

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 aggressive 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)

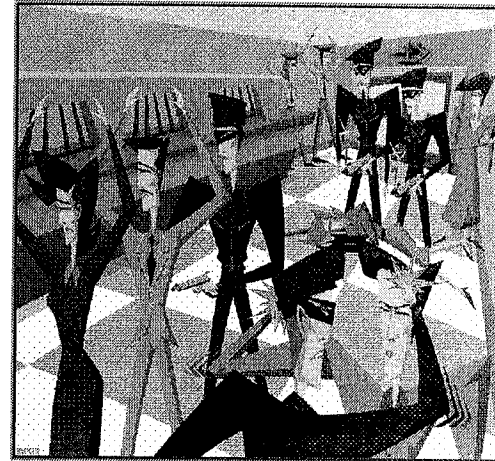
- C. Maintain empathy for multiple points of view in patient care – these poems are all written from the point of view of the physician, but they make us wonder about the perspectives of the patients and family members. What did you wonder about? (husband and wife in *Walking the Dog*, and in *Twisted 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

**Poetry for Medical Students:
Can Humanities and the Arts
Make You a Better Doctor?**



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Two Ways of Knowing

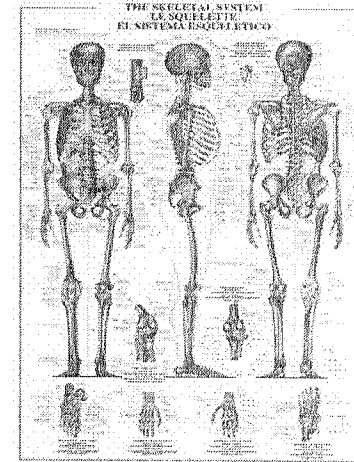
- **Logico-scientific**
- and
- **Narrative**

LOGICO-SCIENTIFIC

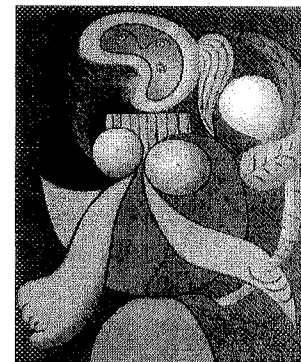
- Objectivity
- Facts
- Replicable procedures
- Universal rules
- Generalizability
- Biophysical understanding of disease

NARRATIVE

- Derived from reflecting on and sharing stories
 - How we make sense of experience
 - How we explore questions of suffering and meaning
- Multiple truths can exist simultaneously
- Biopsychosocial/cultural understanding of illness



Why Pay Attention to the Humanities and Arts?



Why Not Just Pay
Attention to
Real Patients?

- Pablo Picasso

Old Folk Proverb

- **Question:**
 - What is truer than the truth?
- **Answer:**
 - A good story (or poem)

A Good Poem...

- Gives insights and teaches truths that patients can't always articulate and physicians can't always elicit
- Helps us see familiar experiences in new ways

Walking the Dog

- John Wright, M.D.

She weighed
Three hundred pounds.
Fat and high sugars
were killing her
I thought.

So,
I thought.
So,

I gave her a puppy
with dark curly hair,
nothing else
had worked

Walking the dog
twice a day
I thought
might persuade,
might motivate.

She was pleased
with my prescription
she laughed,
she rocked
from side to side.

She lived
for twelve years
hugging
that little black dog
While her lean husband
walked it faithfully,
twice a day.

You can miss a lot
by sticking to the point

- Hmong saying

Enlarging our Perspective

- Medical education teaches what the point is and how to stick to it
- Sticking to our point may mean missing the patient's point
- Literature and art remind us we can learn a lot by not being so quick to judge what belongs and what doesn't belong in the patient's story

THE KNITTED GLOVE

You come into my office wearing a blue knitted glove with a ribbon at the wrist. You remove the glove slowly, painfully and dump out the contents, a worthless hand. What a specimen! It looks much like a regular hand warm, pliable, soft. You can move the fingers

If it's not one thing, it's another.
Last month the fire in your hips had you down,
or up mincing across the room with a cane.
When I ask about the hips today, you pass them off
so I can't tell if only your pain
or the memory is gone. Your knitted hand
is the long and short of it. Pain doesn't exist
in the past any more than this morning does.

