

## **Can Poetry Make You a More Empathic, Compassionate Doctor?**

### **I. Introduction**

- A. My background – psychologist by training; have worked for 25 years with medical students and residents exploring their interactions and relationships with patients**
- B. A personal journey**
  - 1. Seven years ago, severe retinal detachment**
  - 2. Fear and trembling – surgeon “Brush with mortality”**
    - a. Went to professional literature – learned a lot about rd, but didn’t help me emotionally one whit**
    - b. Friend gave me book of poems by Emily Dickinson**
    - c. Began reading poetry and prose of illness narratives**
    - d. Began writing poems as well**
  - 3. “Choosing the Operation”**
    - a. On one level, a somewhat humorous recounting of one of several cataract surgeries I had after the initial operation**
    - b. On another level, (I hope) raises questions about seeing, perception, meaning, how we make sense of the world, what matters and what doesn’t**
- C. Overview –**
  - 1. Introduction to medical humanities**
    - a. Didactic presentation**
    - b. Discussion of 4 poems**
  - 2. Reader’s Theater – Moving closer to greater emotional engagement**
    - a. Roleplay I – cultural/language barriers**
    - b. Roleplay II – headache**
    - c. Roleplay III – eating disorder**
  - 3. Using personal writing – moving closer still**
    - a. Mini-presentation – writing about patients**
    - b. 10 minutes of writing**
    - c. Final 45 minutes in small groups, sharing writing about a personal illness experience**
- D. What we’ll be discussing today is whether exposure to literature and the arts can make you better, in the sense of more empathic and more compassionate, doctors**
  - 1. Literature, including prose and poetry, the visual and performing arts, music, can all serve this function**
  - 2. I’ll be focusing on poetry today because it’s short and it’s something I’m familiar with**
  - 3. I know not everybody loves poetry: poetry joke**
  - 4. Try not to think of the poems we read today as poems; think of them as the voice of a patient, or a physician**

### **II. Objectives**

- A. Understand a rationale for using literature as a tool for professional development**
- B. Understand how literature can increase physician empathy for patients' (and physicians') experience**
- C. Understand how literature can help us think differently and more creatively about our patients**
- D. And help provide an antidote for burn-out and cynicism**

**Two questions I like to ask residents, to soften them up so to speak. The first is: At first glance one might think that medicine and poetry are diametrically opposed professions. But thinking about the big picture, ultimate meanings...**

### **III. What Are Some Similarities Between Doctors and Poets?**

- A. Confront mortality and death**
- B. Create order from chaos**
- C. Seek to provide relief from suffering**
- D. Concern with healing**
- E. Must maintain an emotional balance between steadiness (a much better word, in my opinion, than detachment) and tenderness (compassion, caring)**

**The second question is:**

### **IV. How Is A Patient Like a Poem?**

- A. Should make us feel something in response, as well as cognitively apprehend**
- B. Can be allusive, indirect, mysterious rather than straightforward and direct**
- C. Pack complexity and multiple meanings into a small space**
- D. Require careful, empathic attention to truly understand**

**To further increase residents' receptivity to the humanities, I like to remind them that...**

### **V. Jerome Bruner, a famous cognitive psychologist, identified**

**A. Two Ways of Knowing: by knowing, I mean how we understand and make sense of the world**

#### **B. Logico-scientific –**

**1. What doctors spend a great deal of time using: figuring out how their patients' bodies have broken down, and how they might be able to fix them, using an empirically derived body of knowledge and systematized methods of decision-making**

**2. Emphasizes objectivity, detachment,**

**3. identification and application of general rules and principles**

#### **C. Narrative –**

**1. A way of understanding the people who live in the bodies, of listening to and empathizing with their stories, their experiences, their hopes and fears**

**2. Acknowledges subjectivity, engagement, particularity**

**3. Encourages empathy and compassion**

- E. It's easy at the beginning of residency to think that
  1. Science has all the answers to all the questions somewhere
  2. If they can just perfect their search strategies and become a bit more familiar with the PDR, they'll be good doctors.
- F. It's also easy to think that empathy and compassion can't be taught at all
  1. Empathy isn't something you do, it's part of who you are
  2. If you have it, it comes naturally, so you don't have to worry about
- G. To be a really good doctor,
  1. Of course, EBM is critically important, but it's not enough.
  2. And while I agree in a sense that compassion can't exactly be taught, it can be learned and it can also be forgotten, and over the course of training residents will need to find ways of reminding themselves to cultivate an empathic and tender heart.

