

IM 2003

Shapiro, Johanna

To: [REDACTED]

Hi [REDACTED]. I was delighted to discover the connection between you and [REDACTED]. My husband and I have known [REDACTED] since we were in graduate school and he in residency, and for 30 years he has been an incredible presence and wisdom guide in our lives. You are lucky to be working with him – and, as I shared, he is so happy for the enthusiasm and insight you are bringing to this project.

Thank you for your humanities project. It is a great example of point-of-view writing. I admired very much how intimately you were able to enter into this woman's stream of consciousness and possess, if you will, for a moment her small joys, annoyances, suffering, and fear. Perhaps as a student of insight meditation you will understand better than most when I assert that there is a way of opening up to "the ten thousand joys and the ten thousand sorrows" without being overwhelmed or unbalanced, but from a position of metta. It's just that we have very little understanding of this process in the West. Even psychology has been more pathology-focused. Mindfulness is the best, most insightful, and most systematic method I've run across for developing the emotional and cognitive abilities to deal skillfully with suffering, whether one's own or another. I'd be very interested in hearing your thoughts on the matter (only if convenient – I know you are super busy).

Regards, Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]

Hi [REDACTED] Thanks for the great cartoon, and your explanation of it. You draw really well, and the entire composition is - not really funny, but biting in a similar way to the fierce social commentaries of Goya or Breughel. Everyone except the dumbfounded father looks as though they're having fun. The wife in particular seems to be saying, "Honey, guess who's coming to dinner?" Death has clearly made himself at home, biding his time until his intended appointment (the unsuspecting householder) shows up. Wow! This was so well done! And I very much appreciated your in-class comments as well. I believe it was Dostoyevsky who, in one of his great novels, wrote of a man saved seconds before his execution by firing squad, who swore to cherish every moment of life from that moment onward – and of course within months had completely forgotten this resolution. We all have a tendency to drift through life, unaware, half-asleep, never acknowledging our inevitable mortality. If, on the other hand, we practice "taking death as our advisor," it can help us sort out what truly matters and where we want to focus our energies. You produced an incredibly thoughtful and provocative work of art. Thank you so much. Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]

Hi [REDACTED]. I thought your humanities project for the medicine clerkship was quite interesting. It was a kind of exercise in stream of consciousness (maybe not quite Joycean in scope) that captured very well the simultaneous strands the physician (and student-physician) must keep in place: processing of routine information, questioning of clinical discrepancies or surprises, personal thoughts about baseball, curiosity about an intriguing physical finding, imparting the standard diabetic cautions, and hearing the standard patient excuses. The concluding lines are great, communicating as they do that you can never, in some sense, set aside being a physician. Nice work! Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]

Thanks for the interesting images in your desert photograph series, juxtaposing medicine and your nature walk. Joshua Tree is a great place for reflection. In its vastness and silence, it provides the perfect setting to step back and ask the big questions as I think you did, humorously but I hope with a certain seriousness of purpose in your photographic essay. Good luck with your climbing! Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]

Hi [REDACTED] I enjoyed your poem so much! It is clever and witty, yet the concluding couplet really has an element of poignancy, and conveys your tenderness toward all the slightly ridiculous patients you describe. Also, please accept my apologies for mentioning your mom that first session. I can see how it might be tiresome to always be identified as "daughter of..." It's been a pleasure to get to know you just a bit in your own right through these sessions. Take care, and much good luck finishing out the year. Regards, Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]

Dear [REDACTED], I hope this isn't the first poem you've written. It is astonishingly good, and you should be writing on a regular basis – I hope you are! The images are absolutely compelling ("his wickered bones [so much better than "withered"!] like an offering to God"), and the details absolutely right every time ("...white pants which are hemmed too short...", "tinny triangle sound"). The almost accidental introduction of race, burned-out hatred, and hatred alive and well showed tremendous skill. Every word, every image propelled the work forward to its devastatingly despairing conclusion. I read this poem over and over because it is so evocative. You have a real talent, thank you for sharing it. Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]

Hi [REDACTED], thanks for sharing your impressive musicianship with us as part of the humanities session. Not only was your playing (under far from ideal conditions) quite extraordinary, but your disquisition on the symbols and meanings inspiring the pieces was very informative. We know that playing classical music to patients in the OR can reduce their subsequent need for analgesics and shorten their hospital stay. Your performance reminded all of us, I think, how music can nourish the soul of the physician as well. By the way, I have a family medicine colleague in Brazil, Pablo Blasco, who teaches a course to 1st year medical students on "Opera and Medicine." He maintains that opera is the most complete art for stimulating reflection on the human condition because it combines language, drama, and music. Whether or not this is so, your performance helped us to see the connections between music, illness, and death. It was a great experience. Thank you so much, Dr. Shapiro

IM 2013

Hi [REDACTED] As always, you wrote something very beautiful, self-revealing, and thoughtful. I am truly appreciative of your willingness to explore your feelings (in this case, your "numbness"). By writing as movingly as you did, you convincingly demonstrate that your emotions are far from deep freeze. As for holding back tears, if tears aren't appropriate in this profession, then I don't what is. In third year, as you rightly point out, you encounter so many overwhelming experiences that you simply can't process them all. And that's all right. I think you'll discover in fourth year a certain mellowing out. From my perspective, as long as you continue to cultivate self-awareness and challenge yourself to act toward your patients as the doctor you want to be, you will find that good balance between steadiness, where you are not "swept away" by the suffering of your patients, and tenderness, where you can still approach patients with a soft and open heart. Thank you for this essay – you really reached deep. Regards, Dr. Shapiro

Hi [REDACTED]. I liked your poem very much. I felt you really captured the voice of your patient in this point-of-view writing. In dying, this woman sounded truly reconciled and at peace. The last couplet was so touching because it embodies both the patient's wry acknowledgment that dying is not an easy process, no matter how ready someone may be, as well as your appreciation and respect for what your patient has taught you. Thank you for creating such a vivid and moving portrait of a woman who is fully living while dying. Regards, Dr. Shapiro

Good work on this [REDACTED] ssa. (I didn't realize how good it was till I saw it on paper – you should have read it with a more pronounced limerick inflection! The near rhymes are great – the whole thing's really well done). You chose an excellent match between subject matter (itchy nose) and poetic form (humorous). Yet the theme (communication problems with patients), as we discussed in class, is pervasive, serious, and frustrating. Sometimes a good chuckle, such as you provided, is a good way of reminding us to take the very real problems we encounter a bit more lightly. Then we are in a calmer, more open and flexible frame of mind to brain-storm possible insights and solutions, which is exactly what happened in class discussion. Thank you for providing such an amusing and clever prompt. Regards, Dr. Shapiro

Hi [REDACTED], thank you for this lighthearted riff on the perils of medicine, from the brain-fried, no QOL student, to the inconveniently dying patients, the annoying drug-seeking and dissembling patients, and the disingenuous drug reps. Somehow, perhaps with a few laughs (like this poem engenders) and a few truths (also subtly inserted into the poem), you make it through. Congratulations and completing 3rd year! This is a milestone you deserve to celebrate 😊
Regards, Dr. Shapiro

What a beautiful and moving experience you shared, both through your poem and accompanying commentary in class. The tone of the poem mirrored the authentic connection you established with this woman, your sincere sorrow at her passing, your compassionate recognition of her life, and your genuine appreciation for having known her. I think, from what you wrote and said, that perhaps you had one of those precious glimpses of recognition of what the doctor-patient relationship should be all about: "Ah, this is how it should be – neither devastated by my feelings, nor detached from my feelings, but holding an open, compassionate heart in perfect balance." I am so glad you had this experience. Obviously, you won't be able to replicate it with all patients, but the memory of it will be a trustworthy guide as you proceed through training. Once we can soften the fears and anxieties that patients engender in us, we can begin to see how privileged we are to know something of their lives. I have a feeling you are going to make an exceptionally caring and kind physician. Regards, Dr. Shapiro

