

## COMMENTARY

### Hospice and Catching Comprehension

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The two poems in this issue are contributed by medical students, at the time of writing in their third year of training. They both describe clinical situations of great vulnerability—a patient dying of metastatic lung cancer and a non-English-speaking woman undergoing a pelvic exam. In both poems, the patients are limited by lack of control. In both, the students are similarly limited by what they can and cannot do—the student in “Hospice” cannot save her patient; the student in “Comprehension” cannot communicate with her patient. Both take refuge in the tangible body of the patient, the chest, uterus, an ankle—but the answers they long for are not forthcoming.

In “Hospice,” the narrator uses stark, matter-of-fact language to document the rapid dissolution of a dying patient. The poem focuses on the ugliness of decay, how quickly and irrevocably one passes from life to death. The metaphor of a journey in stories of illness is usually inspiring, uplifting, evocative of a heroic quest. Here, however, the journey is simply from Full Code to Hospice. In many ways, this journey is

debasing and demeaning for the patient. There are no heroics, no monsters vanquished, no insights gained. The only redeeming aspect appears to be the family’s willingness to accompany the patient to his last destination. In this poem, the student is the witness to this rite of passage. Although she examines the patient, it is obvious her gesture is futile. The poem offers no respite from the tragic scene unfolding. All it can do is document the patient’s cooperation, the family’s devotion, and her own presence.

“Catching Comprehension,” though a serious poem, strikes a slightly lighter note. It is closer to the beginning than to the end of life. The student is more active and seemingly more useful than the student in “Hospice.” We find her attempting to perform a postnatal pelvic check that the patient presumably needs. But, like the student in “Hospice,” this student also only understands bits and pieces of what is happening, because she and her patient do not comfortably share a common language. The poem makes a rather whimsical parallel between the patient’s past struggle to birth her child and her current efforts to birth a healthy communication with her physician. The hapless student, perhaps much as she felt during her first delivery, is desperately trying to “catch” comprehension as it flies by and not drop it on the floor. The student admits her limitations – “I don’t know,” and hopes for “understanding,” a successful outcome despite the im-

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perfections of the process. While the prevailing image in “Hospice” is tragic, the metaphors in “Catching Comprehension” suggest a certain playful amateurishness, a makeshift, unprofessional quality in the encounter which conveys a comedic context in the classic sense of having elements of ridiculousness or ludicrousness.

Each in their own way, the poems address the incommensurability of the worlds and experiences of physicians and patients. The viewpoint of both poems remains resolutely rooted in the voice of the student-physician. The patients, though described

empathetically, are not addressed directly, and persist as the third person “other.” The students are participant-observers in processes that they only incompletely comprehend, processes where they feel sadness, frustration, and a sense of inadequacy. They do what they have been trained to do—examine the patient—and through their writing, acknowledge the limitations of medicine they encounter: the inability to always ward off death; the inability to always speak across language and culture. In the face of such constraints, they can only witness and hope.