

CAN POETRY MAKE YOU A BETTER DOCTOR? OSLER SYMPOSIUM, OCT 2012

- I. So, up till yesterday, whenever I was giving a talk and saw that rapt look on the faces of the audience, I'd always assumed it was because I was saying something particularly fascinating. Now, sadly, thanks to Dr. Sobel, I know better, in that at least 50% of those expressions are due to amazing sexual fantasies that have nothing to do with my talk. I have to confess to feeling a bit of egoic disappointment, but I was also cognizant of Dr. Sobel's point about optimistic reframing. So as someone interested in writing, I'd like to say to you, never let a good sexual fantasy go to waste. Take Notes! Maybe you will write the next 50 Shades of Grey, and with the money you make you can retire early and won't have to worry about burn-out.
 - A. Part of the reason I may not engender rapt looks is that my subject matter is poetry. Topic for today is whether reading literature can make you better doctors. (Just because Osler weighed in in the affirmative on that question doesn't necessarily make it so) But before addressing that question, I'd like to commend you all for remaining in your seats, since even the mere whiff of poetry can make even very humanistic doctors run for cover.
 - B. To help ease the pain, I'm going to share my one poetry joke.
 - C. A bunch of guys in ski masks, wielding automatic weapons, burst into a crowded bank. The leader shouts out: "Everyone stay where you are, and no one will get hurt. I just want to read you some of my poems." What makes this (at least somewhat) funny is the extreme lengths some people who find value in poetry feel they need to go to, to make other people listen to that poetry
 - D. So be forewarned, I'm going to inflict a few poems on you, but hopefully nobody will feel held hostage.
- II. I'd like to begin by sharing that 15 years ago I experienced a serious medical event. Like any good academic, I rushed to pubmed to read all about it. The more I read the scientific literature, the more information I got, the more knowledge I got, and the more alone and frightened I felt. Finally, a friend gave me a book of poetry and surprisingly, at least to me, when I read it, I felt consoled, although of course nothing in my external circumstances had changed. But I felt befriended and understood, something I had not experienced from my physicians. . Pretty soon I was reading poetry and narratives by patients and doctors about what it was like to be ill and what it was like to take care of sick people. Since that time I have believed that literature – the *other* literature – has a place in the education of medical students and the lives of physicians.
- III. VIDEO CLIP
 - A. But, while many physicians in the past decade have, as we say, taken a narrative turn, others remain sceptical about the value of reading literature, at least regarding its relevance to their daily clinical practice.

- B. To illustrate this tension, consider this video of two physicians talking in a clinic corridor
 - C. How many people here have read Dickens' classic work, A Tale of Two Cities?
 - D. We can only hope that by reading this magnificent book together, these two doctors will realize that its themes of resurrection and second chances, devotion and altruism, darkness and light, and its imperative of social justice all lie close to the heart of what they encounter every day in their exam rooms.
- IV. OBJECTIVES – In this presentation, I hope to suggest
- A. How to approach literature as a resource for professional development
 - B. How studying literature can increase empathy for patients (and physicians) experiences
 - C. How literature can help physicians think differently and more creatively about patients, colleagues, and themselves
 - D. And finally, to suggest how literature can help reduce physician distress and burn-out
- V. WHY TURN TO LITERATURE? (TS Eliot quote)
- A. In a play called The Rock, s Dr. Dascher shared with us, the British poet TS Eliot wrote:
 - B. Although there have been many gains made in medicine in the last 50 years, we sense that there have been losses – intangible losses – as well
 - C. As I discovered in my journey through pubmed, while we have amassed incalculable amounts of information – and plenty of knowledge too – we worry that we have lost wisdom about how to recognize, acknowledge, and address suffering and healing.
 - D. And we wonder how we can begin to reclaim this wisdom
- VI. FOLK PROVERB
- A. Fortunately, ancient wisdom still remains available to us
 - B. An old Jewish proverb asks the question: What is truer than the truth? The answer is, a good story
 - C. Literature can help us reconnect with “truths truer than the truth” – truths that lie beneath the facts and algorithms of contemporary medicine
- VII. A GOOD STORY (or poem) can...
- A. Reminds us to listen – deeply listen – to the authentic voices and experiences of patients
 - B. Helps us to see interactions in clinical practice that have become routine and monotonous in new and creative ways
 - C. Encourages us to re-examine our values and pursue our highest aspirations regarding why we are labouring in the fields of medicine in the first place
 - D. Helps us to counteract the cynicism and despair so prevalent in medicine these days by reconnecting you to the awe and wonder inherent in the profession