This thing, the name for your solitary days,
for the hips, the hand, for the walk of your eyes
away from mine, this thing is coyote, the trickster.
I want to call, *Come out, you son of a dog!*
And wrestle that thing to the ground for you.
I want to take its neck between my hands
But in this world I don't know how to find
the bastard, so we sit. We talk about the pain.

- Jack Coulehan, M.D.

SCIENCE CAN ONLY
ASCERTAIN WHAT IS,
BUT NOT
WHAT SHOULD BE

- Albert Einstein

Paying Attention to Values

- Doctors need help figuring out "what should be"
 - In their patients' lives and deaths
 - In their own lives
- Literature and the arts can help us explore conflicting or competing values in ways that engage our emotions as well as our intellect

I Stepped Past Your Room Today

- Gerry Greenstone, M.D.

I stepped past your room today
Rushed to a cramped office
Rather than endure
The eerie calm of Palliative Care
It's been three days now
Since I visited you
And that's not good.

I was there from the beginning
When we split your belly
To find cancer
Erupting everywhere
The liver's glistening surface
Ridged and spotted as the moon.

Then came the radiation
Malignant clusters beamed with cobalt
Bombarded with pions
In a cellular explosion.
And chemotherapy
Specialized molecules
To invade you like tissue
And work their complex chemistry.

But in the end
Our white-coated arsenal
Was powerless
Against the long trajectory
Of disease.

Now you lie there
Shriveled husk of a man
So pale and trembling
With barely enough weight
To press against the sheets.

In the harsh glare
of those white sheets
I see the impotence
Of myself as a physician
Whose energy is aimed
At cure and renewal.
Can you understand
What it means to face you
Like this,
Your courage against my fear?

Let me not lose sight
Of what you once were
And still are
A man and a father
Who did the things fathers do

Watched your daughter at ballet
Her leaps and pirouettes
Cheered your son at his soccer games
Stood shivering in the rain.

To respect your humanity
To preserve your dignity
Because if I can hold you clear enough
There's nothing more to fear.

I have always seen medicine as a spiritual path, a way of life that is characterized by harmlessness, compassion, generosity, service, a kind of an awe or reverence for life, a sense of mystery.

- Rachel Naomi Remen, M.D.

Reminding Us of Awe and Mystery

- The meaning of medicine isn't science.
- The meaning of life isn't science either.
- Science defines life in its own way, but life is larger than science.
- This takes nothing away from science, but allows us to enlarge and expand on what science can tell us

Twisted Smile from *Mortal Lessons* Richard Selzer, M.D.

I stand by the bed where a young woman lies, her face postoperative, her mouth twisted in palsy, clownish. A tiny twig of the facial nerve, the one to the muscles of her mouth has been severed. She will be thus from now on.

The surgeon had followed with religious fervor the curve of her flesh; I promise you that. Nevertheless, to remove the tumor in her cheek, I had to cut the little nerve. Her young husband is in the room. He stands on the opposite side of the bed and together they seem to dwell in the evening lamplight, isolated from me, private. Who are they, I ask myself, he and this wry mouth I have made, who gaze at and touch each other so generously, greedily?

The young woman speaks. "Will my mouth always be like this?" she asks.

"Yes," I say, "it will. It is because the nerve was cut." She nods and is silent.

But the young man smiles. "I like it," he says, "It is kind of cute."

All at once I know who he is. I understand and lower my gaze. One is not bold in an encounter with a god.

Unmindful, he bends to kiss her crooked mouth and I am so close I can see how he twists his own lips to accommodate hers, to show her that their kiss still works. I remember that the gods appeared in ancient Greece as mortals, and I hold my breath, and let the wonder in.

