New Feature—Literature and the Arts in Medical Education

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A student once asked the eminent physician Thomas Sydenham, MD, which texts the student should study to prepare himself for the practice of medicine. Sydenham replied without hesitation or elaboration, "Read *Don Quixote*. It is a very good book." Much has changed in the nature of medical education since the 17th century when these words were recorded. But, if today's medical students or family practice residents should choose to dip into Cervantes' masterpiece, I for one would not discourage them. Where else could they learn as much about the dreams that give life meaning and soften the blows of suffering and death?

With this anecdote, I would like to introduce a new feature column in *Family Medicine*, "Literature and the Arts in Medical Education." The area of medical humanities is receiving renewed interest in medical education circles, and the Association of American Medical Colleges Medical School Objectives Project refers to a set of attributes that encompasses subjects normally considered medical humanities. Literature and the arts are powerful tools to elucidate difficult-to-teach clinical competencies, including empathy, compassion, tolerance of ambiguity and uncertainty, and acceptance of limitations.

In this column, teachers who are currently using literary and artistic materials as part of their curricula will briefly summarize specific works, delineate their purposes and goals in using these media, describe their audience and teaching strategies, discuss their methods of evaluation, and speculate about the impact of these teaching tools on learners (and teachers). An example follows, although it should not be construed as a model, only an offering.

The Patient Examines the Doctor

Anatole Broyard, who died in 1990, was editor of the *New York Times* Book Review and an acclaimed literary critic. When he was diagnosed with prostate cancer, he wrote a series of essays on illness and death, published posthumously under the title *Intoxicated by My Illness*. One essay in particular, "The Patient Examines the Doctor" (24 pages that can easily be edited into shorter segments), raises powerful issues about the nature of the doctor-patient relationship.[1]

Broyard begins his essay by presenting his initial symptom, inability to urinate, in a self-mocking but quasi-epiphanic style and then launches into a hilarious account of his first impressions of his urologist. In the second half of the essay, true to his literary roots, Broyard seeks a doctor:

> . . . who is a close reader of illness and a good critic of medicine . . . someone who can treat body and soul . . . . I'd like my doctor to scan me, to grope for my spirit as well as my prostate.

Broyard wants an empathic physician who can "imagine the aloneness of the critically ill," a doctor who "would figure out what it feels like to be me." He makes the point that what patients seek from their physicians more than love is recognition, that moment of empathetic witnessing when the doctor truly encounters, and accepts, the person of the patient.

In the final section, Broyard broaches the issue of clinical detachment versus emotional engagement, coming down squarely on the side of the latter. He criticizes the physician's professional stance of distance and suggests that "the emotional burden of avoiding the patient may be much harder on the doctor than he imagines." Broyard concludes by commenting poignantly:

> Not every patient can be saved, but his illness may be eased by the way the doctor responds to him—and in responding to him, the doctor may save himself.

"The Patient Examines the Doctor" explores many aspects of the doctor-patient relationship but is especially effective in generating discussions about the importance of the physician being willing to imagine and enter into the patient's experience of illness and the therapeutic risks and advantages of emotional engagement with one's patients.

I have used this essay with three different sets of learners: first- and second-year medical students, family practice residents, and family medicine faculty. The medical students were a self-selected group participating in an 8-week elective, "Doctor Stories, Patient Stories:

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The Doctor-Patient Relationship and the Patient's Experience of Illness." Residents were participants in a required monthly literature and medicine series under the auspices of the University of California, Irvine Department of Family Medicine behavioral science program. Faculty were individuals taking part in an evening dinner-and-discussion group. All of these teaching environments were informal small-group settings, consisting of 8–15 people.

Discussions, which were conducted in a casual, conversational manner, generally started with foundational questions (Who is speaking? What is happening? What is the style and tone of the selection?) that oriented learners to the content of the material and established a shared understanding.[2] We then tackled affective questions about the patient and his doctors (How does the narrator feel about his illness? What are his fears and hopes? How does he feel about his physicians? How do you imagine his physicians feel about him?) before moving to a more personal domain—the feelings of the learners. We explored their reactions to Broyard as a person and as a patient, the emotions evoked by having to care for a dying patient, and their judgments about the physicians portrayed in the essay. Finally, we considered how the insights obtained from the essay might influence the way they would approach the practice of medicine in the future. Throughout the discussion, facilitator modeling and self-disclosure were used to create a warm, safe, playfully speculative atmosphere in which learners could take risks and admit vulnerability.[3]

Broyard's essay always stimulated provocative discussion. His prose style is by turns luminous, ironic, moving, flamboyant, and erudite. As he no doubt intended, his writing never failed to generate passion and controversy. Some medical students felt overwhelmed by Broyard's vision of great relational depth between doctor and patient. They labeled him "unrealistic," "absurd," "far-fetched," "self-indulgent." One student commented about Broyard's elegant prose: "He should stop being a literary critic now that he's a patient."

Students also were bothered by the realization that medicine is a two-way street and that their patients would be judging them, as well as vice-versa. However, as preclinical students, Broyard's call for relational closeness still made sense to them. (It has been observed that "Medical students start out with empathy and love; they end with detachment and equanimity."[4]) Most students were moved by Broyard's yearning for connection and resonated with his need to preserve the humanness of the doctor-patient encounter.

Residents appeared equally likely to dismiss Broyard as "too demanding" and to see him as basically a difficult patient. Immersed in the find-it-and-fix-it mode[5] of clinic survival, many residents were initially impatient with and threatened by Broyard's vision of intimacy between physician and patient. However, deeper reflection on Broyard's plea for doctors to "move closer" to their patients and let "... the sick man into [their] hearts" stirred feelings of empathy in many residents. Several then acknowledged their fear that a patient such as Broyard might overwhelm them emotionally, while others disclosed the sadness and alienation they experience in withdrawing from patients. This discussion, at once more sophisticated and more cynical than that of the medical students, led to greater introspection on the part of residents who recognized themselves as having already succumbed to some of the shortcomings Broyard wittily laments.

Perhaps predictably, physician faculty were most enthusiastic about Broyard's ideas. As experienced clinicians, they were not intimidated by his hyperbole (A hospital " . . . ought to be less like a laboratory and more like a theater.") or threatened by his attempts to rebalance the patient-doctor power relationship:

> While he [the doctor] inevitably feels superior to me because he is the doctor and I am the patient, I'd like him to know that I feel superior to him, too, that he is my patient also, and I have my diagnosis of him.

Far from being intimidated by Broyard's radical model of emotional engagement, physician faculty were invigorated and more than ready to "plunge into the patient [and] . . . lose [their] own fear of falling." As one physician commented, "It is this type of connection with a patient that prevents burn-out and boredom."

Broyard's essay is inspiring, courageous, and challenging. It carries multiple messages for learners and teachers alike. Above all, it requires us to reach deep within ourselves to risk connections with patients and to realize that, in making these connections, we "can share, as few others can, the wonder, terror, and exaltation of being on the edge of being . . . ."

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