Doctors in the Making: Memoirs and Medical Education

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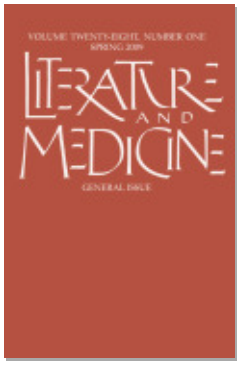

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Book Reviews

Suzanne Poirier. ***Doctors in the Making: Memoirs and Medical Education.*** Iowa City: University of Iowa Press, 2009. 200 pp. Clothbound, $39.95. e-Book, $10 or $29.95.

Doctors in the Making by Suzanne Poirier is an intelligent, meticulous, and heartfelt analysis of how physicians come into being as a result of their medical school and residency training. The book reviews over forty physician memoirs, all focused on medical training rather than practice, spanning the 1950s to the mid-2000s. Poirier focuses her attention on the "unofficial" stories of medical education at both the undergraduate (medical student) and graduate (resident) levels, the stories that medical school deans and admission officers tend not to tell but that learners cannot refrain from telling. One of the many strengths of this book is its reminder that not only patients, but also doctors have stories about suffering, especially in relation to the often overwhelming "emotional process of becoming" newly minted physicians (2). The scholarly goal of Poirier's project, achieved through a detailed analysis of these memoirs, is identification and interpretation of salient thematic issues that learners grapple with on the road to physicianhood, especially those issues that may not receive much attention in the formal curriculum.

By concentrating on storytelling, Poirier affirms the essential nature of narrative, in particular autobiography, in meaning-making. The memoirs she scrutinizes are often explicitly identified by their authors as "a way of preserving a part of oneself and a means of better understanding an emotionally overwhelming situation" (11). These writers are clearly embarked on a search to make sense of and find meaning in their medical education experiences. However, while taking their memoirs at face value, Poirier candidly examines the not insignificant methodological issues raised by approaching memoirist writing (either retrospectively or in real time) as data. She presents admirable transparency by demonstrating her own analytic approach through an in-depth consideration of three texts.

In this regard, Poirier reminds us that there is no such thing as unmediated writing, thus waving a contextual warning flag about con-

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fusing text with Truth. For example, most of the older memoirists are, predictably, white and male, and their writings are not immune to the assumptions and views of the times in which they are situated. Gender diversity is more apparent in recent writings, and as a result, Poirier is able to provide an insightful discussion of the intersection of self as woman and self as doctor. The paucity of memoirists from different and especially historically underrepresented minorities is significant in and of itself, as Poirier acknowledges. She cautions us that however counter-hegemonic these voices are, they are still, by and large, voices of privilege, albeit functioning in situations that challenge many of their previous assumptions about the world and themselves.

Most of the reviewed memoirs are variations on the journey story: picaresque accounts of adventure and misadventure or more serious coming-of-age (*Bildungsroman*) narratives. As Poirier notes, these literary forms are especially resonant with the incomplete development of most medical students and residents, who are typically in their early- to mid-twenties and still trying to form their identities. The insertion of medical education into this developmental process is a rude awakening for many. The protagonists presented in these accounts are generally in the mold of the existential hero—an average, somewhat reluctant person confronting extraordinary circumstances. In keeping with this "anti-heroic" image, the protagonists of these tales ask more questions than they are able to answer and do not shy away from documenting their confusion, disillusionment, and at times, anger. Whatever the rewards of medicine, most are aware there is also a steep price to pay. The themes Poirier identifies in their narratives—including embodiment, power and difference, relationships, and emotional honesty—speak directly to the costs and challenges involved in pursuing personal and professional formulations of self. What is perhaps most notable about these themes is that, although they are all of fundamental importance to understanding the process of becoming a doctor, they are rarely critically addressed in medical education. Poirier's book gives us the opportunity to first notice them and then begin to dissect them.

Particularly intriguing is the discussion of embodiment as it relates to physicianhood. Poirier defines embodiment as "being physically marked or changed by an experience" (29). Given the nature of medical training, this is an especially salient and useful definition. Poirier notes that in the process of medical training, students feel not only emotionally exposed, but also physically vulnerable, either through literal contamination or through the daily wear and tear inflicted on their bodies. In this respect, medical education resembles, in the eyes

of some of its participants, a shamanistic rite of passage in which trials and tests are literally visited upon the body of the initiate.