Logico-Scientific and Narrative Knowledge Revisited

- The pathology report
- and
- The human experience

Case Report

Reason for Admission: 55 yo white female admitted to XXXX hospital to undergo surgery

HPI: Irregular vaginal bleeding; pelvic ultrasound demonstrated a heterogeneous mass consistent with myoma. A 6.3 cm. right ovarian mass was appreciated

Social History: She does not smoke and consumes alcohol rarely

General: Well-nourished, well-developed female in no acute distress

Operative Procedure: Total abdominal hysterectomy, bilateral salpingo-oophorectomy

Findings: 8 cm mass that arose from the right side of the uterus;

Frozen section of the mass revealed cellular leiomyoma; no evidence of sarcoma at this time

Final Pathology Report (2 weeks later):

Morphologic and immunophenotypic features are consistent with endometrial stromal sarcoma

Waiting

	You scream, you rage
	It hurts like hell
	Morphine gives you a headache
	And makes you nauseous
The bad news is	But at least you'll know
You might have ovarian cancer	Or not
The good news is	The first pathology report
You might not	Is pretty positive
Wait two weeks	We think you have a
We'll do surgery	Leiomyosarcoma
To find out.	(are you kidding?)
You scream, you rage	Is that a real medical name?
You revise your will	It sounds like a bad country lyric)
But you wait two weeks	Which hardly ever comes back
Which seem like two years	And which we can't really do much about anyway
Then surgeons split you	So – you might as well forget about it.
Down the middle	But you'll have to wait a week
Peel you apart with retractors	Till we know for sure.
Plunge in, snip and cut	

Being a good patient,
You forget about it for a week
You have the occasional nightmare
And the less-occasional panic attack
(What if it's not country & western?)
but you wait
Then they call you with the real path report
Oops! It's not lie – oh- my-oh
(Although it was a kind of lie)
Instead, we think you have
Endometrial stromal sarcoma
(this one doesn't even sound fun)
only it could be either the high-grade
which kills almost everybody in
about two years
or the low-grade, where you have
a fighting chance
to stick around awhile longer
we have to consult with a superlab
so you'll have to wait two more weeks

You rant, you rave, you sob,
You are a crazy person
When the two weeks are up
They're pretty sure it's the good kind of
Bad kind
And they wish they'd known that
When they did the surgery
Because they would've done
A different kind of operation
But it probably won't affect
"your outcome" anyway.

So now you know.
There is nothing more to wait for.
When they pass out these diagnoses
They should pass out the xanax and
The prozac as well
They should give you the number
Of a suicide hotline
They should schedule you for therapy
Five days a week
They should look at your face,
Look in your eyes
And say, this is going to be really, really tough
They should give you a hug
They should say,
Call me if you need to cry.

So What Are the "Truths" that We Can Find in Literature and Art?

- *They help us remember to...*
- Pay close attention to the richness, particularity, and nuance of patients
- Acknowledge the important role that creativity and imagination play in medicine
- Maintain empathy for multiple perspectives in patient care
- Place patients in the context of their lives; be sensitive to the meaning of patient's experience
- Develop self-awareness of our own psychological processes
- Not to be afraid of emotional connection and engagement with patients
- Leave room for awe and mystery



Large Group Activity

- Take 10 minutes to write about a personal experience of illness
 - Self, family member, friend
 - Encounter while volunteering
- Something that moved you, changed you, taught you an important lesson, affected you in some way
 - Something meaningful, but comfortable sharing
- Break into groups of 2-3
- Read your stories to each other
- Nominations for stories to be shared with large group

Can Humanities and Arts Make You a Better Doctor?

I. Introduction

- A. My background – I am a psychologist by training, and have spent almost 30 years in the UCI Department of Family Medicine, teaching about the doctor-patient relationship. For the past 8 years have directed the program in medical humanities at UCI, which uses literature and the arts in medical education to help students develop greater empathy and compassion for patients.**
- B. Overview –brief presentation; then we'll spend the last hour in small groups, participating in a role-play based on the book *The Spirit Catches You***
- C. What we're going to consider today is whether literature and the arts can help you become better doctors**
 - 1. Although I'll be focusing on poetry today because it's short and it's something I'm familiar with, what I say really applies to other forms of literature, and the visual and performing arts, as well**
 - 2. SLIDE: I do understand that not everybody loves poetry. In fact, when I thought about this talk, I remembered a cartoon I'd seen several years ago in the *New Yorker*, where a bunch of guys in ski masks, wielding automatic weapons, burst into a crowded bank. The caption reads: "Everyone stay where you are, and no one will get hurt. We just want to read you some of our poems."**
 - 3. I hope that what follows is not too painful for any of you, and that by the end nobody will feel held hostage – by a poem.**