- E. So let's look more closely at each of these ideas
- VIII. PATIENTS AUTHENTICALLY DISCLOSE about their experience THROUGH LITERATURE
- A. Patients can't always tell you directly what they are thinking and feeling about their diseases
 - B. Reading literature can broaden our understanding of what it is like to be ill and bring us closer to patients' lives
 - C. In the classic formulation of Elliot Mischler, reading literature helps physicians immersed in the world of medicine to reconnect with the voice of the real world
- IX. THE KINGDOM OF THE SICK
- A. Susan Sontag, the philosopher and critic, famously identified "the kingdom of the sick", the land to which people are unwillingly exiled when they become ill
 - B. Literature is a passport into that world
- X. CHEMOTHERAPY – THE VOICE OF THE PATIENT
- A. What is the poem describing?: Stages of grief (Denial, bargaining, anger, despair, acceptance)
 - B. Expressed in such a way that we are not simply memorizing some weird death and dying analogue of the Krebs cycle, we are emotionally moved and invested in the speaker
 - C. We get a glimpse into the life of this woman – her kids, her busy life, her desperation to survive, her despair, her hope
 - D. We see truths beneath the superficial factual truth that this is a patient with breast cancer undergoing chemotherapy that speak to how this person is suffering and how she might heal
- XI. ENLARGING OUR PERSPECTIVE
- A. A good story (or poem) helps us to enlarge our perspective
 - B. Medicine is very good at teaching its practitioners to stick to the point
 - C. But sticking to the doctor's point sometimes means missing the patient's point
 - D. Literature reminds us not to be so quick to judge what belongs and doesn't belong in the patient's story
- XII. HMONG SAYING: YOU CAN MISS A LOT BY STICKING TO THE POINT
- A. And this is an occupational hazard in medicine
- XIII. WALKING THE DOG – ENLARGING OUR PERSPECTIVE
- A. In this poem, the doctor looks at a widespread (and frankly, from a clinical vantage point, not too interesting) problem – overweight patient with diabetes who is noncompliant with treatment regimen - in a new way, and learns something in the process

- B. What is the doctor’s new treatment plan? He prescribes a pet, which helps all of us think outside the box in terms of innovative therapies
 - C. But the treatment doesn’t work!, at least not in the way the doctor thought it would. So the doctor (and we, the readers) have to grapple with the fact that patients don’t always do what doctors tell them to do, even when the doctor has put a lot of thought and care into the suggestion.
 - D. Yet, in one final twist that shows us truth truer than the truth, in this apparently futile act, the poem conveys the value of the doctor’s caring and concern for this patient.
 - E. Wright’s poem helps us understand something about diabetes and about the intricacies of the doctor-patient relationship that we might not have understood through textbook knowledge alone
- XIV. EINSTEIN QUOTE – SCIENCE CAN ONLY ASCERTAIN WHAT IS, NOT WHAT SHOULD BE
- A. There is no escaping the fact that clinical medicine is a values-laden profession
- XV. PAYING ATTENTION TO VALUES
- A. Doctors are daily confronted with challenges to both personal and professional values
 - B. A good story (or poem) helps us explore competing or conflicting values that in ways that are not merely abstractions, but engage the emotions as well as the intellect
- XVI. I STEPPED PAST YOUR ROOM TODAY – ATTENTION TO VALUES
- A. This family physician examines a personal moral lapse – which is what? He avoids entering the room of his dying patient
 - B. Yet by reflecting on his avoidance, by reflecting on the person of the patient with whom he has taken this difficult journey, he is able to move past his own fears and, as so often happens, find solace in the courage of his patient
 - C. The physician is able not only to avoid abandoning his patient, but to avoid abandoning himself
 - D. In doing so, he is able to reconnect with his deeply held values, his truest truths, about what it means to be a physician
- XVII. RACHEL NAOMI REMEN QUOTE
- A. Rachel Remen offers a way of thinking about medicine that makes space for its sacred dimension, its awesomeness and mystery
- XVIII. REMINDING US OF AWE AND MYSTERY
- A. A good story helps us reconnect with the awe and mystery inherent in medicine
 - B. Allows us to expand on what science can tell us about medicine and about life
- XIX. TWISTED SMILE
- A. What is the patient’s voice? What does she care most about?
 - B. Why does the doctor call the husband “a god”?

- C. A wonderful example of a physician – a surgeon yet - stepping out of the way, recognizing a truth truer than the truth: that despite his surgeon status, at this moment he is not all that central to the drama unfolding around him
- D. He is able to value and admire, to be in awe of, his patient and her husband and the mystery of their courage and love

XX. SUMMARY: WHAT CAN HUMANITIES TEACH US?

- A. Close attention, careful observation, active listening to the concerns, fears, and needs of patients – in short, learning to be present for the woman with breast cancer, waiting for the light to change; the woman with diabetes who will not walk her dog, but will cuddle it; the father dying of cancer, who hopes not to be abandoned by his physician; the young wife who wonders how she will adjust to her new face
- B. Empathy for multiple perspectives – of doctors, patients, and family members
- C. A willingness to feel, to become emotionally moved by patients, to recognize that as the English novelist EM Forster told us, it is all about connection: “Only connect!”
- D. Awareness of one’s own psychological and emotional processes, as happens with the physician in Dr. Greenstone’s poem when he confronts his own fears and helplessness regarding his dying patient; as happens with Dr. Wright’s narrator in wrestling with his diabetic patient’s noncompliance; and with Dr. Selzer’s surgeon when he recognizes his own culpability in his patient’s paralysis and then acknowledges that his patient’s husband is the real “god” in the room
- E. Learning to think creatively about medicine – by prescribing a puppy (as Dr. Wright’s narrator does), by stepping forward when you want to step back (as Dr. Greenstone’s doctor does) , or stepping back when you might want to claim center stage (as Dr. Selzer’s surgeon does)
- F. Finally, literature can give us an experience of renewed meaning about the practice of medicine through suggesting the joy that can come from daring to connect emotionally with patients and even from assuming a small measure of their suffering

I leave you with Sir Luke Fildes’ famous picture of the Doctor as an inspiration for what all physicians might be toward their patients and families; and a few thoughts about the value of patients’ stories.