

**INTRODUCTION TO MEDICAL HUMANITIES: Can Poetry Improve the
Doctor-Patient Relationship?**

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I. INTRODUCTION

- A. Name; psychologist by training; director of medical humanities
- B. Worked for almost 25 years with Family Medicine residents exploring their interactions and relationships with patients
- C. Topic for today, as you can see, is an overview of medical humanities:
 - 1. What it is
 - 2. How it is used in this program, and
 - 3. How we hope its study can make you a better doctor

II. WHAT IS MEDICAL HUMANITIES?

- A. Incorporation of humanities-based teaching materials into medical student and residency curricula
- B. Bioethics, history of medicine, visual and performing arts, and literature
- C. This is currently a literature-based program – and by way of warning, we read a lot of poetry together (airplane terrorist joke)

3 Rs

III. BEHAVIORAL SCIENCE HUMANITIES STRUCTURE AND FORMAT

- A. Monthly noon conference
- B. Related to monthly behavioral science topic
- C. On-site out-loud reading
- D. Informal discussion
 - 1. What you think the author is saying
 - 2. How you feel about what the author is saying
 - 3. Applications to yourself and your clinical practice

IV. BEHAVIORAL SCIENCE HUMANITIES MODULES

V. THE IMPORTANCE OF PATIENT STORIES

- A. Human beings think narratively
 - 1. Narrative the paradigmatic mode for sharing experience
- B. Illness disrupts our expected life narratives
 - 1. Stories of illness become how we reimagine, make sense of the chaos of illness
 - 2. Or conversely, how we succumb to its devastation
- C. Stories have therapeutic power to heal
 - 1. Symbolic – make us feel better able to deal with, accept illness events
 - 2. Actual – can lead to lifestyle change, sometimes actual healing

VI. SQUIER/COLES/STONE QUOTATIONS

- A. Medicine historically has always been about listening to the stories of patients**
- B. But today, surrounded by an explosion of information and biotechnology, medicine, squeezed by the pressures of managed care, we may well ask ourselves along with TS Eliot**

VII. T.S. ELIOT QUOTATION

VIII. WHY LITERATURE?

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

IX. EINSTEIN QUOTE

Science can tell us the what, but not the why

X. OLD JEWISH PROVERB

- A. Question: What is truer than the truth?**
- B. Answer: A good story**
- C. Sometimes fiction can give us insights and teach us truths that reality cannot**

XI. WHY IS READING A POEM OR SHORT STORY DIFFERENT THAN READING A JOURNAL ARTICLE?

What is it about fiction that can be helpful to us as clinicians? I will suggest three aspects of fictional literature that make it valuable to us

A. First is the craft and artistry of literature – just as we talk about art of medicine, we might well talk about the science of good writing, because it is a craft and a discipline like any other

1. Because of its craft, it can articulate insights and feelings in ways that often the rest of us ordinary people, including our patients, cannot

2. Gives voice to what is submerged and suppressed (as clinicians, what we know as *the questions behind the questions: how big is the needle -> how much will it hurt?; I never heard of that drug -> do you really know your stuff, doc?*)

3. Defamiliarizes the familiar (helps us see familiar experiences, like our 500th newly diagnosed diabetic patient, in new ways)

B. The different assumptions and interests of literature in contrast to medicine lead to different conclusions and emphases

1. Goal is storytelling, not differential diagnosis: so reminds us of the patient's story

2. 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

3. Orientation is toward discovery of meaning, not problem-solving: so reminds us to investigate the meaning to the patient of the solutions we suggest

C. The safety of literature

1. In psychodynamic terms, literature can be viewed as a transitional object

a. A link to reality, but not reality itself

b. A kind of security blanket

2. The playpen effect – curl up with a good book, pop in a video, it is a pleasantly regressive act; we are put in our playpen with a wonderful toy that can teach us about ourselves and our world in a sphere where we cannot be hurt

3. Helps us reconnect to a state of child-like wonder and openness

4. Lack of clinical responsibility

XII. WHAT IMPORTANT PATIENT CARE SKILLS CAN LITERATURE HELP US DEVELOP? Can't cure cancer or solve the human genome.

Any thoughts?