Hi [REDACTED]. Thank you for taking the risk to meditate upon your own demise. Your poem becomes part of a great poetic tradition reaching back to John Donne (and I'm sure much farther in more ancient cultures, but 17th, 18th c. literature was the earliest period I studied in college ☺) through Emily Dickinson, Dylan Thomas, and every great poet. I was fascinated and moved to see where the poem led. Your faith and spirituality were movingly in evidence, as was your recommitment to living (even in your last moments) the core values that emanate from that faith. In the sixties, the pop anthropologist/philosopher Carlos Casteneda, who studied shamanism in Latin America, once counseled that we should always live with "Death as our advisor," living backwards so to speak, guided by how our death will interpret our life. Your poem does much the same thing, and I commend you for writing it. Regards, Dr. Shapiro

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Wednesday, April 02, 2003 11:27 PM
To: [REDACTED]

Hi [REDACTED]. I just wanted to thank you for your touching and creative humanities project that you completed as part of the medicine clerkship. I hope that sharing the beautiful flock of origami cranes did not end up being embarrassing or uncomfortable for you. As I mentioned in class, in my mind the ability to feel – and express – a deep level of emotion in response to the suffering of your patients is what makes someone an outstanding physician. Also, in the context of pervasive high-tech medicine, it's nice to know that some medical problems can have reassuringly low-tech solutions (i.e., pickles)! I think it is also believed that if you make 1,000 paper cranes, you can have a wish fulfilled. I don't know whether the cranes are a past-time beyond the humanities project, but if you ever reach that goal, I hope you will wish to keep the tenderheartedness that brought tears to your eyes after the NG tube incident. Finally, origami cranes may symbolize death, but they also represent peace, something we all need in these very troubled times. Thanks for a neat project. Dr. Shapiro

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Wednesday, April 02, 2003 11:18 PM
To: [REDACTED]

[REDACTED], I know you had some doubts about the value of the medicine clerkship humanities project, so I was especially appreciative that you invested time and effort in completing it. With the help of your girlfriend, you created an expressive and perceptive poem. It captures the inevitable tensions that arise as a result of the needs and longings of the patient confronting the limitations and doubts of the physician. Even if its only effect was to get you to share a bit more of your experience in medicine with your girlfriend, I hope that you considered this a good outcome. Thanks again for making the effort. Regards, Dr. Shapiro

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Wednesday, April 02, 2003 11:12 PM
To: [REDACTED]

[REDACTED], I really liked your medicine clerkship humanities project. First, great use of your Spanish. It's great to see this kind of fluency – as I'm sure you've already discovered, knowing some Spanish will serve you very well in clinical practice. Secondly, I was impressed by your use of point-of-view writing to really "enter into the world" of a non-English-speaking patient who finds herself at the mercy of English-only doctors... and then the relief at finding someone who can assist her in communicating. The lack of a shared language is definitely a problem for the physician, but it is a much more vulnerable and helpless feeling for the already sick and suffering patient. Excellent work! Thank you. Dr. Shapiro

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Wednesday, April 02, 2003 11:08 PM
To: [REDACTED]

[REDACTED], thanks for providing the class with a vivid image of "trust" for your medicine clerkship humanities project. The trust exercise is an apt metaphor for what every patient must wrestle with when putting him or herself in the hands of a physician. Illness is very much like the experience of free-fall, in that it severs us from much that is familiar and certain in our lives. We all hope the physician will be strong (i.e., competent enough) enough, and paying enough attention, to catch us as we fall. You made excellent use of this assignment. Thanks! Dr. Shapiro

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Wednesday, April 02, 2003 11:04 PM
To: [REDACTED]

Hi [REDACTED] Just wanted to thank you for your creative and ingenious "telephone" exercise. It showed us all, in an experiential way, how communication can easily go awry. Your method of sending home this message was both humorous and engaging. Nice work! Dr. Shapiro

Hi [REDACTED]. Thank you for making a sincere and thoughtful effort with this project, and I truly apologize that it came on top of so many other assignments. You did the right thing by acting as a voice for your colleagues, and since the clerkship director was present and listening, perhaps an effort will be made to unpack the clerkship. Regarding your poem, I liked it very much, and I also appreciated the explanatory comments you made in class. Your writing does an excellent job of capturing this patient's mixture of fear and gratitude. You know, I believe many patients feel this way (don't the surveys show that everyone thinks their doctor is great, but hates doctors in general?!), but don't always express their feelings directly to their physician. I'm glad you had the opportunity to talk to and observe your preceptor's patients. This regard is one of the meaningful rewards to which student-physicians should aspire. And yes, as you so astutely noticed, even good physicians can fall short in bad circumstances (of which I consider Urgent Care, despite its popularity with medical systems, to be one). Nice work, and good luck with your studying!

Regards, Dr. Shapiro

Hi [REDACTED]. Thank you for taking the time to produce this poem. It's a very good example of point-of-view writing, and I think expresses what so many patients might like to say to their physicians but are too inhibited to share. I especially liked the way you peeled back the emotional layers of the narrator, discovering beneath anger, fear, and below indifference, concern. These are great lessons that can be applied whenever you see these attitudes in patients. By peering below the surface, we can see more deeply into the patient's heart, and this often opens our own hearts as well. The other aspect of the poem I really liked is the encouragement it gives to the physician. (Perhaps this is you speaking through the voice of the patient to yourself). Risk opening your heart, try bearing seemingly unbearable grief and suffering, and define these not as burdens, but incredible opportunities and privileges. Wow, I'm so impressed! If you can practice actually making that emotional and cognitive shift, you can remain a tender, caring physician without being overwhelmed by the suffering of your patients. This was a very perceptive piece of writing. Thanks again. Dr. Shapiro

██████, Great poem! It was very creative, and showed very well the differing perspectives of patient and student-physician, as well as their struggle to connect. The balanced refrains (“Comprende que yo digo?” and “I don’t speak Spanish very well”) were really nice, and underlined this basic message. These encounters are very challenging, and usually very frustrating, for both doctor and patient. Do you remember the phrase from *When the Spirit Catches You*, “veterinary medicine”? That is not the kind of medicine doctors want to practice, and it is certainly not the kind of medicine patients want to receive, but sometimes it is hard to avoid. Luckily, however, your Spanish seems pretty good. I hope you continue to build on this foundation so you can connect more easily with your Spanish-speaking patients. Thanks for this work. Dr. Shapiro P.S. Cool paper!

[REDACTED], thank you for searching out this poem. I'd read it before, but I wasn't aware of its history. Yes, it says it all, don't see this cross-sectional slice of disease and decay, see the person in the context of her life history. Easy to say, harder to write about, and at times nearly impossible to do, but this poem is a touching reminder. Thanks for sharing, Dr. Shapiro

██████████, haiku are hard to write because they require that so much be compressed in a short space (hmmm, not unlike a typical outpatient encounter). Also, as the content of your particular haiku suggests, they seem to be about one thing, but often are about something else as well (hmmm, kind of like some patients' problems). And from your narrative explanation, you clearly saw in your interactions with this particular patient the lesson that apparently we all need to keep relearning – there is always a reason, a logic to even the most annoying of patient behavior, if we can just be patient and keep listening and wondering. “Be curious, not furious” is not a bad motto to follow in patient care.

