CAN POETRY MAKE BETTER DOCTORS?

I. Introduction

A. Name; taught and conducted research in Family Medicine for 24 years

B. More recently serving as director of medical humanities for the College of Medicine

C. The topic for today, as you can see, is considering the question of whether reading – and even writing – imaginative fiction, including poetry, can help medical students and residents become better doctors; and, since we have already answered this question in the affirmative, to describe the medical humanities program here at UCI-COM

II. What are Medical Humanities?

A. From an educational perspective, medical humanities are the incorporation of humanities-based teaching materials into medical school and residency curricula

1. **Bioethics**
2. **History of medicine**
3. **Philosophy of medicine**
4. **Visual and performing arts**
5. **Literature, especially literature about doctors and patients, often written by doctors and patients, which is what I'll be focusing on today**

III. Goals and Objectives

A. Understand the relevance of humanities to medical professionalism

B. Identify key components of a medical humanities curriculum

C. Be aware of medical humanities courses and course components at UCI-COM

IV. Poem – Doctors

A. This poem was written by Anne Sexton, a renowned poet of the 50s and 60s, who experienced many physical and psychological problems, spent a lot of time with doctors, and unfortunately ultimately committed suicide

B. What is her message? (risks of arrogance)

1. **Poem is sympathetic, understand it's hard to be a doctor**
2. **Also recognizes doctors have the temptation, and the power to bury their mistakes**
3. **Therefore poem is cautionary and warns against arrogance**

C. This is not something a patient can easily say to a doctor, nor a topic physicians can easily discuss; poem is a vehicle

V. The Doctor – Sir Luke Fildes

A. Today, those of us in medical education find ourselves surrounded by an explosion of information and biotechnology, squeezed by the pressures of managed care

B. We may well ask along with TS Eliot: What is lost?

C. How can we regain what has been lost
D. Teaching the humanities in medical school may be a partial solution

VI. Two modes of Thinking
A. Cognitive psychologists tell us there are two modes of thinking
B. Logico-scientific –
1. **forms the basis for science and much of medical education**
2. **Produces basic research and systems of classification and diagnosis**

C. Narrative thinking –
1. **How most of us think about and share our experiences in life**
2. **What patients use when they try to make sense of their illness experiences**
3. **What doctors should use when they try to understand their patients' stories**
4. **The kind of thinking embodied in literature and the humanities**

D. Obviously, both modes of thinking are important.
1. **But they start from different assumptions, and lead to very different places**
2. **Neither alone can adequately deal with all the multitudinous issues that arise between doctors and patients**

VII. Even the great scientist Einstein reminded us: Science can show what is, not what should be

VIII. I'd like to explore for a moment the implications of these two types of thinking for three questions crucial to the practice of medicine, and at least suggest that narrative thinking may provide more useful answers

IX. How Can Doctors Truly Understand the Experience of Their Patients?
A. Logico-scientific
1. **Particulars of personal experience eliminated in favor of abstractions, generalizations, systems of classification and diagnosis**
2. **Interested in what is universally true for everyone**

B. Narrative
1. **Emphasis is on particulars of individual experience**
2. **So if doctors want to understand a particular patient, it may be more useful to pay attention to narrative thinking**

X. Whose Expertise and Voice Are Important in the Clinical Encounter?
A. Logico-scientific
1. **Physician has expert knowledge, therefore is the authority**
2. **Patient's point of view is subjective, therefore suspect**

B. Narrative
1. **Patient's expertise are voice are essential**
2. **Recognizes multiplicity of voices in the clinical encounter**
3. **So if doctors want to reclaim the patient's voice, or consider different perspectives about a case, again narrative thinking is helpful**

XI. What Should the Relationship Be Like Between Doctor and Patient?

A. Logico-scientific
   1. Emphasis is on an objective stance, professional detachment, distance
B. Narrative
   1. Encourages emotional connectivity and engagement
   2. Moves the physician closer to his/her patients

XII. Why literature?
A. Literature is a very good way to learn and practice narrative thinking skills
B. Old Jewish proverb
C. Sometimes fiction – a good story – can give us insights and teach us truths that mere reality cannot

XIII. What Skills do the Humanities Help Physicians Develop?
A. Even a really good poem can't cure cancer or advance stem-cell research
B. So what can literature and the arts do for physicians?
   1. Develop creative imagination and curiosity
   2. Enhance empathy for the patient's and family members' perspectives
   3. Encourage relationship and emotional connection with patients
   4. Emphasize a whole person understanding of patients
   5. Stimulate skills of close attention and careful observation
   6. Promote reflection on experience

XIV. Overview of Medical Humanities Curriculum
A. Horizontal coherence – linking medical humanities material by theme and content to existing courses within a given year
   1. Medical humanities Year I linked to topics such as history-taking, physical exam, listening to patients, all topics covered in this year
   2. Medical humanities in Year III examines topics such as doing procedures, breaking bad news, dealing with peers and supervisors, all relevant to the third year experience
B. Vertical complexity – organization of medical humanities curricular material over the course of training from 1st year to residency so that it progressively introduces concepts and methods of greater depth and complexity
   1. 1st year – focus is on patient point of view
   2. 3rd year – focus is on medical student in relation to the patient
   3. Residency – focus is on practical implications for patient care
C. Graduated applications to patient care
   1. Emphasizing applications to clinical care that parallels increasing learner contact with patients

XV. Overview
A. Required components
B. Elective experiences
C. Ancillary activities

XVI. An In-Depth Look: Patient Stories-Doctor Stories

A. 10 session course
B. Readings consist of poetry, short stories, role-plays, many of them written by physicians or patients
C. Literature is linked to course modules and topics
D. Required creative project
  1. Literary
  2. Artistic
  3. Performance
  4. Focus is on exploring an aspect of becoming a doctor, the illness experience

XVII. Poem "Knitted Glove"
A. Poem written by Jack Coulehan, internist and professor at SUNY, also an epidemiologist and published poet
B. Does much of his research in the Southwest with native American Indian populations, which is reflected in the language of the poem
C. Theme of poem might be humility, limitations of medicine
  1. Frustration with patient redirected toward pain, personified as "trickster"
  2. Initially wants to apply a traditional biomedical "find it and fix it" approach to patient's problem
  3. Ultimately realizes that he can't "kill" the problem, and a better strategy is simply sitting and listening to the patient