

CAN POETRY MAKE BETTER DOCTORS?

I. Introduction

- A. Name; clinical psychologist; taught and conducted research in Family Medicine for 24 years**
- B. More recently serving as director of the program in medical humanities and arts for the College of Medicine**
- C. The purpose of today's talk is to familiarize you with, and I hope interest you in, this program**

II. Goals and Objectives of Presentation

- 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**

III. What are Medical Humanities & Arts?

- A. The incorporation of humanities- and arts-based teaching materials into medical school and residency curricula**
 - 1. Literature, especially literature about doctors and patients, often written by doctors and patients**
 - 2. Narrative ethics**
 - 3. Visual and performing arts**
 - 4. History of medicine**
 - 5. Philosophy of medicine**

IV. Rationale: Why teach humanities and arts in a school of medicine?

- 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**

V. What the humanities can bring to medicine

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

VI. A Case in Point: Literature

- A. Literature is a very good way to learn and practice the types of skills we've been talking about**
- B. Old Jewish proverb**
- C. Sometimes fiction – a good story – can give us insights and teach us truths that mere reality cannot**

VII. Three Aspects of Fictional Literature Valuable to Clinicians

- A. First is the craft and artistry of literature –**
 - 1. Because of its craft, it can articulate insights and feelings in ways that often the rest of us ordinary people, doctors and patients, cannot**
 - 2. Gives voice to what is submerged and suppressed (as clinicians, what we know as *the questions behind the questions*)**
 - 3. Defamiliarizes the familiar (helps us see familiar experiences, like our 500th newly diagnosed diabetic patient, in new ways)**
- B. The different assumptions and interests of literature in contrast to medicine lead to different conclusions and emphases**
 - 1. Goal is storytelling, not differential diagnosis: so reminds us of the patient's story**
 - 2. Emphasis is on character and relationships, not on treatment: so gets us to think about the effects of treatment on the person and on her relationships with others**
 - 3. Orientation is toward discovery of meaning, not problem-solving: so reminds us to investigate the meaning to the patient of the solutions we suggest**
- C. The safety of literature**
 - 1. In psychodynamic terms, literature can be viewed as a transitional object**
 - a. A link to reality, but not reality itself**
 - b. Helping students move from the role of layperson to the role of doctor**
 - 2. The playpen effect – curl up with a good book is a pleasantly regressive act; we are put in our playpen with a wonderful toy that can teach us about ourselves and our world in a sphere where we cannot be hurt**
 - 3. The lack of clinical responsibility helps us reconnect to a state of child-like wonder and openness**

VIII. 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**

IX. 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 anatomy, interviewing, physical exam, all content covered in this year**
 - 2. Medical humanities in Year III examines topics such as socialization into clinical medicine, breaking bad news, death and dying, all relevant to the third year experience**
- B. Vertical complexity –**
 - 1. Organization of medical humanities curricular material over the course of training from 1st year to residency**
 - 2. Progressively introduces concepts and methods of greater depth and complexity**
- C. Graduated applications to patient care**
 - 1. Emphasizing applications to clinical care that parallels increasing learner contact with patients**

X. Overview

- A. Required components**
- B. Elective experiences**
- C. Ancillary activities**

XI. Arts Program

- A. Living in the Bonus Round**
- B. Anatomy of Anatomy**
- C. Deep Canyon**
- D. Training the Medical Gaze: Conference on Uses of the Arts in Medical Humanities**

XII. A Closer Look at Medical Humanities at UCI

- A. Patient Stories-Doctor Stories: Year I Selective**
 - 1. 10 session course**
 - 2. Readings consist of poetry, short stories, role-plays (readers' theater), many written by physicians or patients**
 - 3. Literature is linked to Patient Doctor course modules and topics**
- B. Humanities Component: 3rd Year Medicine Clerkship**
 - 1. Patient narratives and values history (co-taught with ethics)**
 - 2. Required creative project**
 - a. Literary**
 - b. Artistic**
 - c. Performance**
 - d. Focus is on exploring an aspect of becoming a doctor, the illness experience**
- C. Humanities Component: Family Medicine Residency Behavioral Science Program**

D. Humanities Component: PM&R Residency Program

XIII. Factors in Successful Program Implementation

- A. Administrative and powerful-other buy-in bottom-up (dean, sr. associate dean of medical education, associate dean of curricular affairs, chair)**
- B. Supportive faculty colleagues and faculty in positions of influence (course directors, clerkship directors)**
 - 1. One person can teach an elective**
 - 2. To have an integrated program, need a dedicated core**
- C. Student involvement**
 - 1. Importance of student advice and participation**
 - 2. Student-initiated projects: Plexus; student interest group, selectives**
- D. Funding**
- E. Recognition - presentations, publications, website**
- F. Evaluation - systematic and creative**

XIV. "The Doctor" Sir Luke Fildes

- A. Fildes a highly regarded, successful Victorian painter**
- B. This painting depicts a physician at the bedside of a sick child**
- C. Now what's interesting about the painting is that the child is Fildes' own young son**
- D. Even more telling is that this story did not have a happy outcome: Fildes' child died**
- E. Yet, despite this tragedy, he was able to paint a picture not of bitterness, but of compassion and gratitude, which I think says something about the qualities of the physician who cared for his son**
- F. Studying pictures like this one, reading poems like Ann Sexton's, can teach us all students and experienced practitioners alike, something important about the art of medicine**