On only one point I must respectfully disagree with you. In my estimation, the art of medicine is so elusive that physicians need all the help they can get in mastering it, from as many sources as possible. Our patients are our greatest teachers, but art, music, and literature have survived through the ages because they continue to inform us about the human condition. You still may shudder at a reference to the book *When the Spirit Catches You*, but I am fond of the Hmong folk saying quoted in its pages: “You can miss a lot by sticking to the point.” Yes, of course, be dedicated to your patients on multiple levels, listen to them carefully, attend to them lovingly, but consider casting as wide a net as possible to inform your practice of medicine. You might be surprised at what you find inside. In any case, thank you for your thoughtful and honest comments. Regards, Dr. Shapiro

[REDACTED], you wrote a moving and compelling essay. It is simple but eloquent (“...see patients as human beings who are suffering.”) I also thought it is an extremely good insight that patients themselves are trying “to humanize their inhuman situations.” Thrust into the chaos, terror, and despair of serious illness, it’s no wonder patients don’t always have their best foot forward! Thank you for taking the time to record these thoughts. They show a strong intention to be not only a physician to your patients, but a healer as well. Maybe you should post this on your refrigerator as a reminder of why you’re doing what you’re doing! Regards, Dr. Shapiro

Hi [REDACTED] Thanks for your contributions of the poster and leukemia poem. I also appreciated your written comments about your elderly male patient with leukemia. You know, this stuff seems so obvious (listen to what the patient wants, be empathetic to the patient's perspective and feelings) that it often seems redundant to talk about or pay attention to. Yet that primary care doctor who didn't look at his patient and compelled him toward treatment was once a medical student just like you. How did that happen? How can you remember these very simple lessons so you won't be that doctor in 10 years? Maybe you don't need this poem to remind you, but find something that will. I wish you all success in finishing up this year. Regards, Dr. Shapiro

IM 2003

█ thanks for organizing the poster and poems. As you noted, "I'm So Sweet" is both humorous and insightful. You also accurately suggest that it might have more universal applications than we might think. Many sociologists have observed that illness tends to generate a regressive response in many people (for rather obvious reasons). While it is patronizing to think of patients as children (wrong analogy), recognizing the inevitable resurgence of vulnerability and dependency when one becomes sick is important, and can help all of us to become better caregivers. I'm glad you were moved by the poem. As I suggested in class, sometimes we are too overwhelmed by our patients to allow ourselves to be moved by them. In these cases, literature/poetry can be a bridge back to the kind of person we want to be. I appreciated your written comments and your contributions to the discussion. Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]

Hi. Thanks for providing food for thought (and our stomachs!) at the Medicine clerkship humanities session. Every patient is unique, and most are pretty enjoyable once you get to know them. Let's just hope that, in our efforts to advance our knowledge, our status, our careers, we don't "devour" our patients! Regards, Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]

Hi [REDACTED] Thank you very much for your painting and personal sharing. I admired your courage in probing your own health issues as a learning experience. That kind of reflection is exactly what the humanities sessions are for. Your honesty helped us understand how devastating the diagnosis of a chronic disease can be, how illness can become a "family secret," and how trees that seem barren come forth each spring with new life. You gave us a real gift. Thanks, Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]

[REDACTED] thank you for sharing a personal story that was by turns hilarious and harrowing. What I found particularly interesting is that, although your saga occurred literally in a foreign country, medical anthropologists and philosophers for decades have used the metaphor of journeying to a foreign land to describe the experience of illness. Susan Sontag, for example, a philosopher who also had cancer, writes about "entering the kingdom of the sick." The point is that the disorientation, helplessness, absurdity, and fear you and your husband encountered are in some ways not that different from what patients experience every day right here back home. Hope your husband is now fully recovered and that you were not discouraged from further adventures abroad! Regards, Dr. Shapiro

Shapiro, Johanna

To:

Hi to you both. Your humanities project was both amusing and insightful. Anything that brings the patient's voice – and thoughts and opinions – to the center of things is good. As I mentioned in class, it's striking that patients always want the same things in doctors – someone who listens, who gets to know the patient as a person, who is compassionate and caring – and yet we often treat these qualities as peripheral rather than core to the practice of medicine. Of course you've got to know your science and know how to think, but without the ability to convey personal involvement and concern, you can't really get far with patients. A very creative effort! Dr. Shapiro

IM 2/03

Shapiro, Johanna

To: [REDACTED]

Nice that our paths cross again after the litmed selective. I liked your humanities project – “the pockets make the (wo)man,” as the saying goes. If you had photographed the contents of your pockets 5 years ago, and 10 years ago, I’m sure you would have documented quite an evolution/transformation. It was a very evocative way to get us to reflect on how much the process of becoming a doctor affects you at core levels (“deep pockets” ☺). Thanks for a thought-provoking effort. I hope it gives you incentive to keep laying with your camera. Regards,
Dr. Shapiro

Shapiro, Johanna

To:

Hi [REDACTED]. Nice to see you again. I hope you're still reading a poem now and then! I enjoyed your project, your little figures were really cute! And, interestingly enough, there is a serious thought somewhere in there. You're right that we shouldn't reduce patients to their disease; and it's also true that often patients personify their illnesses, investing them with (usually malevolent) human qualities. So beyond the silliness, something for us all to ponder ☺. Good luck for the remainder of the year, Dr. Shapiro

IM 2002

Shapiro, Johanna

To: [REDACTED]
Cc: Rucker, Lloyd
Subject: clinical humanities assignment

Cool tile, Caitlin. I think that's a humanities first! What a nice way of holding on to your vision of who you want to be as a physician, especially in the face of some of the "frustrated, anxious, grumpy etc..." moments in medical school. I hope you put that tile some place where it will always inspire you to be the best doctor possible. Regards, Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]
Cc: Rucker, Lloyd
Subject: clinical humanities assignment

Wow! Poetry in two languages! This was really neat, and not just because of your linguistic versatility. We see a lot of patients like this woman at the Family Health Center, and you captured very well the language shifting that occurs when the acquired language (English) just isn't adequate to convey the experience. The poem also does a wonderful job of illuminating the emotional/familial ties that bind us to food. We are what we eat, right? Nice work. Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]
Cc: Rucker, Lloyd
Subject: clinical humanities assignment

[REDACTED] your essay was a good combination of confidence and humility. The first part is an acknowledgment that you've discovered how important communication is in medicine, that your communication skills have grown by leaps and bounds, and that you actually enjoy and derive value from being a good communicator. But then you admit to a situation where all your "skills" seem useless. You are back at ground zero again. Wisely, you return to that most fundamental aspect of communication - just listening. I believe it is really true that if we listen carefully enough, patients usually tell us what they want and need. Thanks for a thoughtful essay, Dr. Shapiro

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Friday, February 01, 2002 2:10 PM
To: [REDACTED]
Cc: Rucker, Lloyd
Subject: clinical humanities assignment

As Dr. Cohn said, your project was a great example of working a metaphor to its fullest! By utilizing automotive metaphors, you supplied humorous - and accurate! - insights into the concerns and priorities of the gamut of medical specialists, skewering everyone at least once along the way. A thought-provoking and ingenious project. Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]
Cc: Rucker, Lloyd
Subject: clinical humanities assignment

Very creative approach, [REDACTED] I've always been intrigued by the fact that the caduceus contains intertwined snakes. Although the Greeks associated the intertwined snakes with fertility and healing, of course snakes have other more malignant connotations. However, your caduceus is upbeat and benign, and I hope will linger in your mind as a positive symbol of all you want to do in primary care and women's health. Regards, Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]
Cc: Rucker, Lloyd
Subject: clinical humanities assignment

Hi [REDACTED] Talk about a good metaphor! As Dr. Cohn mentioned, the use of metaphors to help us understand medical-related experience is common, and one of the most popular metaphors is that of warfare. But it is an entirely original concept to describe the battle from the perspective of the VA student combatants. That was one of the funniest things I've ever heard. I don't know how you nailed the military language (a manual?), but nail it you did. It was an incredibly effective way (drawing on another profession) of conveying how technological language reduces and dehumanizes. And your monotone delivery was impeccable! A really creative and unique effort! Dr. Shapiro P.S. So are the Geneva conventions being adhered to for all you POWs?

