

## *INTRODUCTION TO CLINICAL HUMANITIES*

I. INTRODUCTION: As third year students, at last you have been thrust into the experience toward which all your prior preparation and training have been pointing – patient care. Your first encounters with patients can be overwhelming, awe-inspiring, frustrating, intimidating, uplifting, boring. The purpose of these two clinical humanities sessions is to enable you to reflect on and explore your feelings about what it is like to hear patients' stories, take on some of their suffering, and have some responsibility for ameliorating their conditions. We have chosen to use literature as a stimulus because it is a counterweight to the vast majority of your training, which relies on logico-scientific knowledge. Literature, by contrast, conveys narrative knowledge, the kind of knowledge that allows us to understand and be moved by the meanings of singular stories about individual human beings, and that hints at universal truths through an examination of the particular.

In this session, we will be reading and discussing literature about the experience of medical students in their clinical years; and in our next session, we will be listening to the writing that you all have done to reflect on and express some of your experiences. Both reading and writing imaginative fiction increase empathy and compassionate understanding – for ourselves as well as others. In particular, literature can help us develop ourselves as persons and professionals in the following eight ways:

- 1) Creative imagination – so we can see others' reality, understand their suffering
- 2) Perspectival vision – so we can see other people's point of view: how does someone else experience the events they describe? How does this view differ from the views of other people being described? From our own?
- 3) Sense of mystery – literature gives us some sense of the depth and complexity of experience, so that we can see the mystery rather than simply the puzzle of experience; helps us to retain our sense of awe
- 4) Capacity to be fully present, to give full attention – the phenomenon of bearing witness
- 5) Sensitivity to language, tone, repetitions, omissions, inclusions - helps in recognizing ambiguities, interpreting signs and cues, forming conclusions from incomplete data, and understanding hidden meanings
- 6) Emotional engagement – the risk of moving closer to, rather than farther from, the patient; as Anatole Broyard put it, the risk of not feeling anything is sometimes greater than the risk of feeling
- 7) Whole person understanding – the ability to place patients within the context of their life-story and personal values

8) Reflection on experience – the ability to make sense of and draw lessons from events that have occurred

II. CREATIVE EXPRESSION: A small but impassioned group of physician-writers continues to insist that writing about patients can help both patients and physicians. Creative writing combines the same emotional distance and engagement that is required in patient care – the discipline and steadiness not to be overwhelmed by the patient, and the empathy and tenderness to be willing to enter into the patient’s world. As Rita Charon has pointed out, by writing about patients it is possible to obtain new insights into the meaning of their illness which in turn lead to greater appreciation for patients; and even new ideas about patient management. Jack Coulehan has said that writing poetry makes physicians more sensitive and empathic, and also can heal some of the frustration, irritation, anger and helplessness they sometimes feel about patients.

Telling (or writing) one’s story can be therapeutic – there is a certain satisfaction that comes from transforming the chaos of experience into a coherent narrative; a way to make sense of a confusing or complex situation, a way to gain understanding and insight; a way to endow events with meaning