

POV ASSIGNMENT MODULE 6

What a sad little essay. Your vivid evocation of the details of Lucy's chemotherapy experience and the reactions of her parents and doctor is powerful. I'm particularly impressed that you focus on her sense of failure – this is one of the main points of the “swimming pool” dream she mentions at the end of the passage. The tragedy of her experience is that, in addition to the suffering of cancer and chemotherapy, Lucy is inadvertently made to feel like a failure by the adults concerned.

Thanks for your personal musings, [REDACTED]. They are quite profound. I think perhaps we must not make victory and defeat synonymous with life and death. It would truly be wonderful to have medical science discover the cure for cancer. Until then, we have to look at ways of prolonging life with quality, and learning how to help people die with dignity and love. Focusing on the process, rather than only the outcome, is a way all of us can avoid “running away” (by the way, a very natural human impulse in all of us).

As usual, a thoughtful and well-written essay.

MODULE 5 POINT OF VIEW EXERCISE

[REDACTED] I like your essay. It captures very well the struggle with alcohol, both in the doctor and in his patient. I wonder what you think of the last lines of the poem. Unfortunately, it seems to me that alcohol has claimed *two* victims – the patient in denial, and the doctor in relapse. I was particularly appreciative of the quality of your essay when I realized that the experience of alcoholism is quite foreign to you. You did an excellent job of entering into the mind and feelings of this alcoholic physician-narrator. I was so touched by your concluding sentence – of course you “heart of empathy” (what a lovely expression!) is there, and as you intimate, it’s a matter of keeping it healthy and vital to serve you and your patients.

MODULE 4 POINT OF VIEW ASSIGNMENT

Your point of view writing was excellent, [REDACTED]. You really entered into the mindset of this frustrated, angry, and probably frightened resident. Although it is easy to vilify this resident's attitude, I appreciated your honest disclosure that you too might have felt the same way. In my experience, a lot of health care providers have these thoughts, even though they may not express them this bluntly. The real question, as you suggest in the remainder of your essay, is what to do about them. We all like to be appreciated and valued by our patients. But what is our response to be if we are not? In this context, your citing the parable of the Good Samaritan was particularly apropos. The value of helping others in need lies not only in the outcome, but in the process. Perhaps extending an "empathetic, loving attitude" toward patients is particularly important when we see them not as "like us," our "friends," but "different," our "enemies."

POINT OF VIEW EXERCISE MODULE 3

This writing is nicely framed as a physician reaching out to his sister and colleague (nice touch that shows me how much you entered into this scenario!), reflecting on his own limitations and the courage of his patient. Good physicians know that they sometimes need to turn to others to examine their own reactions and emotional struggles, and to process them in ways that will benefit, rather than burden, their patients. I agree with you that likely this doctor will be able to overcome his sense of failure and return to support his patient through the dying process. And yes, when we come to the limits of medical technology (or even before!), we legitimately turn to other sources of support and caring to help us “be with” our patients. It sounds like you were reminded of many valuable lessons from this reading. Your essay contains many important ideas.

How long?

POV ASSIGNMENT #2



Your pov essay recreates very well the progressive evolution of Dr. Lear's thinking as he moves from denial to recognition of the reality of his MI. It also explores in more depth that pivotal moment in the ER when he is "touched" by touch. I hope by assuming this "voice" for a moment you were able to move closer to understanding how easy it is for people to reject the possibility that bad things can be happening to them; as well as to experience on a very personal level how much small kindnesses can mean to someone in extremis.

Your discussion makes the interesting and important point that the doctors-as-patient are in a particularly difficult role because they have expert knowledge about their disease that may be burdensome rather than helpful.

Yes, it is a really good idea to stay connected to the ideals that first drew you toward medicine. Post them on your refrigerator or tape them to your mirror! You will become a lot more sophisticated about what the practice of medicine is all about, but you should never lose sight of that early vision. Rather use it to inspire you and remind you, just as you suggest.

PATIENT POINT OF VIEW EXERCISE 1

[REDACTED] this was a very good effort at pov writing. You understood at a deep level the ongoing sense of loss the narrator experienced as a result of the grandmother's death, as well as the ambivalent feelings she held toward the grandmother as a possible genetic cause of her own suffering. You also noticed that religion, which is supposed to be a support to people at times of loss, has failed the speaker.

I wonder if the manner of the grandmother's death had any effect on you speaking in the voice of the narrator. Did it make a difference that she committed suicide? Did you blame her as well as miss her?