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Friday, February 01, 2002 2:15 PM
To: [REDACTED]
Cc: Rucker, Lloyd
Subject: clinical humanities assignment

[REDACTED] great job! The tangible, "sculpted" quality of your project struck me as a great visual aid. I seriously think it would make a great conversation piece to help doctor and patient start a real dialogue about HTN. It has all the components - the risk factors, the related complications and diseases, the diet and exercise issues, the issue of trust in the physician. Thanks for sharing, Dr. Shapiro

Shapiro, Johanna

To:

Subject:

[REDACTED]
clinical humanities

PJ, great essay! I enjoyed your sharing. As I mentioned, "going home" is one of the great themes of literature (think Ulysses), and for good reason. Where we came from says a lot about who we are, but who we become can make it hard to connect to our past. Yet we can never leave it behind, nor should we want to. The other issue you addressed so well is that risk of arrogance that inevitably accompanies a high-status profession like medicine. Is the way you spend your time (saving lives, making a difference) more important than the way your brother spends his? Maybe from one perspective yes, but from many other perspectives of course not. You used the journey home to allow some important insights about yourself to bubble up. We all benefited from the good work you did. Thanks very much, Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]
Subject: clinical humanities

Hi [REDACTED] You chose a great theme - "growing up," something that probably is never completed until we die. Images of growing permeated your essay, from the childish aspiration of the little girl with crooked bangs (see how paying attention to details makes an image come alive?) to life in anatomy (another rite of passage), and promotion to 3rd year ("real" medicine). Your account of your first patient reminded me of how many ways there are to experience people - none of them complete. Did the fact that this patient was evaluated as "not alert or oriented" obviate the value of her stories? Obviously not. But was missing the possibility of Alzheimer's an important lesson? Clearly so. This is what "growing up" is all about for all of us. Really thoughtful writing and all-around good work. Thanks, Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]
Cc: Rucker, Lloyd
Subject: clinical humanities assignment

[REDACTED] I loved this poem. It cuts painfully and deeply. Maybe there is something about the line phrasing that is a bit awkward, but the language is incredibly strong. The metonymy of the head-as-person is devastatingly good - and the last line brings it home with a wallop (of course anticipated in the title). I am a sucker for "blame-the-victim" themes, but you really do this well. Don't give up on this work - you've caught something profound. Dr. Shapiro P.S. If you don't think it's wjm material, PLEASE send it to Plexus! :-)

Shapiro, Johanna

To: [REDACTED]
Cc: Rucker, Lloyd
Subject: clinical humanities assignment

Hi [REDACTED] Thanks for sharing your interesting charcoal sketch. The two "sides" (death vs. healing) were clearly delineated, with that neat little dividing line down the middle. It made me wonder about the "pathways" connecting all the elements you identified. The sketch was full of motion, chaos, and excitement.. maybe like 3rd year? Thanks again for participating. Dr. Shapiro

Shapiro, Johanna

From: [REDACTED]
Sent: Tuesday, April 02, 2002 7:38 PM
To: Shapiro, Johanna
Subject: RE: humanities clerkship assignment

Dr. Shapiro,

[REDACTED]

Thanks for making our discussions fun, and insightful,
[REDACTED]

-----Original Message-----

From: Shapiro, Johanna
To: [REDACTED]
Sent: 4/2/2002 11:21 AM
Subject: humanities clerkship assignment

[REDACTED] this was a wonderfully self-reflective essay that asks a terrific question: what could make it okay for you - or for me - to die? I appreciated your honesty about the "pat" responses that medical school applicants give - and faculty interviewers encourage! - about the deep and difficult questions that we squeeze into 5 or 10 minutes of an interview, as well as your awareness of the extent to which those answers are non-answers. You are also perceptive in realizing that repeated experience - ie., exposure to dying patients - does not necessarily in and of itself lead to insight or resolution. Rather it was having the courage to pay attention to a unique moment in time ("watching the expression on the face of a son who was watching his father die") that triggered your more in-depth probings. Finally, I applaud your focus on meaning and sense of purpose as important elements of helping us live well and die well. Your cultural qualifications are well-taken - they are ones I share - but I think your conclusion strikes what is probably a fairly universal chord. An honest, brave, and thought-provoking piece of writing. Thank you, Dr. Shapiro

Shapiro, Johanna

From: [REDACTED]
Sent: Tuesday, April 02, 2002 8:36 PM
To: Shapiro, Johanna
Subject: Re: humanities clerkship assignment

Hi Dr. Shapiro,

[REDACTED]

Thanks again,
[REDACTED]

----- Original Message -----

From: Shapiro, Johanna <ifshapir@msx.ndc.mc.uci.edu>
To: [REDACTED]
Sent: Tuesday, April 02, 2002 11:53 AM
Subject: humanities clerkship assignment

> Hi [REDACTED] Thanks for this honest personal essay. I wonder if you were
> referring to [REDACTED] the medical student who died last year of
> malignant melanoma. I didn't know him, but due to an award I had the
> honor to present to him posthumously, I learned a lot about him, and he
> seemed like a truly wonderful person. What a loss!
>
> Regarding your own experience, welcome to the world of patients! (Thank
> goodness, not the only world, but one in which many of us find ourselves
> often enough to worry!). You were very open to reflecting on the
> indignities and vulnerabilities patients almost inevitably experience,
> and well aware how an insensitive and dismissive physician only made
> matters worse. Yet when you're on the doctor side of this great divide,
> it is discouraging how easy it is to behave in this manner. Luckily, in
> most cases it has to do with perspective, rather than deep-seated
> malevolence. So cherish this demeaning experience, because, as you
> realize, it has the potential to help you be a better doctor! Very
> nice work, thanks for sharing. Dr. Shapiro

Shapiro, Johanna

From: [REDACTED]
Sent: Monday, April 01, 2002 9:48 PM
To: Shapiro, Johanna
Subject: RE: Written essay to accompany Storyteller presentation for Humanities project

[REDACTED]

[REDACTED]

[REDACTED]

-----Original Message-----

From: Shapiro, Johanna
To: [REDACTED]
Sent: 3/29/2002 11:12 AM
Subject: RE: Written essay to accompany Storyteller presentation for Humanities project

Hi [REDACTED] Thank you so much for the courage to share your story yesterday. Who we are depends a lot on the stories we tell about ourselves, and that was clearly an important story. Your skill as a storyteller I think made us all feel how bewildering and scary it is for kids (and all of us!) to go through serious medical procedures, and how little the persons supposed to help us (ie., doctors and nurses) sometimes do to make us feel safer and less vulnerable. I hope that one of the lessons of your story was how incredibly painful these experiences can be and how hard we have to work to heal the psychic wounds they leave behind. In my mind, your "bearing your chest" (perhaps a literal effort to "bear your soul"?) with patients, and your brave recounting yesterday are both wonderful ways of coming to terms with a traumatic event from the past and using it to promote healing and hope in yourself and others. Thanks again, and it was a pleasure to see you. Much good luck as you finish out this year. Regards, Dr. Shapiro

-----Original Message-----

From: Graff, Jordan
To: Shapiro, Johanna; Cohn, Felicia
Cc: Graff, Jordan
Sent: 3/28/2002 6:46 PM
Subject: Written essay to accompany Storyteller presentation for Humanities project

~~Johanna Shapiro and Dr. Felicia Cohn,~~

~~Thank you for the enjoyable experience today sharing my Humanities project. I wondered if I would have the nerve to take that approach with such a personal experience, and I'm glad now that I did. Attached you will find the written accompaniment to that project. I will both paste it and attach it.~~

~~Thank you again for this enjoyable, challenging experience.~~

Shapiro, Johanna

To: [REDACTED]
Subject: clerkship humanities assignment

Hi [REDACTED] Thank you for this reflective, empathic essay about your grandma. I'm glad you were able to use a difficult time to get in touch with how things look from the worried family member's perspective. As you realize, illness has a ripple effect that touches not only the patient, but family and even friends as well. Even a momentary expression of caring or a kind explanation can make a big difference. Thanks for sharing this, Dr. Shapiro

9.012

Shapiro, Johanna

To: [REDACTED]
Subject: humanities clerkship assignment

Hi [REDACTED] This was funny, but also perceptive writing about the med student physical exam seen through the patient's eyes. You captured very well the sometimes excessive thoroughness that afflicts medical students, but as you observed, it's all part of the learning process. I appreciated your point about the medical interview as "deposition." As you proceed through your training, you may discover that interviews that feel like interrogations are not only a function of lengthy questions, but are also related to the attitude that informs the questions, and this is something experience does not necessarily fix. Actually, the fact you are still a medical student is what enables you to see the patient's experience so clearly. Gain experience, by all means, but don't lose that precious quality. Thanks for this well-conceived essay. Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]
Subject: humanities clerkship assignment

