

Mortal Lessons: Notes on the Art of Surgery

[Excerpt]

by Richard Selzer

I stand by the bed where a young woman lies, her face postoperative, her mouth twisted in palsy, clownish. A tiny twig of the facial nerve, the one to the muscles of her mouth, has been severed. She will be thus from now on. The surgeon had followed with religious fervor the curve of her flesh; I promise you that. Nevertheless, to remove the tumor in her cheek, I had to cut the little nerve.

Her young husband is in the room. He stands on the opposite side of the bed, and together they seem to dwell in the evening lamplight, isolated from me, private. Who are they, I ask myself, he and this wry-mouth I have made, who gaze at and touch each other so generously, greedily? The young woman speaks.

"Will my mouth always be like this?" she asks.

"Yes," I say, "it will. It is because the nerve was cut."

She nods, and is silent. But the young man smiles.

"I like it," he says. "It is kind of cute."

All at once I *know* who he is. I understand, and I lower my gaze. One is not bold in an encounter with a god. Unmindful, he bends to kiss her crooked mouth, and I so close I can see how he twists his own lips to accommodate to hers, to show her that their kiss still works. I remember that the gods appeared in ancient Greece as mortals, and I hold my breath and let the wonder in.

Mortal Lessons: Notes on the Art of Surgery by Richard Selzer. Copyright © 1974, 1975, 1976, 1987 by Richard Selzer. Reprinted by permission of Georges Borchardt, Inc., at 136 East 57th Street, New York, NY 10022.

Anne Farmakidis, senior editor of *Academic Medicine*, is the editor of "Medicine and the Arts." (Unsolicited submissions are welcome.)

Commentary

Recently, scholars in academic medicine have called for communities of medical education organized around inspiring and hopeful storytelling.¹ They argue that there is a dearth of such positive exchanges in the world of medicine and that we do not do enough to inspire and lift each other up.

But where do we find these stories? Of course, they are present in the everyday experience of clinical practice, which abounds with heartbreakingly touching and celebratory narratives. But sometimes it is hard to acknowledge these stories. They are easily overlooked or marginalized in health care systems where the focus is on efficiency, avoiding malpractice lawsuits, and completing paperwork properly. Literary selections may be helpful in retraining members of the medical community to both recognize and relish such stories because they may be pondered in an emotionally safe environment,² where providers are freed from conventional clinical pressures and responsibilities.

One of the best examples I know is found in Richard Selzer's *Mortal Lessons*. Selzer is professor emeritus of surgery at Yale University and an accomplished essayist and author of several luminous short stories. His writing is astonishingly empathetic, sensual, and lyrical. He is unmistakably a surgeon with an intimate knowledge of the human soul as well as the human body.

The vignette is deceptively simple. It describes a young woman after surgery whose mouth has been twisted into a "clownish" grimace—the price of removing a tumor from her cheek. Her surgeon stands by her bedside. So does her rather innocuous husband. The woman asks her surgeon whether her mouth will always look this way, and the surgeon replies that it will. Then the

husband kisses his wife. End of story. Yet, every year, when I read the selection with groups of medical students and residents, even before the last word disappears, inevitably I hear a chorus of "awwws" (as in, "aw, that's so beautiful"), and I see moist eyes and smiles on learners' faces. They are moved by and grateful for this open window into the transcendent beauty of their chosen profession.

One of the most remarkable aspects of this piece is the way in which it tackles physician fallibility. The narrator—physician at first cannot seem to make up his mind about voice. He begins in the first person, but quickly switches to the third person, perhaps in a futile effort to distance himself from his technical imperfections. Just as quickly, he returns to "I," as if to acknowledge that he cannot escape his own culpability and shortcomings. The narrator's straightforward statements indicate his deep caring and commitment as a surgeon, his fierce desire to perform a flawless operation, and the inevitability of his limitations. Yes, it is likely that the patient's life has been saved, but only at the cost of a distressing disfigurement.

From the surgeon's regret and sadness, the story shifts to the patient's perspective. She gathers her courage: Is the facial droop permanent? The surgeon is honest with his patient—after a fashion. He responds affirmatively, but he uses the passive voice as he explains, "It is because the nerve was cut." Although the surgeon followed "the curve of her flesh" with "religious fervor," the young woman is left with a flawed and spoiled face. She is silent, waiting for the meaning of this alteration to manifest itself.

Then, unexpectedly and inexplicably, into this human drama a god descends, a *deus ex machina*. And, surprise of

surprises! Unlike so many other medical dramas, the hero of this story is *not* the doctor, but the husband, who casually shapes his lips to fit the new lips of his wife, and pronounces her distorted smile "cute." The surgeon, humbled, recognizes that he is witnessing a moment of grace. Even more important, he acknowledges without rancor that he has been relegated to observer rather than instigator. His role, indispensable yet small in the scheme of this couple's life, has concluded. Now he is content to remain in the shadows, outside the "generous and greedy" devotion enacted before him. Love has healed beyond the surgeon's knife, and Selzer is wise enough to stand aside in awe and wonder.

When learners read this vignette, they are reminded of the humanity at the core of medicine. Liberated for a brief time from their daily tasks and responsibilities, they are able to bask in its purity and beauty. The image of that kiss is one that lingers in their minds. Often, someone will approach me months later and mention the story as a kind of shared talisman. The story becomes a touchstone that learners can use to determine the extent to which their real-life clinical encounters are conducted in a similar spirit of tenderness, humility, presence, and hope.

Johanna Shapiro, PhD

Dr. Shapiro is professor, Department of Family Medicine, and director, Program in Medical Humanities and Arts, University of California, Irvine, School of Medicine, Irvine, California.

References

- Suchman AL, Williamson PR, Litzelman DK, et al. Toward an informal curriculum that teaches professionalism: transforming the social environment of a medical school. *J Gen Intern Med.* 2004;19:501–504.
- Stein HF. *Prairie Voices: Process Anthropology in Family Medicine.* Westport, CT: Bergin and Garvey; 1996.