- A. Can help us develop creative imagination and curiosity**
- B. Can give us empathy for multiple perspectives (dr, pt, nurse, orderly, family)**
- C. Can encourage us to risk emotional connectivity and engagement**
- D. Can remind us of whole person understanding**
- E. Can help us learn the skill of close "textual" reading (attention to the richness, nuances and ambiguity of language); similar to paying close attention to the richness and nuances of our patients**
- F. Finally, while medicine emphasizes action, literature stimulates reflection**
 - 1. Reading helps us think about experience, reassess and reevaluate**
 - 2. What we might have done differently, how we would act**

XIII. GAUDEAMUS Igitur: LET US REJOICE

A. The whole universe of the medical experience

B. Some themes:

- 1. Knowledge and the limits of knowledge**
- 2. Answers in medicine; questions in medicine**
- 3. Invincibility and vulnerability**
- 4. Loneliness and aloneness**
- 5. Seriousness and joy**
- 6. Dangers of arrogance**
- 7. Healing**
- 8. Importance of the patient's story**
- 9. Importance of intuition, listening, mind and heart**

B. Christopher Smart: Rejoice in the Lamb: A Song from Bedlam

- 1. Written while in an insane asylum**
- 2. Excerpt about his cat Jeoffry**
- 3. Some themes:**
 - a. Servant of God who keeps watch at night against the adversary**
 - b. "Tenacious... a mixture of gravity and waggery"**
 - c. "He is docile and can learn certain things"**
 - d. "For God has blessed him in the variety of his movements"**
 - 1. Remember that though you cannot fly, you can climb**
 - 2. You can dance, you can swim, and, in extremis, you can creep**
 - 3. Remember that a cat has nine lives**

XIII. EDVARD MUNCH – THE SICK CHILD

A. Reminds us that the humanities has much to teach us, in the words of Sir William Osler, about caring for our patients by caring about our patients

Can Poetry Make You a More Empathic, Compassionate Doctor?

I. Introduction

- A. My background – psychologist by training; have worked for 25 years with medical students and residents exploring their interactions and relationships with patients
- B. Overview –
 - 1. Introduction to medical humanities;
 - 2. Roleplay I – cultural/language barriers
 - 3. Mini-presentation: Ways of using literature to understand and work with difficult patients
 - 4. ~~Roleplay II – headache~~
 - 5. Using personal and point of view writing / *do a pov exercise*
 - 6. ~~then we'll spend the final 45 minutes in small groups, sharing writing about a personal illness experience~~
- C. What we'll be discussing today is whether exposure to literature ~~and the arts~~ can make you better, in the sense of more empathic and more compassionate, doctors
 - 1. Literature, including prose and poetry, the visual and performing arts, music, can all serve this function
 - 2. I'll be focusing on poetry today because it's short and it's something I'm familiar with
 - 3. I know not everybody loves poetry: poetry joke
 - 4. Try not to think of the poems we read today as poems; think of them as the voice of a patient, or a physician

II. 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 can help us think differently and more creatively about our patients
- D. And help provide an antidote for burn-out and cynicism

Two questions I like to ask residents, to soften them up so to speak. The first is: At first glance one might think that medicine and poetry are diametrically opposed professions. But thinking about the big picture, ultimate meanings...

III. What Are Some 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. Must maintain an emotional balance between steadiness (a much better word, in my opinion, than detachment) and tenderness (compassion, caring)

The second question is:

IV. How Is A Patient Like a Poem?

- A. Should make us feel something in response, as well as cognitively apprehend
- B. Can be allusive, indirect, mysterious rather than straightforward and direct
- C. Pack complexity and multiple meanings into a small space
- D. Require careful, empathic attention to truly understand

To further increase residents' receptivity to the humanities, I like to remind them that...