II. Jerome Bruner, a famous cognitive psychologist, identified

- A. SLIDE: Two Ways of Knowing: by knowing, I mean 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 how sometimes to fix them**
 - 2. It is knowledge that emphasizes objectivity, detachment,**
 - 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**
- D. 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;**

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

V. Paying Attention to Values (Einstein Quote)

- A. Good doctors need to figure out every day "what should be" –**
 - 7. In the lives of their patients, in their illnesses, in their suffering, and in their deaths –**
 - 8. And in their own lives as well**
- B. Literature can help us explore our values in a specific, emotionally engaging way**
- C. In "I Stepped Past Your Room" this family physician examines a moral lapse**
 - 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 terrible 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. Comparing the Medical Record and the Human Record

- A. Read the medical chart: what do you want to know? What are you thinking? What are you feeling?**
- B. Read the poem: What do you want to know? What are you thinking? What are you feeling?**

VII. 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 (the woman with diabetes cuddling her dog; the gloved hand of the patient with arthritis)**
- B. Acknowledge the important role that creativity and imagination play in the art of doctoring (Wright prescribing a dog; Coulehan conceptualizing pain as Coyote the trickster; Greenstone having the courage to envision his patient's life)**

- C. Maintain empathy for multiple points of view in patient care (in the case history, we see the perspective of the physicians; and the perspective of the patient)**
- D. Place patients within the context of their lived experience, rather than solely within the context of clinic or hospital (the poem Waiting reminds us that patients have lives outside the exam room, and those lives are often filled with fear and anxiety because of what happens in the exam room)**
- E. Develop sensitivity to the meaning embedded in the patient's experience (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)**
- F. Develop self-awareness of our own psychological processes (Wright's self-congratulatory attitude toward his innovative therapy; Coulehan's recognition of his own aggressiveness; and 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**

VIII. Literature and Medicine Selective

IX. What's Next?

- A. Small groups – problem-solve impasse, try out different possibilities**
 - 1. ethical dilemma**
 - 2. communication skills failure**
 - 3. cross-cultural conflict**
 - 4. dysfunctional interpersonal dynamic**
- B. Let's talk just a few minutes about the Spirit book**
- C. What stuck with you about this book? What did you learn from it?**
- D. What do you still wonder about?**

INTRODUCTION TO MEDICAL HUMANITIES: Learning Objectives

At the conclusion of this presentation, students will be able to:

- 1. State the rationale for using literature and the arts as tools for professional development in medicine.**
- 2. Describe how studying literature and the arts can increase physician empathy for and understanding of patients' (and physicians') experience.**
- 3. Describe how exposure to literature and the arts can reduce physician job-related stress and frustration.**
- 4. Demonstrate how literature and arts-based educational approaches can help develop problem-solving strategies for dealing with difficult physician-patient encounters.**

Can Reading (and Writing) Poetry Make Better Doctors?
Johanna Shapiro, Ph.D.
Department of Family Medicine, UC Irvine College of Medicine
PDS, Oct 16, 2001

I. INTRODUCTION

- Welcome
- Announcements and overview
- I'm passing around information about the literature and medicine elective. Please feel free to sign up if you like what you hear today
- Also have information about poetry and essay competitions for medical students; so if interested just take one
- My background – psychologist by training and have worked for almost 25 years with residents and students exploring their interactions and relationships with patients; currently also director of the medical humanities program for the College of Medicine
- Overview – a) Talk for an hour b) Small groups – role-play; expressive writing exercise; facilitated by ⁴ outstanding faculty Rucker Cohn Lie Gifford
- Topic for today, as you can see, is considering the question of whether reading – and even writing – imaginative fiction (including poetry), especially fiction about doctors and patients, can help you become better physicians
- Before getting started, I'd like to commend you all for remaining in your seats, as the mere mention of poetry tends to make most normal people run for cover

