

Hello, students. I hope it is not presumptuous for me to say again how very moved I was by all of your creative contributions to the clinical humanities session last Thursday. I cannot claim to judge whether or not you produced great art, but I believe each of you created a great "human moment" because of your honesty, your transparency, and your willingness to reach deeply within yourselves.

I suspect the meaning of the phrase "to be fully present" with the patient is now clear to all of us - because we were all transfixed by every word, image, or note we experienced. We hoped, against the odds, that the vital young swimmer would survive, that the funny old man would outlast the medical system, that the child would live, that the mother would heal. We were fully engaged, we paid rapt attention because we cared deeply about the outcomes. Your creative efforts also expressed that sense of presence - as you realized that sometimes "just listening" may have a healing power of its own; or how doctoring, like marriage, engagement, commitment - and lots of patience!

A lot was expressed about connections - between students and patients, students and teachers, young and old, parents and children. One intriguing variant was the concept of electronic connection, where a young physician could learn lessons from someone she has never met, a still grieving mother whose son died of AIDS. And sometimes it really is true that a picture is worth a thousand words: Michaelangelo's classic God and Adam is transformed into doctor and patient. It is an ironic, professionally self-mocking depiction, yet contains an element of awe and wonder, the inescapable bond joining the two. A patient's face, in one sketch obscure and unclear, becomes a world for the physician-artist to ponder and reflect on.

This session transcended the "puzzle-solving" mentality of much of medicine and generated a sense of mystery and awe: Why do some live and some die? Why do some suffer in faith, others in doubt? We all seek answers. For one stressed young physician, Wordsworth's daffodil reaches across the centuries to become a spiritual anchor. For another, the wisdom of Zen pen and ink drawings speaks to his heart of essential truths needed to live life and care for patients.

There was unflinching self-dissection that was painfully honest, brave, and self-revelatory. One student creates the powerful, dynamic metaphor of "stepping back from/stepping into" her complicated, often overwhelming life. Another student's personal HPI shows us that in some way we are all ill and suffering, and reminds us how the conventions of the medical chart can further compound that suffering by reducing our humanity. Someone who has always been facile with words acknowledges that sometimes words are a clever barrier against experience - yet he searches through the words of others to understand the meaning of compassion in care. We listen foot-tapping and finger-snapping to the piercing high notes of "homicidal, suicidal" medical school blues - is it a laugh, a sob, a little of each?

There were many, many tears that afternoon, shed and unshed. So many of you were courageous enough to speak in the voice of the wounded healer - having experienced suffering, you then acknowledged and reworked that pain so that, through stimulating our empathy and identification, it could lead to healing: a son examines his mother's anguish and faith of some fifteen years earlier and rediscovers its immediacy; a student prepared for the deaths of her patients instead loses a cherished teacher; a volunteer Samaritan dares to risk human connections that may be broken by death. Tears of love, helplessness, understanding, lack of understanding, of faith, doubt, and hope were all present in that room. They will surely help link you to your patients who are crying the same tears.

Finally, perhaps we can mentally return to that place of tranquillity from which we started the afternoon's journey - "the patients' garden" which might also be called the doctors' garden, or humanity's garden. As the presentation suggested, we are all in need of healing, of hope, of love,

and meaningful work. Last Thursday, each of you planted those seeds. I hope that you will continue to care for them, nurture them, and let them blossom.

Thank you all for a most remarkable and compelling experience. It was truly a privilege to participate in it with you. Dr. Shapiro

Dear PDIII students:

Thank you all very much for the opportunity to participate in the sharing of your PDIII creative projects. I was impressed by the seriousness with which you approached this novel task, and the creativity, insight, and emotion you revealed. So many powerful images linger - a little girl with a pink ribbon in her hair; the dying patient longing to be free; "Viagra heals!"; the doctor barricaded from his patient by layers and layers of bureaucratic papers; the student physician who remembers the lab values but forgets the patient's name.

Many of you struggled with the problem - and possibilities - of death: death as release, death as defeat, death with dignity, denial of death, welcoming of death, death that engenders anger, or helplessness, or reflection, or "silent screams.". Of course, you are not alone in these efforts, as all great writers and artists have also wrestled with this theme, trying to penetrate its essential mystery.

You also courageously probed the doctor-patient relationship - its intimacies, shortcomings, risks, and revitalizing elements ("I just did the doctoring"). You worried about failing your patients, or treating them like experimental guinea pigs. You mourned the affection and warmth that can suddenly, in the face of suffering and uncertainty, vanish in withdrawal. You wrestled with the meaning of your patients' suffering, for them and for you, and with the gamut of emotions run by patients and doctors alike. Like other physicians before you, you recognized that at times your patients are as much healer as healed, and that sometimes, in the press of the demand for cure, doctors harm as much as they heal.

More than once you took the risk of seeing your patients in all their complex humanity, and in so doing, allowed yourselves to become "empathic witnesses" to their suffering. Perhaps, in the end, it is this ability to truly "recognize" your patients that will enable you to retain your own humanity in the practice of medicine. If so, you have all made an excellent start. Thank you again. Dr. Shapiro