how to act in a demanding patient context. As a result of this creative brainstorming, poetry also has the potential to uplift and inspire. A poem about medicine can help its reader transcend the inevitable daily aggravations of the profession to rediscover the beauty, mystery, excitement, and awe that occur when one human being reaches out with compassion and skill to ease the suffering of another [19]. In this way, the physician may become reinvigorated to pursue her profession with renewed enthusiasm and hope.

Three Poems

Below are 3 poems that invoke scenarios from ordinary, every day medical practice. The first is the physical exam, an aspect of doctoring so ingrained in the physician that it is rarely reflected on after the third year of medical school. David Watts’ poem [20] presents this medical ritual with freshness and insight that elucidate its abundant possibilities for mutual connection and trust. The next poem, by oncologist Marc Straus [21], deconstructs a common patient-doctor exchange, a patient posing a question to his doctor. This poem reminds us that although medicine is rooted in the accurate and precise measurements of science, in its clinical application it is often anything but certain or exact. The third poem by John Wright [22] confronts a common source of frustration, even anger, for physicians: the “non-compliant” patient.

Physical Exam

David Watts, MD

I have told her I will not
do a pelvic, so already
we are on better terms.

I have learned when best
to say this,
so as to ease her fears.

But she worries that I
will examine her breasts, perhaps
take too much pleasure
with beauty,
with softness... it's possible.

The truth is
unlike those I have loved
I do not remember the breasts
I examine. I didn't think it would be this way,
but it is.

And I feel the opening
of possibility, it's just that
it goes unrecorded,
as if to honor
the unspoken agreements. Afterwards,

a transformation,
as if through this intimacy
we have become part of each other,
protective of each other—Don't
misunderstand,
it's just that now
she stands close to me
and is not afraid.

This poem describes that most basic and unremarkable of events in the patient-doctor encounter, ie, the physical examination. Performing a physical examination is second nature to every physician. But David Watts helps his physician readers to revisit this mundane interaction, to contemplate again its vast potential for connection, understanding, and relationship [24].

The narrator in Watts' poem describes what appears to be the routine physical exam of a female patient. The physician has determined that, in this visit, a pelvic exam is unnecessary, which instantly puts doctor and patient "on better terms." Here the narrator recognizes essential tensions between doctor and patient rooted in gender [25] and power differences [26]. He acknowledges that both the pelvic and the breast exams are inherently vulnerable encounters and can raise issues for patients about proper professional boundaries [27]. Yet this experienced physician understands that the patient-doctor relationship is about a very different form of intimacy.

In fact, the major focus of this poem is to facilitate the reader's contemplation of the true nature of the intimacy engendered by the physical exam. It is *not*, as this doctor knows, the intimacy of love or even of friendship; and it can certainly can inspire anxiety and fear in the patient, as well as confusion in an inexperienced or unskilled physician. But, as Watts recognizes, it also holds the key to possibility and transformation within the patient-doctor relationship.

As Charon notes, the body is the vehicle through which we experience both sameness and separateness from others [28]. This dimension of medicine, the capacity to legitimately touch another, is especially significant because increasingly social theorists argue that personhood cannot be understood apart from the body. Thus this nonverbal interaction has the potential to add a critical dimension of embodiment to the relationship between doctor and patient. In the narrator's words, by the end of the physical exam, patient and doctor "have become part of each other." Through the intimacy of the exam, patient and doctor have the potential to exchange not only a few stray cells, but parts of their actual being.

Importantly, the poem demonstrates that the encounter is a two-way exchange. Over the course of the physical exam, a mutual, reciprocal relationship has been created, one in which both doctor *and* patient are "protective" of each other, and share in concern and caring for the other. The patient has been placated and put at ease, but the doctor too has benefited in the sense that he has had the privilege of earning the trust of another and therefore being perceived as a trustworthy, honorable, upright, and safe person. This type of presence has been referred to as "being for" the other, an attitude that recognizes the preciousness of the other, their full properties, and whole identity [29]. It is the opposite of the neutrality, distance, and careful doling out of self that is often encouraged in medical education.