Mark, this was a wonderfully self-reflective essay that asks a terrific question: what could make it okay for you - or for me - to die? I appreciated your honesty about the "pat" responses that medical school applicants give - and faculty interviewers encourage! - about the deep and difficult questions that we squeeze into 5 or 10 minutes of an interview, as well as your awareness of the extent to which those answers are non-answers. You are also perceptive in realizing that repeated experience - ie., exposure to dying patients - does not necessarily in and of itself lead to insight or resolution. Rather it was having the courage to pay attention to a unique moment in time ("watching the expression on the face of a son who was watching his father die") that triggered your more in-depth probings. Finally, I applaud your focus on meaning and sense of purpose as important elements of helping us live well and die well. Your cultural qualifications are well-taken - they are ones I share - but I think your conclusion strikes what is probably a fairly universal chord. An honest, brave, and thought-provoking piece of writing. Thank you, Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]
Subject: humanities clerkship assignment

Excellent insights, [REDACTED]. A very famous 20th century physician-philosopher once wrote that the core experience of illness was loss of control (ie., vulnerability). It is more comforting to think of ourselves as invulnerable, but as the disabled community likes to put it, in reality all of us are at best only "temporarily able-bodied." On the other hand, if we are able to integrate this realization into our lives and professions, it has the potential to make us more compassionate and humane people and doctors. I felt you really learned a lot by becoming involved with your patient's journey to regain health and independence. I'm glad he had a positive outcome, and I'm glad you chose to use this experience to heighten your own sensitivity to patient suffering. Regards, Dr. Shapiro

Shapiro, Johanna

To:

[REDACTED]

Subject:

humanities clerkship assignment

I really liked this personal essay, [REDACTED]. You are authentic and genuine in acknowledging your less-than-noble reactions to this "train wreck" of a patient. And you manage to conjure up a great image of this obese, histrionic woman literally using her bulk to stand between you and freedom - "the end of the day." Believe me, every clinician I know is intimately familiar with this feeling! In fact, it seemed like her primary care physician felt pretty similarly himself. How sad! And yet it is not easy to apportion blame because, as you observe, we are all functioning in a system that encourages this lack of caring through "hurry-up-and-wait-in-line" medicine. Nevertheless, I wouldn't be too hard on yourself. It sounds like this patient has been failed in many ways by the system and by her providers (even possibly in some ways by herself). But you made the effort to have a human exchange with her, and you had the courage to remember her look, rather than thrust it out of your mind. You may not have the opportunity to place this effort and this courage in the service of this particular patient, but I guarantee you will call on them with the next patient you see. Thank you for this work, Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]
Subject: humanities clerkship assignment

[REDACTED] I really liked the way your essay dealt with your own assumptions and expectations, many of which were contradicted simply by your willingness to "be" with this patient and be open to her story. By allowing yourself to experience this patient as a lonely, scared, and suffering human being, you were able to understand her at a deeply empathic level. The challenge for a physician in this situation is to, on the one hand, hold all the medical knowledge (diagnosis, prognosis, medications, treatment plan) in one hand, and in the other, hold the compassion and sympathy you achieved. It sounds like you are actually practicing this kind of double movement in your own clinical encounters. Good for you and for acknowledging the debt you owe to this patient. Regards, Dr. Shapiro

0002

Shapiro, Johanna

To: [REDACTED]
Cc: rucker, lloyd
Subject: humanities clerkship project

Hi [REDACTED] Thanks for sharing your "insomnia" poem. It's really a good poem - with a coherent meter, and a lovely ending couplet. The long lines reminded me of the blissful unconsciousness of sleep, while the short lines jerked me into the reality of involuntary wakefulness. The language is beautiful too. I appreciated your comments as well about the possible value of this sort of exercise. Regards, Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]
Cc: Rucker, Lloyd
Subject: humanities clerkship project

Nice work on the collage. I appreciated the thought and care you expended on this project. You raised many important questions about doctoring. The title is incredibly moving, and made me think about how important it is to really feel others' heartache. Your essay was insightful as well. I hope this project helps you to remember the value of occasionally pausing to reflect on your clinical experiences, almost as a way of "paying tribute" to the efforts of both you and your patients. Good work! Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]
Cc: Rucker, Lloyd
Subject: humanities clerkship project

Thanks for enlivening our humanities session with your painfully accurate videotape documenting procrastination as an art form! I think we could all identify. It was very funny, and insightful as well. After the laughter, what remained was a testament to the caring and support present in your friendship, which I imagine has seen you through many rounds of studying and other difficult situations as well. Thanks for such a creative and enjoyable effort. Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]
Cc: Rucker, Lloyd
Subject: humanities clerkship project

Hi [REDACTED] As I mentioned in class, I thought your project was great! A simple cartoon reminded us that anxiety is pervasive in medicine, and not only among patients. A creative way of getting us all to think for a moment about an important issue. Thanks, Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]
Cc: Rucker, Lloyd
Subject: humanities clerkship project

Hi [REDACTED]. Glad we could cross paths again in such a creative venue. What a beautiful contribution you brought to the group. How incredibly moving the intertwining of words and melody can be - the wistful folk song made the simple recounting of your patients' deaths, and what they meant to you in the framework of your life, both poignant and surprisingly lovely. Thank you! Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]
Cc: Rucker, Lloyd
Subject: humanities clerkship project

Marc, thanks for having the courage to explore how a patient can trigger very personal memories and emotions in us. Often key events in our lives that we think we are long "done with" can suddenly rematerialize. However, since we are never quite the same people, and our circumstances have usually changed, sometimes we can be surprised by new insights and greater understanding. I hope this was so in your case. I think you did very good work on this. Regards, Dr. Shapiro

3RD YEAR MEDICINE CLERKSHIP 3/03

Hi [REDACTED]. Nice to see you again after the litmed days. I hope you are still reading poetry once in awhile! I enjoyed your return to the Hippocratic Oath, as well as your attempt to "enliven" it. As with most ancient and venerable documents, when you inspect it closely it offers many challenges to contemporary thinking, as well as much support. My favorite line has always been "I will follow that system of regimen which... I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous." At least do no harm, and try to do some good. Not a bad life philosophy! Thanks, [REDACTED]. Good luck with the remainder of the year. Regards, Dr. Shapiro

[REDACTED], as I mentioned in class, I appreciated your use of language, and your elegant, spare juxtaposition of the beginning and the end of it all. The fact that you treated both "equally," in terms of length, phrasing and structure, for me made both seem part of the mystery of life. A lot to think about packed into a small space! Thank-you. Dr. Shapiro

Hi [REDACTED]. It was nice to see you again! Thank you for your meditations on the end of life, and exploring this through the painting of the lilies. The insights about the roots that support and nourish the seemingly fragile lilies were particularly apropos when considering circumstances of life and death. People can be amazing beautiful, strong, and rooted, even in the dying process. And sometimes their physicians can help them refind these qualities in the midst of difficult struggle. A lovely project. Good luck with the rest of the year. Regards, Dr. Shapiro

[REDACTED] thanks for providing a context in class for your honest and I think heartfelt poem. I'm only sorry that you felt the pc police were too much in evidence to be able to share these thoughts and feelings with your peers and the faculty. In our family medicine clinic in Santa Ana, I hear sentiments like these voiced on a weekly if not daily basis. They are real, important questions that need to be asked and you asked them well and forcefully. The kinds of issues you're wrestling with are often discovered at the core of clinical medicine. I think there are answers to such questions that respect the patient, preserve the physician's humanity, yet recognize that profound differences in priorities, understandings, and expectations can exist between patient and physician. If at any time you'd like to pursue these issues further, please know that I am very willing to "enter the dialogue," without judgment but only with a desire to struggle jointly toward resolution. By the way, "Care" was very-well-written and insightful. Good work. Regards, Dr. Shapiro

