

Can Humanities and Arts Make You a Better Doctor?

I. Introduction

A. What we're going to consider today is whether literature and the arts can help you become better doctors

1. **SLIDE:** I do understand that not everybody loves poetry. So here's my joke: A bunch of guys in ski masks, wielding automatic weapons, burst into a crowded bank. The leader shouts out: "Everyone stay where you are, and no one will get hurt. I just want to read you some of my poems." What makes this (at least somewhat) funny is the extreme lengths some people will go to, to make other people listen to some poetry
2. So be forewarned, I'm going to inflict a few poems on you, but hopefully nobody will feel held hostage .

II. Jerome Bruner, a famous cognitive psychologist, identified

A. **SLIDE:** Two Ways of Knowing: by knowing, he meant how we understand and make sense of the world

B. Logico-scientific knowledge -

1. What you'll spend a great deal of time learning in medical school; this kind of knowledge will teach you how bodies work, how they break down, and sometimes how to fix them

2. It is knowledge that emphasizes objectivity,
3. facts,
3. identification and application of general rules and principles
4. Biophysical knowledge of disease

C. Narrative knowledge

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. Narrative knowledge is based on a universal human need to tell stories
 - a. Stories are how we make sense of our experience
 - b. how we explore questions of meaning and suffering

3. Narrative knowledge acknowledges that multiple points of view can exist simultaneously

4. Leads to a biopsychosocial/cultural understanding of illness

B. It's easy at this point in your education to think that

1. Science will answer all the questions you have about the practice of medicine;
2. **SLIDE:** If you memorize enough anatomy and pathophysiology, you'll be a good doctor.

C. **SLIDE:** 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

D. I would argue that, to be a really good doctor,

1. you'll need anatomy and pathophysiology and molecular genetics, but they won't be enough.

2. And while I agree in a sense that compassion can't exactly be taught, it can be practiced and it can also be forgotten, so over the course of your training you'll need to find ways of reminding yourself to cultivate an empathic and tender heart
3. Literature and the arts are one way to keep your ideals and highest aspirations alive

III. (SLIDE) But What Is It Exactly that the Arts and Humanities Can Teach Us?

A. 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 that mere facts cannot
3. Involve us emotionally as well as intellectually
3. Help us see familiar experiences in new ways because they provide a different vantage point from which to consider the same old experience

D. "Walking the Dog"

1. What is the patient's diagnosis?
2. How is Type II diabetes treated?
3. What's the problem? (pt is noncompliant with medical regimen)
4. In this poem, the doctor looks at a very widespread problem – overweight patient with diabetes - in a new way, and learns something in the process
5. What is the doctor's new treatment plan? He prescribes a pet, which helps all of us think outside the box in terms of innovative therapies
6. But the treatment doesn't work!, at least not in the way he thought it would,. What happens? So the narrator (and we, the readers) have to grapple with the fact that patients don't always do what doctors tell them to do
7. Do you think the treatment failed?
8. In one final twist that shows us truth truer than the truth, in this apparently futile act, the poem conveys the value of the doctor's caring and concern for this patient.
9. Wright's poem helps us understand something about diabetes and about the intricacies of the doctor-patient relationship that we might not have understood through textbook knowledge alone

IV. (SLIDE) 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 your point as a doctor 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
- D. In "The Knitted Glove," what is the physician's agenda? What does he want to do?
 1. At first it seems that the point of this story is to figure out how to treat and cure the patient's ever-migrating pain –

2. This is the physician's truth
3. Acting on this truth, the physician fantasizes about aggressively destroying the pain (wrestling it to the ground and slaying it)
4. But by the end of the poem he comes to realize a truer truth –
5. The point is not only the pain, but being willing to listen to the patient's story about the pain

V. (SLIDE) Paying Attention to Values (Einstein quote)

- A. Good doctors need to figure out every day not only what is (logico-scientific knowledge) but “what should be” (narrative knowledge)
 1. Not only what they can do, but what they should do
- B. Literature can help us explore our values not just theoretically, but in very concrete, emotionally engaging ways
- C. In “I Stepped Past Your Room” this family physician examines a personal moral lapse – which is what?
 1. He avoids entering the room of his dying patient
 2. Yet by reflecting on his avoidance, by reflecting on the person of the patient with whom he has taken this difficult journey, he is able to move past his own fears and, as so often happens, find solace in the courage of his patient
 3. The physician is able not only to avoid abandoning his patient, but to avoid abandoning himself
 4. In doing so, he is able to reconnect with his deeply held values, his truest truths, about what it means to be a physician

VI. Mystery and Awe (Remen quote)

- A. Medicine is larger than science
- B. Life is larger than science
- C. Leave room in the practice of medicine for awe and mystery
- D. Twisted lips story
 1. What is the patient's priority? What does she care most about?
 2. What decision does the husband make?
 3. What do you think of the way the doctor responds to his patient's question?
 4. Why does the doctor call the husband “a god”?

VIII. So What Are the “Truths” that We Can Find through Literature and Art?

Remind Us to...

- A. Pay close attention to the richness, particularity, and nuances of patients.
EXAMPLES? – One detail you remember from one of the readings (the woman with diabetes cuddling her dog; the gloved hand of the patient with arthritis; the young children of the dying patient; the lopsided smile of the young woman)
- B. Acknowledge the important role that creativity and imagination play in the art of doctoring **EXAMPLES?** – One example of an act of imagination in any of the readings (Wright prescribing a dog; Coulehan conceptualizing pain as Coyote the trickster; Greenstone having the courage to envision his patient's life; Selzer imagining his patient's husband as a god)

- C. **Maintain empathy for multiple points of view in patient care – these poems are all written from the point of view of the physician, but they make us wonder about the perspectives of the patients and family members. What did you wonder about? (husband and wife in *Walking the Dog*, and in *Twisted Smile*; the dying patient in *Stepped Past*; the pain patient in *Knitted Glove*)**
- D. **Place patients within the context of their lived experience, rather than solely within the context of clinic or hospital. What was something you wondered about the lives of any of the patients or family members in the readings? (Selzer’s essay recognizes that the young woman and her husband’s lives have been irrevocably altered by the surgery; Greenstone is acutely aware of the loving family his patient will leave behind)**
- E. **Develop sensitivity to the meaning embedded in the patient’s experience. What do you think her pain *meant* to the patient in *Knitted Glove*? What did the severed nerve *mean* to Selzer’s young patient? (Wright had to understand his patient was happiest cuddling rather than walking the dog; Coulehan at the end of his poem sat down to learn about what all these migrating symptoms meant to his patient; Selzer struggles to understand the meaning of his patient’s severed nerve)**
- F. **Develop self-awareness of our own psychological processes. EXAMPLES – What self-understanding did these physicians exhibit through writing their poems? (Wright’s self-congratulatory attitude toward his innovative therapy; Coulehan’s recognition of his own aggressiveness; Greenstone’s confronting his fear and sense of impotence;)**
- G. **Not to be afraid to risk emotional connection and engagement with patients (which all three physicians do)**
- H. **To remember that, your patients are suffering and, like Dr. Greenstone, you need to learn how to share some small measure of that suffering with them**
- I. **To leave some space, as Dr. Selzer reminds us, for awe and mystery**

IX. Literature and Medicine elective