Many physicians will recognize some aspect of themselves in this poem, and in this sense the poem extends the experience of being seen and "known" to the reader. Because it offers a reflection on a routine act that rarely receives much attention, it also provides insight into how the physical exam can be used to reassure the patient, reduce fear, and establish connection, confidence and trust. Finally, by emphasizing the transformative aspects of the encounter, the poem encourages the physician reader to seek her own and her patients' transformation in the commonplace exchanges of daily practice.

Not God

Marc Straus, MD

I thought to delay the answer, camouflage
it, by waiting until he asked another
question. But he prefaced the question with

I know you're not God. This is commonly said
to me, second in frequency only to What
would you do if it was your father, or wife,

etc. I accept this statement of my undeity
to be theoretical, a mechanism to permit me
to be imprecise, to use phrases like "it depends

upon many factors" and "a range of." But lately
I'm increasingly tempted to say, How do you know
I'm not God? What gives you such certainty?

Do you say this to your lawyer, accountant,
or mother-in-law? And, if I'm not God then why
ask me a question that only God can answer?

This poem tackles the question many patients at some point pose to doctors—"What should I do?"—qualified by the phrase "I know you're not God." The poem also invokes what the narrator describes as the "second most common question "... if it were your father, or wife etc.?" The narrator's lament is that on a regular basis, the physician is confronted with queries from frightened, suffering patients that only God should have to answer.

Indirectly, the poem invites us to reflect on *why* patients use these turns of phrase so often. Partly, this habit may be understood as a form of wish fulfillment. The rational mind of the patient knows that the doctor is not a god. But the emotional heart of the patient longs for the doctor to indeed be God, so that her advice is infallible, perfect, just, and merciful. On the other hand, when the patient employs the language, "What if I [or my loved one] were *your* loved one?" the patient is pleading with the doctor to step down from the remoteness of the heavens, the Word become flesh, to be a fellow human being side by side with the patient. What the poet reveals is that patients hope to find an all-powerful god who has the flawless empathy of a suffering fellow human.

The primary focus of the poem, however, is not on the patient, but on the physician's perspective. It draws our attention to the realization that the patient's longing for the doctor to be both perfectly god and perfectly human places a great burden on the physician. In a situation where patients seek certainty, the widespread reality of clinical uncertainty [30] can result in painful isolation for the physician, who is forced to wrestle with questions that, in a simpler time, would be left up to a more omnipotent Power. Brought into the trenches of the body's vulnerability through his patient's pleading, the doctor has no place to hide.

The physician-narrator in this poem responds with helplessness and frustration. He resents being placed in this situation day after day. He challenges his patient with a question of his own, ie, how can you have such certainty [that I am *not* God], when I am so often denied certainty in offering guidance to you? Why are not other professions or social roles held to such an onerously high standard? Behind the annoyance, we hear the physician's fear, even his despair. How can he continue to face this unremitting pleading?

As in *Physical Exam*, in this poem too physician-readers may see themselves and recognize the simultaneous overwhelming vulnerability and responsibility inherent in the

practice of medicine. Patients' questions are indeed often hard to bear. Marc Straus, the poet, is an oncologist, so the questions he receives may be particularly problematic ones. But many questions that emerge in the patient-doctor encounter are difficult to answer—Do I have to give up my favorite foods? Is my lung damage irreversible? Why does my child have this disabling condition? What are the chances I'll have another heart attack? Like the narrator, doctors may feel the impulse to "delay" and "camouflage" their answers, turning them into nonresponses that deflect what they know to be the truth.

Straus' personal reflection on these encounters provides no answers, but it may easily stimulate the physician-reader to engage in her own reflective process about what such patient questions mean, and how they should be answered, ethically as well as medically and scientifically. Finally, although the poem admits of no resolution, it may provoke in some readers a sense of awe that they are indeed members of one of the few professions on earth where it is permissible, indeed necessary, to ponder in the presence of another such impossible-to-answer yet necessary-to-ask entreaties.

Walking the Dog

John Wright, MD

She weighed
three hundred pounds.
Fat and high sugars
were killing her
I thought.

So,
I thought.
So,

I gave her a puppy
with dark curly hair,
nothing else
had worked

Walking the dog
twice a day
I thought
might persuade
might motivate.