II. What are Medical Humanities? Ideas?

- **!Medical humanities are the incorporation of humanities-based teaching materials into medical school and residency curricula:**
 - . History of medicine
 - . Philosophy of medicine
 - . Visual and performing arts
 - . Literature, which is what I'll be discussing today

III. OBJECTIVES

- **Understand the rationale for using imaginative literature/ creative writing as tools for professional development**
- **Describe how literature and writing can increase physician empathy for patients' (and physicians') experience**
- **Demonstrate how literature-based approaches can help develop problem-solving strategies for dealing with difficult physician-patient encounters**

V. !The Importance of Patient Stories

- **Let's start with something we can agree on – importance of patient stories**
- **Human beings think narratively**
- **Narrative is the paradigmatic mode for sharing experience**

- **In the context of illness, stories try to make sense of chaos illness creates in life narrative**
- **Because of this property of stories, the very act of telling one's story can be therapeutic: healing power of stories**
 - **Mastery and control**
 - **Empowerment of being heard**
 - **Potential to create new meaning**

So patient stories are important. But how can we learn to really listen and understand them?

VI. Two Modes of Thinking

- * **Cognitive psychologists tell us there are two modes of thinking**
 - **Logico-scientific – what we use to do bench research, design clinical trials, and make differential diagnoses - and**
 - **Narrative – the kind of ordinary people use when they tell a story; and the kind of thinking that we need to utilize when we try to understand someone's story**
 - **Both are important and useful ways of thinking, but they lead us in different directions and are good for different kinds of things**
 - **Even Albert Einstein said:**
- * **Like to consider for a moment the implications of these two types of thinking for three important questions you will need to sort through in learning how to be a really good doctor; and at least suggest the value of narrative thinking in providing useful answers to each of them**

VII. How Can We Best Understand the Experience of Patients?

- **Logico-scientific thinking is not much help:**
 - **Particulars of personal experience are consciously eliminated in favor of abstractions, generalizations, systems of classification and diagnosis**
- **In narrative thinking:**
 - **Emphasis is on particulars of individual experience**
 - **So if we want to understand a particular patient, it may be more useful to pay attention to narrative thinking**

VIII. Whose Expertise and Voice Are Important?

- **Logico-scientific:**
 - **Physician is expert and authority**
 - **Patient's point of view is subjective, therefore suspect**
- **Narrative:**
 - **Patient's expertise and voice are recognized; multiplicity of voices (culture/background) in the clinical encounter is acknowledged**
 - **So if we are interested in reclaiming the patient's voice, or considering different perspectives about a case, again narrative thinking is helpful**

IX. What Should the Relationship Be Like between Doctor and Patient?

- **Logico-scientific:**
 - **Emphasis is on an objective stance, detachment, and distance**

- **Narrative:**
 - **Encourages emotional connectivity and engagement; is the type of thinking that will bring us closer to our patients**

So in the practice of medicine, I believe there is an important role for narrative thinking. But we are still left with the question –

X. Why Literature?

*** Even if we grant that it is important to find our way back to patients' stories, how can fiction help us?**

Studying literature is one way to learn and practice narrative thinking skills.

XI. Old Jewish Proverb

- **Question:**
 - **What is truer than the truth?**
- **Answer:**
 - **A good story**

*** Sometimes fiction – a good story – can give us insights and teach us truths about the human condition that mere reality cannot**

*** So how does this work? Why is reading poetry different than reading a journal article?**

XII. Why Fiction?

- **First is the craft and artistry of literature**
 - **Because of its craft, it can articulate insights and feelings in ways that often most of us can recognize but not express**
 - **Gives voice to what is submerged and suppressed (the questions behind the questions)**
 - **Defamiliarizes the familiar (helps us see familiar experiences, like our 500th newly diagnosed diabetic patient, in new ways)**