[REDACTED], I think the issue you raise is a fascinating one, with no simple answer, but one which every physician needs to resolve for him or herself. What is the proper emotional distance between doctor and patient? In medical training, distance and detachment are

supposed to protect from being overwhelmed by all that, as physicians, you see and hear. But these strategies of emotional disconnect can also leave physicians unfulfilled, frustrated, and burned-out. Perhaps there are ways of experiencing “an epiphany for the humane” (a beautiful phrase, by the way) without “drowning” in your patient’s suffering. I liked this poem a lot, each “drop” of it! Regards, Dr. Shapiro

[REDACTED]

Thank you for completing a reflection on your music. It helped me to understand more of what you were trying to express, although I agree that because music is so emotionally powerful, it can often help us get in touch with feelings that are otherwise hard to access. I appreciated the metaphor of life as a song (although you’re not the first person to think of this!). Like your composition, life is full of joys and sorrows, beginnings and ultimate ending. Thanks for sharing. Regards, Dr. Shapiro

[REDACTED]

Neat photograph! I was very interested in what you had to say about medical student life as a performance. Many post-modern critics have argued that life itself is a performance, with each of us assuming a variety of roles based on our own and others’ expectations. When do we put the masks aside, and become our true selves? Is there even such a thing as a true self? Perhaps on a more pragmatic level, what’s important is to learn how to avoid feeling like a “fake” as new roles are mastered, and not to lose sight of what we identify as our core “self.” A thoughtful project indeed. Regards, Dr. Shapiro

[REDACTED]

[REDACTED], you created a really interesting project. I liked the idea of building layers as you proceed through medical school, progressing from bare-bone (sorry) cadaver to full dimensional patient. Your pictures were neat. Thanks for contributing these thoughts. Regards, Dr. Shapiro

[REDACTED]

Hi [REDACTED] It’s always a pleasure to see you. I was particularly touched by your “prayer.” I’m a big fan of Maimonides who was committed to the balance of reason and faith. It was so cool to run across someone so knowledgeable about his life and career. As I shared in class, I think it is important for everyone to have a “prayer” (whether religious or not) that helps them get through their daily challenges, and reminds them of what they want their life to be about. One particularly wonderful line is “Grant me the humility to know that I am not the cause nor am I the cure.” That sounds exactly like the RamBam. This poem resonated at many, many levels for me. Thank you. Regards, Dr. Shapiro

Shapiro, Johanna

From: [REDACTED]

Sent: Monday, March 03, 2003 6:47 AM

To: [REDACTED]

Subject: humanities project

My project is a plastic collage with varying elevations of a cadaver. My idea for doing this grew from the realization that my first patient was my cadaver from anatomy. Through the generosity of my first patient I was able to learn the science of medicine. However I had my questions. I wondered what this patient was like. Did he have a family? Was he a happy fellow? What sort of work did he do? Since my first year of medical school, I have been able to answer these questions through the generosity of the patients that have followed. Through them, I have been able to overlap my science with the humanity that makes medicine an art. Much like my collage, the patients I have met in my clinical years have given dimension to the lessons learned from my very first patient. I have learned the frustration of experiencing Parkinson's, the emotional turmoil of battling cancer, the incessant and often difficult struggle with diabetes, and the list goes on. Similar to the collage, our patients are complex and have many layers and in turn the care we provide has many dimensions.

[REDACTED]

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Shapiro, Johanna

To: [REDACTED]
Subject: medicine humanities project

Hi [REDACTED] I miss seeing you around, and apologize for not being able to attend your humanities presentation. Since I am the "supervising" faculty member for this activity, I wanted to let you know I had read your essay, and really appreciated it. You are reflecting - very honestly and thoughtfully - on what I consider to be a core issue in the practice of medicine. How do you maintain empathy, kindness, and caring toward patients without becoming overwhelmed by their suffering? How do you find compassion within yourself for patients who are obnoxious, frustrating, and just plain unlikable? How can you take joy in your work when you're exhausted, anxious, even resentful? There are no easy answers. Personally, I don't think "emotional distance" is the optimal, or only, solution, although it does serve an immediate self-protective function. Rather, I believe it is possible to develop a kind of compassionate equilibrium or steadiness, so that we can remain open and tender in the face of suffering, instead of anxious and agitated. But there's no question it seems very difficult to do this as a medical student, when you are constantly bombarded by such intense and constant distress. In any case, just by talking about these ideas with your peers, and by exploring within yourself how best to care for your patients, you're on the right path. It's the doctors that don't even bother to ask these questions that I worry about. Much good luck this year. Regards, Dr. Shapiro

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Wednesday, October 16, 2002 8:40 AM
To: [REDACTED]
Subject: medicine humanities project

Hi [REDACTED] I'm very sorry I missed your humanities presentation. Since I'm the faculty member "responsible" for this activity, I wanted to let you know I'd at least read your project – and really enjoyed it! What a creative and wise idea. If we just listen to our patients – and ourselves – we realize, we've said it all! Hope this year is going very well for you. Please remember me to your father. Regards, Dr. Shapiro

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Wednesday, October 16, 2002 8:41 AM
To: [REDACTED]
Subject: medicine humanities project

Hello [REDACTED]. I'm sorry I was not able to attend your humanities presentation, but as the faculty member "responsible" for this activity, I did read the description of your project. I am SO sorry I missed this creative performance! I'm actually quite interested in dance as an interpretive art, although I must confess I know very little about it. Good for you for taking the risk to explore this medium. The symbolism of the scarves and colors sounds beautiful. And the theme of the song you chose could not be more relevant. Patients always deserve hope from their doctors – hope for cure, hope for care, hope for meaningful life and death. You already sound very well prepared to fulfill your patients' hopes. Regards, Dr. Shapiro

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Wednesday, October 16, 2002 8:46 AM
To: [REDACTED]
Subject: medicine humanities project

Hi [REDACTED]. I apologize for being absent from your humanities presentation. Since I'm the faculty "responsible" for this activity, I wanted to let you know that I had at least received your essay, read it, and really was glad you'd shared this incident. What a privilege to have witnessed such a compassionate and honest exchange between physician and patient. To me, it demonstrated just how much healing can exist even in a "terminal" situation. I agree with you that empathy is the key – having the courage to see the patient as a person, no matter what is happening. Most of us have that capacity for empathy somewhere inside us, but it is easy to misuse, abuse, or simply neglect this gift. You're so right to recognize that, without it, in the eyes of the patient you're just another "white coat." Thanks for this thoughtful essay. Regards, Dr. Shapiro.

Shapiro, Johanna

To:

Subject:

[REDACTED]
follow-up medicine humanities project

[REDACTED] Okay, sorry, I found the page that accompanied your poster. I guess I missed your point - but you chose a very good one, i.e., looking for the commonalities that make us all members of a "human culture." That is, of course, not to minimize the strength of cultural differences which obviously do exist and often make it difficult indeed to find those common bonds. But they are there, and it's especially crucial to be able to access them in the doctor-patient encounter, when feelings of fear, mistrust, uncertainty are magnified. You sound like you're going to be a very good doctor. Thanks for the essay. Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]
Subject: medicine clerkship humanities project

Hi [REDACTED]. It's nice I've been able to see you again a few times this year! I thought your poem was terrific. I really liked your use of the second person ("you") to confront the reader. It reinforced the challenging, angry tone you were able to create. You did a great job of capturing this patient's voice, as well as the implicit smugness and arrogance of the health care provider she's addressing (i.e., at one time or another, all of us!). I also appreciated that, later in the poem, you hinted at some of the life experiences that may have contributed to the patient's plight. If we're willing to scratch the surface, we realize it's never simple. "Judging, doubting" are things we all do too much of - but if we can catch ourselves in the act, we have the opportunity to seek out the patient's voice and perhaps make different, more compassionate, choices. Thank you for this good work. Happy holidays! Dr Shapiro