She was pleased
with my prescription,
she laughed,
she rocked
from side to side.

She lived
for twelve years
hugging

that little black dog
while her lean husband
walked it faithfully,
twice a day.

In this poem, the author explores one of the more common physician frustrations—nonadherence to medical regimens [31]. In this case, the patient is an obese diabetic, and her physician laments in frustration that “high blood sugars are killing her.” This is a situation that any primary care physician will easily recognize. The patient does not comply with physician directives to lose weight, test blood sugars, or exercise. And this is no mere contestation of wills. A lot is at stake: the health and perhaps the life of the patient. No wonder the physician is distressed.

The poem goes on to describe impressively caring and committed physician behavior. Rather than abandon this patient (emotionally if not literally) and turn to other patients more willing to receive his help, the first thing this physician narrator does is “think about” his patient. This line is reminiscent of Anatole Broyard’s plea in his essay *The Patient Examines the Doctor* in which he requests not “love” from his physician, but only that the doctor spend 5 minutes thinking about him [32]. In this case, the physician narrator’s moment of brainstorming produces an innovative, creative, and delightful solution: he will buy his patient a puppy that she can walk, thereby getting the exercise she appears to shun! The doctor is justifiably pleased with himself as he executes this new prescription, which he sees as the “answer” to her medical problems.

But what is the coda to this poem? The poet complicates the story, just as life itself is often more complicated than we would like. True, the patient lives 12 more years. True, she loves the little dog and cuddles it happily. But the physician’s intervention is not successful, or at least it does not accomplish its intended effect. It is the slender husband, rather than the overweight wife, who ends up exercising the dog.

Ultimately the lesson of Wright’s poem is one that prioritizes relationship over medical efficacy. It suggests that what doctors ask of their patients (turning the asking process of the Straus poem back onto the patient) is often hard, sometimes too hard to actually adhere to. Doctors should try to be creative, they should never give up on their patients, but they don’t have perfect control over their patients’ lives. All they can do is continue coming up with new ideas for their patients and above all stay connected with them. That connection is, the poem suggests, a source of healing as meaningful as achieving a hemoglobin A1C within normal range.

As in Watts’ poem, in this poem too the healing described is mutual. The patient benefits from the puppy, although perhaps not in the ways that the physician an-

ticipated. And although the physician narrator begins his narrative in frustration, by the end of his tale he is bemused, even amused. His ongoing relationship with this patient has been transformed from aggravation into appreciation. He too has benefited through his connection to this at times aggravating but also enjoyable woman.

“Walking the Dog” provides recognition, as many physicians will find themselves mirrored in the narrator’s initial frustration and fear for his patient. It also is rich in insight, because it reframes the clinical question from some variation of “How can I lower my patient’s blood sugar?” to “How can I remain committed to and connected to my patient?” These are not unrelated goals, in fact they may be inextricably linked. But the ending of the poem compels the reader to ask whether, even in the face of stubbornly high HA1C levels, the creative intervention of the physician may be considered a success on a relational dimension. The poem, like Straus’ poem, does not answer the question it poses, but instead raises more thoughts about what are the proper criteria for meaningful and healing patient care. In so doing, it may inspire the physician reader to reexamine her definitions of a valuable patient encounters.

Conclusion

Medically themed poetry confers on physician-readers the prospect of recognizing themselves in the writing of another, while also being able to view themselves and what they do in a different light. Thus the poem is at once familiar and strange, a reflection of a well-known aspect of their lives but perceived from a new angle. This combination of recognition and possibility has the potential to reduce physician isolation, stimulate renewed creative engagement with patients, and revitalize the core commitments and values that tend to inspire a career in medicine. Reading poems can help build compassionate solidarity with both patients and with other physicians [33]. In the absence of systemic health care reforms, poetry will not single-handedly eliminate physician burn-out and compassion fatigue. But it may point the way toward a reconnection with the satisfactions and rewards of which doctoring is capable of offering its practitioners.

Corresponding author: Johanna Shapiro, PhD, Dept. of Family Medicine, 101 City Dr. South, Rte 81, Bldg 200, Ste 512, Orange, CA 92868, jfshapiro@uci.edu.

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