V. Jerome Bruner, a famous cognitive psychologist, identified

A. Two Ways of Knowing: by knowing, I mean how we understand and make sense of the world

B. Logico-scientific –

1. What doctors spend a great deal of time using: figuring out how their patients' bodies have broken down, and how they might be able to fix them, using an empirically derived body of knowledge and systematized methods of decision-making

2. Emphasizes objectivity, detachment,

3. identification and application of general rules and principles

C. Narrative –

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. Acknowledges subjectivity, engagement, particularity

3. Encourages empathy and compassion

~~D. It's easy at the beginning of residency to think that~~

~~1. Science has all the answers to all the questions somewhere~~

~~2. If they can just perfect their search strategies and become a bit more familiar with the PDR, they'll be good doctors.~~

~~E. 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~~

~~F. To be a really good doctor,~~

~~1. Of course, EBM is critically important, but it's not enough.~~

~~2. And while I agree in a sense that compassion can't exactly be taught, it can be learned and it can also be forgotten, and over the course of training residents will need to find ways of reminding themselves to cultivate an empathic and tender heart.~~

But all this still doesn't really answer the question...

**VI. Why Read Literature? the Stories of
(Why Not Just Pay Attention to Real Patients?)**

A. Listening to patients is important

→ Both logico-scientific and narrative knowing are needed to be a really good doctor. But only narrative knowing will help doctors

B. 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 about other people and ourselves that mere facts cannot

C. In a sense, reading a story or poem is like spending time with another patient

1. Since we can't know every person in the world, or undergo every experience, stories can expand our understanding of the human condition

2. Give insights and teaches truths about other people and ourselves that

a. Sometimes real patients can't or are afraid to articulate, or

b. Sometimes, in the press of urgent medical problems and pressured schedules, ^{circumstances} we can't or won't elicit

3. Help us see familiar experiences in new ways because they provide a different vantage point from which to consider the same old ^{same old} experience (diabetic patient)

4. Emphasize reflection, rather than action

a. ^{you} Once in awhile, it's important to pause, step back, and think about why ^{you} we're doing what we're doing, and how ^{you} we feel about who ^{you} we're becoming in the process

b. Provides a zone of safety, where you are involved but at one remove

c. No direct responsibility for outcomes, so it's safer to share feelings, try out new ideas

VII. 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 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

VI. Paying Attention to Values (Einstein Quote)

A. To be a good doctor, residents are going to need something to help them figure out "what should be" -

1. In the lives of their patients, in their illnesses, in their suffering, and in their deaths -

2. And in their own lives as well

B. Draw on many sources - ethics teaching, spirituality and religious beliefs, personal background and experience

C. Literature can help us explore conflicting or competing values in a specific, emotionally engaging way

VII. What Other "Truths" Can We Find through Literature?

A. Even a really good poem or moving story can't cure cancer or advance stem cell research; literature helps us:

B. Pay close attention to the richness and nuances of our patients

C. Give us empathy for multiple points of view

- D. Remind us of placing patients within the context of their lived experience, rather than solely within the context of clinic or hospital**
- E. Develop sensitivity to the meaning embedded in patient experience**
- F. Help us develop creative imagination and curiosity that can be applied to patient care**
- G. Encourage us to risk emotional connectivity and engagement**
- H. Remind us of the joy and meaning found in the practice of medicine**

VIII. What Can We Learn from Reading Patients' Writings?

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

- 1. Denial, bargaining, anger, despair, acceptance**
- 2. A whole cycle of grief**
- 3. Expressed in such a way that we are not simply memorizing an analogue of the Krebs cycle, we are emotionally moved**

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

- 1. In this famous poem, Sexton takes on the issue of physician arrogance**
- 2. With compelling and poignant language, she cautions against seductive fantasies of horseback heroes**
- 3. She creates a vivid and powerful image that lingers in the mind long after didactic exhortations toward humility ^{will} have been forgotten**

IX. What Can We Learn From Reading Physicians' Writing?

A. We get an intimate view of physicians wrestling with the feelings they have toward their own patients – "Knitted Glove"

- 1. In this poem, a physician struggles with his feelings of helplessness and anger at his inability to resolve the chronic pain of a patient with severe arthritis**
- 2. Embodying the pain as Coyote, the Trickster, he wants to strangle it**
- 3. But he realizes that, in the end, what he can give the patient is simply his presence; he can help her best by listening to her story**

B. We learn something of what it means to be a physician– "Night on Call"

- 1. Here, an exhausted physician enumerates some of the joys of doctoring**
- 2. Sadly, it is all too rare to hear this kind of heartfelt gratitude expressed in the typical doctors' hospital lounge, but it's really important to hear it**