Shapiro, Johanna

To:



Subject:

medicine clerkship humanities project

Yum yum! That was a terrific (and delicious!) project! Of course, it made us smile (metaphor in a guac and bean dip - come on!), but you did a really excellent job of thinking it through. By the time we got down to that last bite, your point was made! Interwoven with the humor, you expressed very good insights into medical students and patients. I appreciated your thoughts about the "evolutionary" nature of medical training. You truly do go through separate stages, or layers, and hopefully they will all add up to a wonderful dip (I mean doctor :-)). Very creative! Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]
Subject: medicine clerkship humanities project

Hi [REDACTED] I'm so glad we've had these few opportunities to touch bases this year! Your poem struck me as an expression of gratitude toward a stranger who, at the end of his life, had given you an important gift. I hope in "real life" you were able to thank him for what he taught you; but if not, this poem is one way of doing so. More importantly, as the closing lines suggest, you can continue to thank "Ben" by expressing love and appreciation to those around you. Thanks, [REDACTED]. Happy holidays to you, and hope the rest of the year goes very well! Regards, Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]
Subject: medicine clerkship humanities project

Hi [REDACTED] thanks for your creative sketch.. I thought it was very well-suited to your message which, to me, had to do with demystifying the experience of dying. The simple drawings, moving through the emotional spectrum symbolized by shifting colors, made the issues seem more understandable and somehow "natural." As we discussed, when we can become more resolved about death and dying, we are in a better position to help others work through their fear and grief. Good work! Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]
Subject: medicine clerkship humanities project

Hi [REDACTED] Wonderful photograph! That expressive face is impossible to turn away from! Thanks also for your reflections on our tendencies to close our ears, our eyes, and our hearts. I agree that your photograph is indeed a "valuable lesson" of our need to continually seek out the humanity of the other. Thank you for sharing this work. Dr. Shgapiro

Shapiro, Johanna

To: [REDACTED]
Subject: medicine clerkship humanities project

[REDACTED], I really liked the way your essay chronicled the depersonalization or "deconstruction" of this old man, neatly symbolized by crumpling everything into the "personal belongings" bag. That was a very compelling image! Another wonderful image is that of the fire-spitting dragon. It reminds me that nothing is without metaphor, technology and machines carry their own powerful freight of meaning. And of course you also delved into the metaphor of the heart, emphasizing the loss of self that can occur for patients when their ways of viewing themselves are reduced and diminished by their encounter with medicine. Finally, I appreciated how the medical personnel were always "good" and "jolly," ironically highlighting their total lack of awareness of the damage they are causing! Very thoughtful and rich. Thanks, Dr. Shapiro

Shapiro, Johanna

To:

Subject: [REDACTED]
medicine clerkship humanities project

Your poem really made me think about the ways we try to express concern and caring for those we love. By "climbing inside" the voice of this family member, you helped remind me how hard it is for all of us to let go. The heartfelt cry at the end is very moving, and moves the reader, the listener, and perhaps the author, closer to the suffering of this daughter. Thank you for this good work. Dr. Shapiro

IM

Q002

Shapiro, Johanna

To:

[REDACTED]

Subject:

medicine clerkship humanities project

[REDACTED], thanks for sharing your little sculpture. It was quite touching. I liked the symbolism that all of us, patients, family members, doctors, students, are united around the heart of medicine. In a way, we are all of us "wounded healers" so the bandage on the heart is very appropriate. Nice work! Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]
Subject: medicine humanities assignment

[REDACTED] Thank you for sharing your experience with Mr. A. As you could see, it triggered some strong memories in me. Sometimes it's important that patients not always do the "wise" thing. You rightly picked up on his "thirst for life," and if you were his physician, I hope you would factor this into care decisions, such as the portable oxygen tank. You also make an excellent point that not only can family members influence patients, but patient attitudes can affect family. No matter whether you become a family physician or not, remember you are ALWAYS treating the family! Regards, Dr. Shapiro

IM 0002

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Friday, November 08, 2002 3:47 PM
To: [REDACTED]
Subject: medicine clerkship humanities project

Hi [REDACTED] It was so nice to see you again this year! Thanks for your lovely poem about your hospice patient. I appreciated your openness to learning from this woman. Throughout life, we look to role-models to help us manage fearful or painful situations. Clearly your patient helped to teach you about how to approach death. I hope in some way you can share with her how much knowing her, even briefly, meant to you. Good luck with the rest of the year. Regards,
Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]
Subject: medicine humanities assignment

Wow, great poem as always. I love your writing - "to uplift print into humanity" - spectacular. And the image of patient and doctor soaring hand and hand "foreboding and hopeful" is so moving. The theme was wonderful too. You might enjoy a poem by John Mukand called "Lullaby" about the difference between the chart and the patient. If you want, I can leave you a copy at the Med Ed office. Keep writing! Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]
Subject: medicife humanities project

Hi [REDACTED] Thank you for putting so much effort into this project. Your paper is really a wonderful resource. In addition to the information you provided, I also appreciated the last page, where you talked about issues that might arise at the intersection of Khmer and western medicine beliefs. I especially liked the emphasis on difficulties "negotiating the business aspects of the health care system." I think we consistently underestimate how difficult it is to use the systems we have in place, without the "cultural capital" to decipher them. Cultural capital is an anthropological term that refers to the almost unconscious ability we develop to navigate effectively within our own culture. Absent this knowledge, patients can be bewildered, overwhelmed by, and distrustful of their health care experiences. Excellent work! Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]
Subject: medicine humanities project

[REDACTED] thank you for sharing this lovely poem, as well as the circumstances that inspired it. To me, this is what the humanities do best: help us "shift our ground" and remember the larger picture. As we lose control of big things, we can obsess on the details, trying to remain in charge of something, no matter how irrelevant. It seemed as though you wanted to take your patient's daughter and lovingly shake her, and gently say, look, look, here is another way to understand what is happening. The beauty is your poem never says this directly, but simply invites the reader (and the daughter) to reflect on the passage of seasons. Very thoughtful and well-done. Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]
Subject: medicine humanities project

[REDACTED] thanks for such a creative, risk-taking project. I enjoyed it very much. I agree with you that the combination of music and words is a wonderful way to access deep emotion. For me, your project was very successful in this regard. I loved the parallels you brought out between doctor and patient. In my mind, it was much more effective than a didactic presentation illustrating the same phenomenon. Your song stayed with me for much of the night. Thank you! Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]
Subject: medicine humanities project

[REDACTED], nice work on this project. I liked that you were able to adopt the patient's wife's point of view, and really try to imagine what it must be like to be losing your husband after 50 years. You clearly had gotten to know this woman well enough to understand something of her thoughts and emotions. You captured very well the story of the patient's first symptoms, diagnosis, and dying, as well as the gratitude that the hospice experience produced. As we discussed, remember that there are lots of meaningful variants on "not able to do anything" at the end of life. Also, thanks for your comments about the difficulties, but also rewards, of "pushing" yourself into a different mode of thinking for a moment. I think being a good doctor requires that kind of cognitive and emotional flexibility. Regards, Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]
Subject: medicine humanities assignment

Hi, Trung. Just wanted to say great job on your humanities project! It was very creative and funny, and I appreciated your taking the risk to rap! It's good to be the patient every once in awhile, to remind us what it's like on the other side of the fence. Plus it gives us something to rap about :-). Regards, Dr. Shapiro

Qdop

Shapiro, Johanna

To: [REDACTED]
Subject: collage

Hi [REDACTED] Thanks for your creative collage. Your theme is absolutely one medical students - our future doctors - should be pondering: the inequities of the health care system and in particular are enthrallment to the pharmaceutical companies. I was really touched by the "evaporating" patient, vanishing into the nether world of insurance coverage, or lack thereof, inexcusably expensive, and sometimes unnecessary medications etc. I recently returned from the Society of Teachers of Family Medicine annual conference, where - would you believe it - I attended a workshop on "Collage-Making for Physicians and their Patients" taught by a physician who used collage in her practice and as her own creative outlet. So your art-form of choice may be more mainstream than you imagine! Regards, Dr. Shapiro

Shapiro, Johanna

To:

[REDACTED]

Subject:

Marisol

Hi [REDACTED] How lucky for me to catch a glimpse of you before the year ends! Thanks for sharing this difficult period, the "rock-bottom" of third year. What an awful convergence of professional and personal miseries. Your narrative is somewhat in the genre of heroic journey- tested and scourged, lessons are learned, the center holds, and the everyman (or woman) hero is able to do "strong work." I particularly liked the concluding paragraph, in which your careful observations about your patient led you to imagine aspects of her life that, because of her death, you could never discover in reality. Naming her at the end was also a powerful device. This final act made it impossible for either you or us, your readers, to escape her humanity.