Poirier's analysis highlights the prevalence of corporeal metaphors in all of the texts, suggesting the extent to which learners metabolize their educational experience. Doctoring is fundamentally about bodies acting on and with other bodies. Despite the progressive separation between doctor and patient resulting from the increasing intervention of technology over the past century, medicine remains one of the few professions where virtual strangers have intimate access to the surface and interior of another's body. Medicine still relies on multiple performative behaviors that can only be carried out by a body on a body. Yet this incorporation of practices into the body of the learner that are then "performed" through that body, while at first alien and troubling, can easily become routinized and automatic (79), creating further emotional distance between doctor and patient. One cannot help but speculate that greater critical attention to embodiment could result in a richer understanding by physicians of the unique nature of their work. As Poirier suggests, awareness of physical vulnerability as part of the human condition can potentially lead to enhanced empathy, compassion, and a sense of shared suffering. However, the opportunity to explore the shared embodiment of student and patient is largely overlooked in current medical education instruction.

In Poirier's reading of these texts, power and difference are fluid, shape-shifting constructs. On the one hand, power is something that seems just out of reach for medical students and interns, who perceive themselves at the bottom of an exceedingly hierarchical medical power structure, vulnerable to being pimped, humiliated, and made to feel perpetually out of their depth by their superiors. On the other hand, power is something that begins to accrue to them, almost imperceptibly, but also inevitably. As with many oppressed groups, medical students who feel they are ignored, devalued, and demeaned at times choose to exercise power over the only "safe" targets available to them—i.e., patients—in turn judging, condemning, and blaming them for their own medical conditions and for the students' ongoing misery.

Difference, as both cause and consequence of power, is something that medical students in particular understand and fear. They grasp what it is to be the outsider or, at best, to occupy a liminal space in the medical hierarchy, but as much as they connect and relate to the inalienable difference that separates doctor from patient, they also long to join with the ranks of the powerful, high-status residents and attending physicians. In this context, Poirier cites the seminal research of

Howard Waitzkin, who concluded that most medical students have an "ideological blindness" to the social contexts and forces that may oppress and disempower patients (96). Poirier considers differences among learners, particularly gender, but also race and ethnicity, as they affect the expression of doctoring. Yet what is most striking in her findings is that the perceived powerlessness of students often trumps other forms of difference. Paradoxically, students' phenomenological experience of the dehumanizing and disempowering aspects of medical education often does not foster identification with similarly disempowered and objectified patients, but rather results in students becoming disrespectful and emotionally punishing toward the very group with whom they share much in common. As Poirier notes, a more fruitful path for learners might involve more openness toward difference, more fluid and shared concepts of power, and an acceptance of shared suffering with all involved in the medical enterprise, whether as teachers, learners, or patients. Here too, unfortunately, there is little evidence that major curricular initiatives are on the horizon to explore these issues.

The sources Poirier examines devote significant discussion to relationships of all kinds—primarily those of the authors with their patients, but also relationships with their superiors (attendings and residents), the healthcare team, and family and friends. What emerges is a picture of medicine as an irrevocably relational profession, in contrast to historical (and to some extent, still prevalent) images of the "physician as medical Lone Ranger" (127). It may seem that medical education is deeply concerned with the doctor-patient relationship; however, in terms of the quantity of curricular time actually devoted to learning how to establish relationships with patients—how to address difficult aspects of such relationships or how to deal with countertransference issues, personal assumptions, and the prejudices that can complicate a relationship—critical attention is woefully deficient. Yet Poirier repeatedly finds that it is relationships with patients that most affirm these burgeoning physicians in their choice of profession and that provide meaning to their daily work. Of course, there are difficult patient relationships, too, but even these engage and challenge students and residents.