XIII. Why Fiction?

- **Literature starts from different assumptions and has different interests than medicine, so can lead us to different conclusions and emphases**
 - **Goal is storytelling, not differential diagnosis; so reminds us of the importance of placing diagnosis within the context of the patient's life story**
 - **Emphasis is on character and relationships, not on treatment; so gets us to think about the effects of treatment on the person and on her relationships with others**
 - **Orientation is toward meaning, not problem-solving; so helps us to investigate the meaning to the patient of the solutions we suggest**

XIV. What Clinical Skills Does the Study of Literature Help Us Develop?

- **Even a really good poem can't cure cancer or advance stem cell research**
- **Can help us develop reative imagination and curiosity**
- **Can give us empathy for multiple perspectives**

- **Can encourage us to risk emotional connectivity and engagement**
 - **Can remind us of whole person understanding, placing the patient within the context of their lived experience**
 - * **Help us learn to pay close attention to the richness and nuances of our patients**
 - * **Finally, while medicine emphasizes action, literature stimulates reflection on experience; helps us think about our experiences, reassess and reevaluate them**
- Sir Luke Fildes – The Doctor**

XV. Two Poems about Doctors

- **We're going to read two poems together to discover what we can learn from them about patients and doctors**
- **In particular, how poetry can help us see things in new and transformational ways**
- **Use parallels with the Spirit book to show you that, although that book happens to deal with cross-cultural conflicts, the issues it raises are not unique, but in fact quite prevalent in medicine**
- **Physician arrogance**
 - **Spirit quote: Power struggle; teach patient a lesson**
 - **Doctors:**
 - **poem is sympathetic to physicians; understands it's hard to be a doctor**
 - **physicians need to be on guard – they have the temptation, and the power, to bury their mistakes**
 - **so the poem sounds a cautionary note against arrogance**
- **Physician humility**
 - **Spirit quote: doctor learns a lesson**
 - **Knitted Glove:**
 - **A poem can also bring a doctor and patient together**
 - **Poem starts out expressing frustration, anger toward patient**
 - **Redirects frustration toward pain, personifying it as the “trickster”**
 - **doctor learns humility, how to be w/patient**

Van Gogh - Pieta

XVI. Similarities between Doctors and Poets

- **In the last few minutes, we're going to talk a bit about creative writing. To get us warmed up, I'd like you to think about similarities between doctors and poets. You might think of these as diametrically opposite professions, but they do have things in common.**
- **Confront mortality and death**
- **Create order from chaos**
- **Relief of suffering**
- **Concern with healing**
- **Combine emotional distance (steadiness) with emotional engagement (tenderness)**

XVII. Writing – Physician Perspective

- Historically, a long tradition of physician-writers (Keats, Chekhov, William Carlos Williams)
- Contemporary physicians, like those here, have also found value in writing creatively about their patients

XVIII. Point of View Writing: Definition

- * Adopts the patient's or other character's point of view
- Describes key life events and doctor-patient encounters.

XIX. Point of View Writing: Technique

- * Select a patient or character on basis of perceived difficulty or highly charged affect
- Commit to 10 minutes of writing time
- Write in the first person voice ("I"), relating the patient's perspective, thoughts, feelings about a recent doctor-patient encounter, illness episode, or other major life event
- Use information actually known about the patient from past encounters or from the text, but also try to imagine aspects of the patient's life that are unknown

XXI. Point of View Writing: Purpose

- To develop increased understanding of and empathy for the patient's situation.
- To encourage playful, imaginative, and creative thinking about patients
- To stimulate compassionate curiosity about and greater appreciation for patients
- To decrease feelings of frustration, irritation, anger, and helplessness toward patients
- To develop innovative strategies for patient interaction and management

Edvard Munch – The Sick Child

XXII. Although Poem – Miroslav Holub

- Holub – Czech physician, immunologist, poet
- Intimately involved in country's struggle to free itself from Communism
- We need medicine to give us vitamin C, prescribe hypertension therapy, and wage war against cancer
- Medicine too needs something
- Perhaps, as Holub suggests, what it needs is poetry
- So when our patients and we ourselves are touched by the terror and emptiness of suffering, illness, and death, we can turn for consolation and wisdom to something that is truly a sword and a shield

XXIII. Break into small groups. Basically, you'll be doing a role-play and discussing it; then doing a brief point-of-view writing exercise and discussing. When your group is finished, you are free to leave.

