Can Poetry Make Better Doctors?

Johanna Shapiro, Ph.D.

I. INTRODUCTION

II. OBJECTIVES

- A. Understand the rationale for using imaginative literature/ creative writing as tools for professional development
- B. Describe how literature and writing can increase physician empathy for patients' experiences
- C. Demonstrate how literature-based approaches can help develop problemsolving strategies for dealing with difficult doctor-patient encounters

III. 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

IV. STORIES IN MEDICINE

- A. Medicine historically has always been about listening to the stories of patients
- B. But today, surrounded by an explosion of information, biomedicine, and technology, squeezed by the pressures of managed care, we sometimes lose the story

V. WHY FICTION?

- A. Even if we grant that it is important to find our way back to patients' stories, how can fiction help us?
- B. Fiction written by doctors and patients generally emerges from "fact"
- C. Sometimes fiction can give us insights and teach us truths that reality cannot

VI. SO WHY FICTION?

A. The craft of literature

- 1.Articulates insights, sentiments in ways that sometimes the rest of us, including our patients, cannot
 - 2. Gives voice to what is submerged and suppressed (the questions behind the questions)
 - 3. Defamiliarizes the familiar (helps us see familiar experiences in new ways)

- B. The assumptions and interests of literature in contrast to those of medicine
 - 1. Goal is storytelling, not differential diagnosis
 - 2. Emphasis is on character and relationships, not on treatment
 - 3. Orientation is toward discovery of meaning, not problem-solving
- C. The safety of literature
 - 1. Literature as a transitional object -
 - 2. The playpen effect
 - 3. Child-like wonder and openness
 - 4. Lack of clinical responsibility

VII.WHAT IMPORTANT SKILLS CAN LITERATURE HELP US DEVELOP?

- A. Can encourage playful, imaginative, and creative thinking about patients
- B. Can stimulate compassionate curiosity about and greater appreciation for patients
- C. Can help us understanding of and empathy for the patient's situation
- D. Can encourage us to risk emotional connectivity and engagement with patients
- E. Can remind us of whole person understanding
- F. Can help us learn the skill of close "textual" reading
- F. Can remind us to reflect on, and learn from, experience
- G. Can decrease feelings of frustration, irritation, anger, and helplessness toward patients
- H. Can help us develop innovative strategies for patient interaction and management

VIII. SIMILARITIES BETWEEN DOCTORS AND POETS

- A. Struggle against mortality and death
- B. Create order from chaos
- C. Relief of suffering
- D. Concern with healing
- E. Combine emotional distance (steadiness) with emotional engagement (tenderness)

The humanities has much to teach us about caring for our patients by caring about our patients (William Osler)