On a personal note, I'm very glad that you weathered your bout of [REDACTED] and are doing so well. I hope you stick with family medicine, I don't think you'll be disappointed. In the meantime, have a safe and easy delivery, and enjoy your little girl. Regards, Dr. Shapiro

Shapiro, Johanna

To:

Subject:

[REDACTED]
yum-yum

After participating in your rigorous empirical investigation into food preferences, I've come to the troubling conclusion that, from a culinary perspective, having consistently chosen Boost over other products, I would be happier living my life in a hospital. This reminds us, I believe, of the limitations of science (at least I hope it does :-)). On a serious note, your project contained an important lesson in empathy. Patient complaints about hospital nutrition are often dismissed as mere "griping." Yet food choices - how, when, what we eat - are one of the strongest ways we have of orienting ourselves and maintaining a sense of control on a daily basis. When a person is deprived of this anchor, emotions of anxiety, even desperation, can arise. When you couple this with pain and suffering, not to mention potentially life-threatening illness, it's no wonder patients are "grumpy." Thanks also for providing interesting information about various hospital diets. Overall, a creative and enjoyable project that contained much food for thought (sorry, couldn't resist). Dr. Shapiro

Shapiro, Johanna

To:

Subject:

[REDACTED]
is it progress?

The scientist Lewis Thomas wrote famously in 1992, "One reason why medical history is not much taught in medical schools is that so much of it is an embarrassment." (The Fragile Species). I think the link between "evolution" and history of medicine is to what extent our disease models represent "truth" in contrast to the quaint, but clearly erroneous, ideas of the past; and to what extent our current understandings will one day be shown to be similarly limited or plain wrong-headed. If nothing else, as Professor Thomas implied, the history of medicine can teach us humility. Thanks for sharing this project. Regards, Dr. Shapiro P.S. The book by Sherwin Nuland is The Mysteries Within.

Shapiro, Johanna

To:

Subject:

████████████████████
haiku/honku

Hi ██████ I am a big fan of haiku, and have even written a few myself. I really liked yours, although not knowing what furosemide is, I lost some of the allusions. Nevertheless, you created some compelling images, especially the last two. Basho has a great haiku about a weary traveller falling asleep in a dirty barn with flies buzzing all around him. To add insult to injury, during the night a horse relieves himself on the poet. When I used this haiku in the family medicine residency, somebody raised his hand and said, "That's just like being on-call!" And apropos of your interest in transportation issues, a frustrated poet in noisy New York City started writing what he calls "honku" - haiku about the environmental, psychological, and spiritual pollution caused by overuse of one's horn - and posting them all over the city. Apparently he's gotten an enthusiastic response, even alternative honku defending New Yorkers' tendency to lean hard on their horns. So you see there are lots of purposes to which this venerable art form can be put. Thanks for sharing.
Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]

Subject: going to the doctor

Hi [REDACTED] Glad we ran into each other on this clerkship. Your essay was a thoughtful, perceptive examination of what it really means to be a patient. Sometimes the only way to put ourselves in someone else's shoes is to crawl into them! The lessons you extracted about respect for the patient's time and real patient education (not just presenting a spiel on diabetes or smoking cessation) are ones you should remember always. Finally, your empathetic insights into the ease with which patients can become "noncompliant," and the important role continuity relationships can play in ameliorating this problem, will help you throughout the rest of your medical career. A good adage to remember is, "Being the doctor is hard; but being the patient is harder." Thanks for reflecting on this personal experience, and good luck next year.

Regards, Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]

Cc: Rucker, Lloyd

Subject: clinical humanities project

This was a beautifully written and very compelling piece of work. I was intrigued by the analogy of humility to a saw. At first I thought it misplaced – a saw is a surgeon's tool, sharp and precise, used for cutting away. Also, the idea of "sharpening" and "getting sharper" in my mind connotes intellectual acumen. But as I pondered it, I discovered the analogy worked exceptionally well. Perhaps it's saying humility is not a "soft" implement, but a "strong" one that needs to be strong to pare away all the blindness, insensitivity, and arrogance that can contaminate medicine. And how wonderful it would be if, in addition to being "sharp" about differential diagnosis and medication dosage, physicians could also be "sharp" about the dreams and needs of their patients. You have obviously "learned a lot" about medicine, in all senses of the phrase! Thanks for such a thoughtful – and incisive! – essay. Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]

Cc: Rucker, Lloyd

Subject: clinical humanities project

Hi [REDACTED] Thank you for such an honest story! Because of the way you wrote it, I, the reader, was right there with you, making all the same (false) assumptions and blunders. The immediacy of the writing allowed me to stand shoulder to shoulder with you in the clinical trenches, and reminded me how difficult it is to communicate – in any language! – and how easy it is to delude ourselves that we are succeeding beautifully! Perhaps the reason that this patient scheduled a follow-up appointment is that, despite a few false steps, she felt the sincerity of your effort to somehow reach her and help her. Maybe if you see her again you will be able to explain about the “jelly!” Regards, Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]

Cc: Rucker, Lloyd

Subject: clinical humanities project

I loved this essay, [REDACTED] It was very moving to have you share your thoughts about the profession of medicine in light of Sept 11. Your resident's description of medicine as "a broken profession... because it takes good people and makes them bad" was heartbreakingly cynical, but I don't think tells the whole story. Instead, it made me think of the concept of the wounded healer, that imperfect, vulnerable person who has suffered, is suffering, but who uses the understanding gained from that suffering to help reduce the pain of others. In this sense, perhaps we can think of medicine as a "wounded" profession, filled with suffering (some of it self-induced), flawed and imperfect, but still dedicated to alleviating distress and promoting healing. As you conclude, it remains a noble profession indeed! Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]

Cc: Rucker, Lloyd

Subject: clinical humanities project

This was an excellent project which, as you hoped, combined humor, compassion, and a touch of "nerdiness," (☺) while raising important issues about doctor-patient interaction. (Having Dr. Rucker role-play the madwoman was an inspired touch!). Your skit made me think about how we all get caught up in interviewing protocols and algorithms that can offend, bewilder, or alienate the very people we are trying to help. As you correctly observe, sensitive topics such as sexuality must be approached with special care and creativity. I honestly don't know whether any approach, no matter how skilled, could have won over this difficult patient, but I really commend your commitment to trying. Regards, Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]

Cc: Rucker, Lloyd

Subject: clinical humanities project

[REDACTED] I really enjoyed your clinic poem. The opening lines are very effective, addressing the generic "you," (whom I imagined to be the healthy, well-insured reader, everyone who thinks he or she doesn't belong in a clinic!), inviting, even daring, them to step into your world, the clinic world. Your poem effectively captures the variety, humor, and pathos of the clinic patient population. I recognized a lot of those patients! I particularly appreciated the humility – and insight – of the last stanza. Thanks for sharing. Dr. Shapiro

Shapiro, Johanna

To: [REDACTED]

Subject: clinical humanities project

Hi [REDACTED] Thank you for the touching poem about your patient "drifting away," body, mind, and soul. You expressed great empathy for this patient's situation, while disclosing some of your own sorrow and ambivalence. Under these circumstances, "a few kind words" may offer a lot more than you think! I appreciate this fine effort. Dr. Shapiro