

# Poetry For Physicians: How Literature Can Improve Your Doctoring

Johanna Shapiro, Ph.D. (jfshapir@uci.edu)  
Professor, Department of Family Medicine  
Director, Program in Medical Humanities & Arts  
University of California Irvine, School of 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. 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
  - 5. Leads to biophysical analysis of disease
- 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
  - 5. Leads to biocultural understanding of illness
  - 6. Healing power of narrative

- a. **Mastery and control**
  - b. **Empowerment of being heard**
  - c. **Potential to create new meaning**
- C. **Understanding the experience of patients and doctors**
  - 1. **Logico-scientific – favors abstractions, generalizations, classification**
  - 2. **Narrative – emphasis on particulars**
- D. **Appreciating point of view**
  - 1. **Logico-scientific – patient pov is subjective, therefore untrustworthy**
  - 2. **Narrative – recognizes multiplicity of voices in clinical encounter**
- E. **Cultivating the doctor-patient relationship**
  - 1. **Logico-scientific – emphasis is on distance and detachment**
  - 2. **Narrative – recognizes the necessity of emotional connection, engagement**
- F. **Both methods of knowing are important in being a competent physician**

## **V. Why Read Literature?**

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

- A. **Different goals and interests**
  - 1. **Literature is interested in storytelling, not differential diagnosis**
  - 2. **Emphasis is on character, relationships, not intervention, prescription**
  - 3. **Orientation is toward meaning, not problem-solving**
- 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. Seeking Wisdom**

- A. Narrative competence can help us**
  - 1. Reclaim knowledge**
  - 2. Rediscover wisdom**
- B. We learn to**
  - 1. Empathically listen to, understand, and be moved by the patient's story**
  - 2. Act on what we have learned to best help the patient**

**IX. Summary: What “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-“The Patient Examines the Doctor”**

**X. What Can We Learn from Reading Physicians' Writings?**

- A. Physicians reflecting on their patients – “Second Thoughts”**
- B. Physicians reflecting on their own experience – “They Call Me Doctor”**