

Comments Anatomy Final Projects 5/26/04

■■■■■, this was a neat project – short, but pithy! It made me reflect on all the different sources of information we have about people – down to their dentures. To me, your project conveyed two things very well: 1) Be ready to be surprised by your patients, even when you think you've learned everything about them there is to know 2) Be open to the possibility that what we think we know about patients might be wrong. Our exercises in imagining the lives of our patients are just that – imaginative exercises, which must always stand open to correction by the patients themselves, even from beyond the grave. Your project made me think – and smile. Thank you for sharing, Dr. Shapiro

■■■■■ – Great project, ■■■■■. Really creative! Your sketch says it all. Inside your cadaver, inside the brain, was a *woman* who lived, breathed, had moments of tranquility (as you demonstrate) and no doubt moments of rage as well. I particularly like the final posture assumed by your woman, which implies a kind of peaceful acceptance of the inevitability of the end of life. Well done! Dr. Shapiro

■■■■■ – Beautiful picture, ■■■■■. It captures very well the ideas of giving and receiving. The religious overtones of the seated figure (a bodhisatva?) remind us that the study of the human body is a sacred act. It also suggests to me that, just as the Buddha received enlightenment while meditating under the Bodhi Tree, so the best way to be “enlightened” by the experience of anatomy is to receive its wisdom in a calm, balanced, and open frame of mind. Thank you for this project. Dr. Shapiro

■■■■■ – Hi ■■■■■. I really like this poem. As was demonstrated at the Winter Formal, we wear many different kinds of masks, and illness does a good job of stripping them away. Metaphorically – and literally! – peering inside another is full of risk, as well as promise. As your poem suggests, depending on the nature of the “clinical gaze” we employ, we may feel disconnected from patients, assume we know everything about “what resides” within, and have difficulty reconstituting patients into a human whole. Of course, medicine does provide much information about patients’ bodies, even things they themselves do not know. Outstanding physicians learn the double movement of having expert knowledge that allows them to know the patient better than she knows herself *in some ways*, while remembering that the patient always has “hidden enigmas” that remain unknowable by physicians, unless the patient helps them toward understanding. Thank you for sharing. Dr. Shapiro

■■■■■ – Hi ■■■■■. Great poem – really insightful. You tackle the question that everyone wonders about: If my cadaver had *really known* what lay in store, would he/she have still wanted to donate their body? I’m glad that you found a way to answer in the affirmative on behalf of “the stinky one.” As you surmise, I think other factors draw people toward donation that make the mutilation of the physical corpus irrelevant. Your poem speculates on what one of those intangibles might be by identifying the teamwork among the students as a cherished benefit. What a generous and reassuring image you create! Thank you, ■■■■■. Dr. Shapiro

■■■■■ – ■■■■■, thank you very much for being so open about your struggles with anatomy. I admire your honesty, and I also think it is the cornerstone of a good

physician to be able to identify strengths and weaknesses. You are not the first student to groan “I hate anatomy,” and believe me all of these anatomy-haters went on to be competent and caring physicians. Running a race is a great analogy. Races can teach you about winning, but they can also teach you about perseverance, effort under difficult circumstances, and the joy of completion. So piece back together that shattered confidence, and know it is more meaningful on the other side of facing and surviving a challenge. Good luck next year. Dr. Shapiro

██████████ - ██████, thank you for taking the bold step of putting the anatomy course within the context of shocking and shameful world events. I think one of the risks of medical school is becoming so caught up in the priorities and stresses of this world that you forget about the world out there. The anatomy exam was rough, but pales in comparison to just surviving day by day in Iraq. Perhaps Rumsfeld is a better philosopher than he is a Secretary of Defense. His statement speaks to a humility that does not seem evident in other contexts. But in terms of doctoring, if physicians could only remember that in addition to the “known knowns” there should always be plenty that we recognize we will never know. Thank you for reminding us to step back and look at the big picture. Dr. Shapiro

██████████ – ██████, this remains a wonderful poem, dense with meaning and beautifully crafted. Please continue to fan your creative, questing spirit. Medicine needs people like you. Regards, Dr. Shapiro

██████████ – Beautiful writing, ██████. The concluding lines are incredibly powerful. I think this is a wonderful metaphor for anatomy – the cadavers are disassembled in order to “fill” the students with knowledge. I also liked the way you interpreted your cadaver’s half-open eyes, and how you punned on that expression. The cadaver as witness to her own destruction is a compelling image. I imagine that such watching is both vigilant and protective. I really, really liked this. Dr. Shapiro

██████████ – Hi ██████. You wrote a lovely tribute to your cadaver. And “imagining the patient” is an important skill. Being open to the possibilities that your patient’s life contained will inevitably make you a more empathic and compassionate physician. Thinking of your future patients not only as cancer patients, but also as mothers, lovers, dancers is a good way of remembering their souls as well as their bodies. You obviously learned a lot on multiple levels from your cadaver. Thank you for sharing. Dr. Shapiro

██████████ – ██████, thank you for your thoughtful essay. I agree with your observation that curiosity and enthusiasm for the discovery process are not disrespectful. In fact, I would suggest that these attitudes are essential in good doctoring. The other attitude that you note finding in yourself and your classmates I believe is equally important – gratitude. If you can maintain curiosity, enthusiasm, and gratitude toward your patients, you will be well on your way toward being a fine doctor (and remembering a few anatomical structures won’t hurt!).

