

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

**PATIENT, DOCTOR, AND SOCIETY**  
**Johanna Shapiro, Ph.D. (jfshapir@uci.edu)**  
**Professor, Department of Family Medicine**

## **I. 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 and arts can help us think differently and more creatively about our patients**
- D. Understand how literature can help provide an antidote for burn-out and cynicism**

## **II. Two Ways of Knowing (how we understand and make sense of the world)**

- A. Logico-scientific – deductive, hypothesis-driven method of investigating and organizing knowledge**
  - 1. Used in bench research, clinical trials, differential diagnosis**
  - 2. Requires objectivity and detachment**
  - 3. Yields general rules and principles**
  - 4. Enables classification, categorizing**
- B. Narrative – particularistic, language-based method of paying attention to the individual voice of the patient and his or her stories**
  - 1. Found in stories, narratives, poetry**
  - 2. Requires involvement, emotional engagement with narrator**
  - 3. Encourages empathy and compassion**
  - 4. Stimulates insight**
- C. Both methods of knowing are important in being a competent physician**

## **III. Why Read Literature?**

**(Why Not Just Pay Attention to Real Patients?)**

- A. Listening to patients is important**
- B. A story or poem can be the voice of another patient**
  - 1. Expands understanding of the human condition**
  - 2. Gives insights and teaches truths about other people and ourselves that**
    - a. Sometimes real patients can't articulate, or**
    - b. Sometimes we can't elicit**
  - 3. Helps us see familiar experiences in new ways**
  - 4. Emphasizes reflection, rather than action**
    - a. Provides a zone of safety**
    - b. No direct responsibility**

**\*poetry, prose, the arts, music**

#### **IV. Enlarging Our Perspective**

- A. Medical education is good at teaching what the point is and how to stick to it - what's relevant and what's immaterial**
- B. Sticking to our point sometimes means 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 belong in a patient's story**

#### **V. Paying Attention to Values**

- A. Good doctors need to address “what should be” –
  - a. In the lives of their patients, in their illnesses, and in their deaths**
  - b. In their own lives as well****
- B. Literature helps us explore conflicting or competing values in a specific, emotionally engaging way**

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

- A. Helps us pay close attention to the richness and nuances of our patients**
- B. Gives us empathy for multiple points of view**
- C. Reminds us to place patients within the context of their lived experience**
- D. Refines sensitivity to the meaning embedded in patient experience**
- E. Develops creative imagination and curiosity to apply to patient care**
- F. Encourages us to risk emotional connectivity and engagement**
- G. Reminds us of the joy and meaning found in the practice of medicine**