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

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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. What Are 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. Balance of emotional steadiness and tenderness
- III. How Is A Patient Like a Poem?
 - A. Make us feel something as well as cognitively apprehend
 - B. Often allusive, indirect, mysterious vs. straightforward and direct
 - C. Pack complexity and multiple meanings into a small space
 - D. Require careful, empathic attention to truly understand them
- IV. 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

*poetry, prose, the arts, music

- V. 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
- VI. 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

VII. 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

VIII. 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

IX. What Can We Learn from Reading Patients' Writing?

A. Insights into patients' lived experience – "Chemotherapy"

B. Patients' concerns about physicians that otherwise might remain hidden-"Doctors"

- X. What Can We Learn from Reading Physicians' Writings?
- A. Physicians reflecting on their patients "Knitted Glove"

B. Physicians reflecting on their own experience - "Night on Call"