██████████ – Hi ██████████. You know, your question about the value of anatomy is actually more than rhetorical. There has never been *any* empirical evidence gathered to prove that memorizing all that anatomical detail actually makes anyone a better doctor. Anatomy being anatomy, and medicine being medicine, it's just assumed. However, based on your essay, I would have to come down on the side of anatomy, not only because you know what an extensor muscle does (which you convinced me really is important) but because it taught you careful observation, patience, faith, and gratitude. Well said, Reema! Dr. Shapiro

██████████ – Hi ██████████. Reading your point-of-view essay in the voice of your cadaver really helped with my separation anxiety ☺. I thought it was great! In my reading, it was all about forgiveness. Medical students – and doctors – are not perfect, nor should cadavers – and patients – expect them to be. Sometimes students (and doctors) are thoughtless, rude, judgmental, disrespectful, even rough. Welcome to the human race. Your corpse sees the saving grace in his medical student's eyes, shining with enthusiasm and gratitude. If doctors can somehow maintain those qualities, their patients will forgive them for much. Regards, Dr. Shapiro

██████████ – What a remarkable meditation on life and death. I really liked your attention to the “relationship” between student and cadaver. Not everyone agrees that there even is a relationship, but I support the idea that this is *the* relationship to anchor all future doctor-patient interactions. The metaphor of cadaver as mirror is intriguing, especially because it connotes the unity, as well as the separation, between student and the dead person. And I think you are on the right track by perceiving that meaning is often best pursued in reflection on relationships.

██████████ – Hi ██████████. I really appreciated the honesty of your essay. You are grappling with some hard questions. You refused easy answers, and would not accept a simplistic way out (“Oh, I'm so grateful to my cadaver” “My cadaver is my best teacher”). You went no farther than your disillusionment allowed you to go. ██████████, I don't mean to presume in any way, but I do think I got to know you a little bit during the selective, so please accept these comments in that context. I think that life is all about loss, change, and growth. Like your aunt, you are losing some things (like the naïve sentimentality about the sacredness of a dead body that most of us carry around), and changing in some ways (perhaps more rational, and less emotional). The task we all face is how to work within change and loss. I don't think the last word has been said about your anatomy experience. Right now your heart has been traumatized and may be somewhat in hibernation. Over the next three years, you will figure out a way to reactivate your heart on the other side of loss and change. And through this growth you will shape yourself into a wiser and more compassionate physician than you could have been before you'd lived through anatomy. Dr. Shapiro

██████████ – Hi ██████████. Thanks for coming to the optional litmed class, it was nice to see you. Your essay charts with great perception your personal evolution from beginning to end of anatomy – from “clean” to “dirty,” from fastidious to hands-on, from focusing on the person to focusing on the cadaver. You're right not to idealize what

insights anatomy can give you. If you see “inner beauty,” it is in a very literal, structural way. It seems to me that what you are working on is finding a way to integrate, either simultaneously or sequentially, the two views of the body – the personal and human with the impersonal carcass. This shifting of perspectives seems essential to me in doctoring – sometimes you will see through scientific eyes... and sometimes you will see directly through their eyes into the souls of your patients.

██████████ – All right, Dr. █████. The first song was a very feeling rendition from the cadaver’s point of view. “Stand in awe” – what a good message. Another good message is, the body is not the person. And of course the analogy of cadaver-as-teacher, although well-traveled territory, is still so meaningful. I really like the “consent,” the permission-giving of the song to “cut and explore, open the door.” The image of a door opening is beautiful because it is true on many different levels. It was a great idea to make part II a song from the medical student’s perspective. The sincerity in your voice as you expressed your gratitude was very compelling, and I liked the way you used chord changes to underline different emotions. The way the final line links back to the concept of “standing in awe” was perfect. If you can figure out a way to maintain an attitude of awe as you proceed through your medical training, you will be a fine physician indeed. Thanks for this work. Dr. Shapiro

██████████. Dr. █████ was so impressed by your essay she asked me to read it too. What struck me most forcibly was the growth it demonstrated from a strictly positivist, technical approach to medicine to a more inclusive approach encompassing compassion, metaphysics, and spirituality. Understanding the role of emotional connection in the doctor-patient relationship is a complicated project, one to which I have devoted many years, and about which I still have more questions than answers. But I like your use of the word “sentimentality.” I believe understanding of the human condition and a willingness to *care* about the human condition as it manifests in each particular patient, in life and in death, is the basis for skillful and compassionate doctoring. I hope that your journey in medical training continues to be rich in delight and introspection. Dr. Shapiro

██████████ – this was a real closure essay, and I liked the fact that you wrote it from the cadaver’s point of view, because it acknowledges that patients need closure about their illness-related experience. It is commonplace (albeit entirely proper) for students to express gratitude toward their cadavers. It is more original (but also with its own veracity) for the cadaver to express gratitude toward the medical student. This perspective stresses the mutuality of the relationship between cadaver and student and, by extension, between doctor and patient. Doctors and patients are simultaneously teachers and learners, expert and ignorant, vulnerable and courageous. The more this give-and-take can be recognized, the more genuine the relationship will be. Thank you for a thoughtful piece of writing. Dr. Shapiro