But all this still doesn't really answer the question...

## VI. Why Read Literature?

(Why Not Just Pay Attention to Real Patients?)

- A. Listening to patients is important
- B. Truer than the truth (Old Folk Proverb)
  1. What does this mean?
  2. A good story or poem can give us insights and teach us truths about other people and ourselves that mere facts cannot
- C. In a sense, reading a story or poem is like spending time with another patient
  1. Since we can't know every person in the world, or undergo every experience, stories can expand our understanding of the human condition
  2. Give insights and teaches truths about other people and ourselves that
    - a. Sometimes real patients can't or are afraid to articulate, or
    - b. Sometimes, in the press of urgent medical problems and pressured schedules, we can't or won't elicit
  3. Help us see familiar experiences in new ways because they provide a different vantage point from which to consider the same old experience (diabetic patient)
  4. Emphasize reflection, rather than action
    - a. Once in awhile, it's important to pause, step back, and think about why we're doing what we're doing, and how we feel about who we're becoming in the process
    - b. Provides a zone of safety, where you are involved but at one remove
    - c. No direct responsibility for outcomes, so it's safer to share feelings, try out new ideas

## VII. Enlarging Our Perspective (Hmong Saying)

- A. One of the things medical education is really good at is teaching what the point is and how to stick to it - what's relevant and what's immaterial
- B. Unfortunately, sticking to our point may sometimes mean missing the patient's point

**C. Literature reminds us that sometimes we can learn a lot by not being so quick to judge what belongs and what doesn't in a patient's story**

#### **VI. Paying Attention to Values (Einstein Quote)**

**A. To be a good doctor, residents are going to need something to help them figure out “what should be” –**

- 1. In the lives of their patients, in their illnesses, in their suffering, and in their deaths –**
- 2. And in their own lives as well**

**B. Draw on many sources – ethics teaching, spirituality and religious beliefs, personal background and experience**

**C. Literature can help us explore conflicting or competing values in a specific, emotionally engaging way**

#### **VII. What Other “Truths” Can We Find through Literature?**

**A. Even a really good poem or moving story can't cure cancer or advance stem cell research; literature helps us:**

**B. Pay close attention to the richness and nuances of our patients**

**C. Give us empathy for multiple points of view**

**D. Remind us of placing patients within the context of their lived experience, rather than solely within the context of clinic or hospital**

**E. Develop sensitivity to the meaning embedded in patient experience**

**F. Help us develop creative imagination and curiosity that can be applied to patient care**

**G. Encourage us to risk emotional connectivity and engagement**

**H. Remind us of the joy and meaning found in the practice of medicine**

#### **VIII. What Can We Learn from Reading Patients' Writings?**

**A. Insights into patients' lived experience – “Chemotherapy”**

**1. Denial, bargaining, anger, despair, acceptance**

**2. A whole cycle of grief**

**3. Expressed in such a way that we are not simply memorizing an analogue of the Krebs cycle, we are emotionally moved**

**B. Patients concerns about physicians that otherwise might remain hidden – “Doctors”**

**1. In this famous poem, Sexton takes on the issue of physician arrogance**

**2. With compelling and poignant language, she cautions against seductive fantasies of horseback heroes**

**3. She creates a vivid and powerful image that lingers in the mind long after didactic exhortations toward humility have been forgotten**

#### **IX. What Can We Learn From Reading Physicians' Writing?**

**A. We get an intimate view of physicians wrestling with the feelings they have toward their own patients – “Knitted Glove”**

**1. In this poem, a physician struggles with his feelings of helplessness and anger at his inability to resolve the chronic pain of a patient with severe arthritis**

**2. Embodying the pain as Coyote, the Trickster, he wants to strangle it**

**3. But he realizes that, in the end, what he can give the patient is simply his presence; he can help her best by listening to her story**

**B. We learn something of what it means to be a physician– “Night on Call”**

**1. Here, an exhausted physician enumerates some of the joys of doctoring**

**2. Sadly, it is all too rare to hear this kind of heartfelt gratitude expressed in the typical doctors’ hospital lounge, but it’s really important to hear it**