INTRODUCTION TO HUMANITIES

Small Group Schedule and Discussion Guide

2:30 Break into 4 faculty-facilitated small groups (if necessary, each group will further divide into two smaller groups, one facilitated by a volunteer student)

5 minutes Introductions and choose roles for reading

10 minutes Read role-play

20 minutes Discussion of role-play (see discussion guide below)

5 minutes Review of point of view writing (see directions below)

10 minutes Point of view writing. Students should write from the point of view of one of the characters in the roleplay.

20 minutes Reading and discussion of point of view writing. Pay special attention to aspects of the pov writing that might have useful implications for clinical practice.

POSSIBLE QUESTIONS FOR DISCUSSION

1. How do you interpret Jason's final action at the end of the story? Why do you think he did it? Was it a good or a bad thing? Why?
2. How would you describe the role of the family doctor in this story? What else might Dr. Kearns have done for this family?
3. What are the family dynamics between Jason, Sharon, and Eng? How are these dynamics related to the way the family seeks care from and interacts with their health care provider?
4. How does Eng view Dr. Kearns? If you were Eng's doctor, how would you approach this little girl?

POINT OF VIEW WRITING

Definition: Point of view writing adopts the patient's point of view to describe key life events and doctor-patient encounters.

Technique: A point of view writing exercise generally takes about 10-15 minutes. The student/physician first selects a patient about whom to write, on the basis of perceived difficulty or highly charged affect. The student/physician then writes in the first person voice ("I"), relating the patient's perspective, thoughts, and feelings about a recent doctor-patient encounter, personal or family illness, or other major life event. Pov writing generally contains information, knowledge, and insights actually known about the patient from past encounters and interviews, but also includes creatively imagined aspects of the patient's life that are unknown to the writer.

Purpose: The purpose of point of view writing is to help students/physicians enter more fully into the patient's perspective in order to develop increased understanding of and empathy for the patient's situation. The exercise also encourages the student/physician to be playful, imaginative, and creative in thinking about patients. Further, point of view writing helps students/physicians to understand that in the experience of illness, many different, sometimes competing, points of view exist simultaneously.

Shapiro, Johanna

To: Bhalla, Anu; Chang, Marisa; Favelykis, Mariya; Moin, Tannaz; Rogoway, Benjamin; Salazar, Miguel; Smith, Rebecca; Zipkin, Ronen; Lee, Haidy; Amin, Nimisha; Butani, Devang; Kavoossi, Benjamin; Saedi, Golnaz; Shin, Susie; Truong, Thanh; Botros, Danny

Subject: Sept 11

On this national day of mourning, I hope you will not think it presumptuous of me to share a few thoughts. We are all struggling not to make sense of this tragedy, which is impossible, but to understand what to do and how to be as people in response to these horrific events. We give blood and send relief donations. We seek consolation and guidance - in the Bible, in the thoughts of great statesmen like Lincoln, Roosevelt, and Churchill, and in the moral examples of spiritual leaders like Mother Teresa or the Dalai Lama. We can also find help closer to home in the perennial wisdom that medicine itself has to offer.

Over the past few days, I've been thinking about two guiding principles in particular: One, of course, is *primum non nocere* - first do no harm. The second principle is the motto made famous by the late 19th century physician Edward Trudeau: *guerir quelquefois, soulager souvent, consoler toujours*: To cure sometimes, to help often, to comfort and console always. I hope in the days ahead, as we go about our daily business, we will do our best not to harm those around us, by our actions, speech, or even thoughts. Perhaps we can also recommit at the deepest level of our hearts, minds, and souls to curing the terrible evils that beset our world; to giving help wherever it is needed; and to finding ways to comfort and console those who suffer and grieve.

Thanks for listening. I welcome your thoughts. Regards, Dr. Shapiro