

LISSA PANEL DISCUSSION BULLET POINTS

- Thank Anthro Dept and Med Anthro in particular for all the help they've provided the PRIME-LC medical students (students taking an extra year of classes and obtaining a Masters to broaden their understanding of structural factors implicated in the health and care of the Latino community)
- I'm here to discuss how medical students in general can benefit from a work such as Lissa
- The training of physicians tends toward the narrow view – what is the problem, how can it be fixed? Perhaps because illness, suffering and death are so complicated and uncertain, the practice of medicine tries to make them simple and predictable. This can make healthcare decisions seem clear-cut and obvious from the learners' point of view because medical education rarely places these decisions in their familial, cultural, political, economic, religious, and social contexts.
- The graphic novel Lissa would contribute something valuable to medical student understanding because it complicates and nuances the seemingly straightforward. In essence, it introduces new ways of thinking and new ways of knowing to the world of medicine.
- I'd like to anchor this assertion through discussing a couple of constructs: embodiment and risk.
- It is an irony that in a profession grounded in the body, medical students often seem disconnected from their own bodies and those of their patients. Bodies often become "things" to be fixed, in a classic Cartesian split, detached from minds, lives, stories. Lissa puts the characters of Anna, Layla, her brother Ahmed, her father Abu Hassan and everyone else who populates the story very much back into their bodies.
- In medicine, assumption of risk is a statistic, to be analyzed by rational analysis. Lissa introduces the possibility that the assumption of risk regarding our own bodies is a very personal and complex situation embedded in many social, familial, cultural layers.
- Anna, Layla, her brother Ahmed, her father Abu Hassan all have to make decisions about what they are willing to sacrifice in their bodies for their own life or for a larger cause – a breast, an eye, a child's kidney, possibly health and even life itself.
- Each character makes decisions that seem right to them, and every decision is opposed by someone else (Layla, the father, the doctor re the mastectomy; Abu Hassan/mother re kidney transplant; Layla re brother not getting treatment for Hep C, then for risking his life in the demonstrations; the state opposing the demonstrations); so it is never completely clear what the right path is. These multiple viewpoints are often largely absent in medical decision-making.
- Further, none of the medical decisions confronting the characters results in certainty – Anna might still get cancer; even with a transplant, Abu Hassan might die or not be able to afford immunosuppressant drugs; Ahmed in fact loses the job that he hid his Hep C to obtain the revolution might fail. This awareness of negative outcomes is something that physicians know of course, yet often do not give sufficient emphasis in their conversations with patients.
- Superimposed on embodied risk-taking are two additional contextual issues that often receive short shrift in medicine: relationship and the structural violence of colonialism and

imperialism; environmental degradation; corrupt, inadequate healthcare, and political impression.

- The relationship between Layla and Anna, despite its many twists and turns, ups and downs, is what sustains both young women as they navigate the difficulties of their lives. This has important implications for the role of relationship between doctors and patients. The physicians in Lissa tend to be judgmental toward their patients – scorning either their patients’ pursuit of what they consider to be overtreatment, or condemning their avoidance of medical care, although one physician whom Anna consults does show her her own unreconstructed mastectomy scars, tattooed in the form of flying birds.
- Perhaps physicians can learn from the wisdom of Abu Hassan who says “Everyone has their own path.”
- In terms of relationship, the novel also raises the question of solidarity with the suffering – some doctors choose to hide in expensive clinics, others establish field hospitals in Tahrir Square.
- Similarly, structural violence is rarely acknowledged in any meaningful way in clinical medicine, yet Lissa makes clear just how significant it is in patients’ lives. Genetics may play a role in BRCA1 and kidney failure, but so too do environmental pollutants. Healthcare that is unaffordable, demeaning, and often unavailable except to the richest in society is no true healthcare at all. Socioeconomic forces that compel people to leave their homeland in order to build extravagances in a wealthier country also contribute to the ignoring and suppression of disease. And of course, literal violence results in suffering and death.
- Finally, I’d like to say a word about the form of a graphic novel. A graphic novel is frankly more emotionally engaging than a dry research article – which is at best what medical students might have a chance to read. Information that is abstract and quantified may be registered, but this often occurs at one remove. The knowledge imparted remains theoretical. Connecting with the stories of Anna and Layla is affecting and significant. They will linger in the memory long after the statistics are forgotten. It is this power that Lissa wields to encourage wider and deeper critical thinking about the decisions we make about the bodies we are given and the risks we are willing to assume to inhabit them.