Other professional relationships are less frequently mentioned, although students and residents regularly reference their interactions with nurses. Indeed, for all the lip-service paid to "teamwork" in the practice of medicine, these authors seem to have a greater appreciation for the essentially collaborative work of medicine than do many of their educators. In these accounts, personal relationships generally receive

only superficial attention, as learners become increasingly enmeshed in the world of medicine. Nevertheless, learners strive to understand what "balance" between their professional and personal lives might mean and lament their growing emotional separation from family and friends. Overall, what emerges from these texts, as Poirier reports, is persistent wrestling with the intricacies and complexities of the multiple networks of relationships in which learners are embedded. In fact, who they are becoming as doctors can only be understood through who they are in relationship to others. Sadly, because medical education pays so little attention to the interpersonal, relational dimensions of medical practice and its personal implications, learners often feel that they are flying blind in this essential area.

Threading its way inexorably through each chapter is Poirier's largest concern: the emotional health, integrity, and self-awareness of learners that comprise crucial, but neglected, components of doctoring. Poirier accurately describes the experience of learning medicine as an "emotional cauldron" (141) and cites research affirming the importance of emotional connection with patients as a barometer of trainee well-being. Yet, as she discovers in the texts she studies, there is little opportunity, encouragement, or support for learners to become well-acquainted and comfortable with developing such connections in ways that do not enmesh or overwhelm them. Poirier finds learners returning again and again to the tension between emotional detachment and involvement, struggling to find a moral and workable balance. Emotional decoupling and depersonalization of the patient seem to function as learners' preferred modes of adaptation. Poirier concludes that human emotions become unconsciously recalibrated in the process of medical training, remarking that qualities of connection, caring, and emotional openness still in large part run counter to a professional ethos that values independence, distance, and objectivity. The denigration of caring and emotions and the sense that emotional distress is somehow a weakness apparently leads many physicians in training to hide feelings of grief, self-doubt, and isolation from family, friends, peers, and supervisors.

What Poirier proposes instead is the cultivation of "emotional honesty" in oneself and in one's encounters with others in teaching and clinical care (18). In Poirier's view, emotional honesty involves an awareness both of one's feelings and of their implications, as well as an awareness and acknowledgment of the feelings of others. She argues convincingly that it is through a combination of reflection and storytelling that we can help learners find their own emotional honesty

and maintain it as an anchor to guide them through the tribulations and vicissitudes of their training. Poirier's lament, which I echo, is that the authors of her texts must engage in this reflection and tell these stories either haphazardly or alone and on their own.

It is especially troubling that the themes, preoccupations, and concerns of medical students and residents have changed so little over the course of a half century. It would seem that the dazzling technical and scientific advances of medicine have not been matched by a more penetrating, complex, and nuanced understanding of the relational core of medicine. Appropriately, Poirier points out many curricular innovations that have helped to address the shortcomings in traditional medical training as expressed in these memoirs. However, she also cautions that, despite the addition of innovative courses and programs aimed at turning attention towards the issues she identifies as of critical importance to medical students, none of these can compensate for an educational environment that is inherently hostile to such exercises.

In his famous "contaminated moral environment" speech delivered upon assuming the presidency of the newly constituted Czech Republic in 1990, Václav Havel observed that the institutions formed under totalitarianism could never lead the people to freedom.[1] Although no one was purely a victim and all were to some degree co-creators of their own system of oppression, individuals could not rely on their political organizations to save them because these structures were so firmly rooted in limited and shortsighted principles. They had only each other to lean on. Flawed and corrupted, they had to effect their own remoralization. As the medical sociologist Arthur Frank realized, the struggle of the Czech people has potential parallels with the state of medicine—and by extension, with medical education—today.[2] Who will initiate meaningful dialogue about the issues Poirier identifies? The most powerful, those who have built the institutions of medical instruction, are rarely able to challenge their own creations. Rather, it is the voices considered in Poirier's and other such analyses[3] that must lead us forward toward medicine as a relational profession, sensitive to power and difference, aware of its embodied nature, and most important, imbued with emotional honesty. If we hope for a better healthcare future, we will listen.

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NOTES

1. Havel, "New Year's Address to the Nation."
2. Frank, *The Renewal of Generosity*, 29.
3. Shapiro, *The Inner World of Medical Students*.

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