I wonder also if you thought this narrator was depressed? In my reading of this poem, I did not see her so much ready to "move on" in her own life, as preparing to end her life. To me, her loss of faith, her dismissal of doctors, her resentment of her family, her sense of fatalistic hopelessness, and her setting her house in order all seem "risk factors" for suicide.

I appreciated your making a connection between the narrator of this poem and the patient you saw over the summer. Yes, there is still no pill for grief, and in my opinion that's a good thing. In future lectures on death and dying, you may hear that if a patient still feels sad six months after the death of a loved one, they should be placed on antidepressants. While I see a role for medication in cases of immobilizing grief, I also see a place for listening, reflection, and mourning. That kind of loss is an ongoing experience, and how it should be "treated" is still an open question in my mind. As you say, the empathy of the physician can be a powerful intervention in itself.

POV ASSIGNMENT MODULE 6

Your point of view writing catches one of the most poignant aspects of Lucy's experience: she is so focused on what others want and expect that she has lost touch with her own feelings. Your own reflections are very deep. I liked what you said about childhood resiliency – this seems usually quite true to me. It is also true, as you observe, that many parents' responses to serious illness in their children is somehow flawed or inadequate. (Having lived with my eldest daughter's severe scoliosis, my middle daughter's learning disabilities, and my son's ankylosing spondylitis, probably not a week goes by when I don't wonder how I could better have supported them as they were learning to come to terms with these conditions). Luckily for parents, most of the time they give their kids most of what they need, and the kids forgive the rest. P.S. When in doubt, hugging is always a good idea!

MODULE 5: POINT OF VIEW EXERCISE

This essay is really fine in the way it shows how the physician's own ambivalence and self-loathing prevent him from being an adequate caregiver to his patient. I like the way you balance the similarity of their suffering with the distance that isolates them from each other. I also liked the way you interjected the issue of the physician's image and role into his dilemma. In his mind, being a doctor and being an alcoholic are so incompatible that not only will the patient lose respect for him, but he will lose all respect for himself.

Your personal comment was so perceptive, Heidi! It really hits home the importance of not only *feeling* empathy, but making sure that we *convey* this feeling to the patient. Otherwise, it's as though the tree fell but nobody was around to see it. Every time I read this poem I wonder what would happen if the doctor would take the risk of moving closer to his patient, rather than withdrawing behind the chart. Could he say, "You know, alcohol has been a problem for me too, and right now it is so much of a problem that I can't help you with your problem. But I do know what you're going through more than you think, and I'd like to have you see a colleague of mine who can help." Maybe unprofessional, maybe "inappropriate," but sometimes honesty leads us in surprisingly good directions.

MODULE FOUR POINT OF VIEW EXERCISE

[REDACTED]

[REDACTED] I loved your line about “pretending to be empathetic” (although it hurt!☺). It was so cynical and right-on. I often worry that all our communication training boils down to a way to “fake it.” Clearly, if this is the result, we have failed in what we are trying to accomplish. It is sometimes a fine line between “pretending” and reaching for our higher self. I can’t always tell the difference! I also felt that in your brief, but telling pov, you directly confronted the sense of abandonment and disillusionment students and residents can feel when they encounter the “real world” of medicine. All of a sudden, it can seem that they are hanging out there all alone, and all the pretty words about empathy and compassion have disappeared. A very common response to those feelings is self-protection, which is what this narrator does, and what your pov captures so well.

I think the last line has multiple meanings. It is certainly sarcastic, in the sense that it seems to contradict the physician’s obvious dislike for and disgust with this patient. In this interpretation, the word “love” seems to be more like “hate.” It could also refer to the things (presumably unprotected sex) that the patient did “for love,” that may have contributed to his ending up in this terrible situation. However, I like to read that last line with some sincerity as well. I hope it means that, buried beneath the cynicism and defensiveness and hostility, within this physician there is still some core of “love” for this patient. After all, despite his angry, contemptuous words, he is still taking care of him. Who knows?

Your observation about getting “caught up” in the “catalog” of symptoms was quite interesting. It seems to me that becoming a physician occurs in phases. At some points, your focus will be more analytic, deductive, and problem-solving – the Sherlock Holmes approach to patients. I don’t think there’s anything wrong with this – it’s learning the nuts and bolts of medicine. But eventually, if you’re lucky, Sherlock will be reintegrated with Mother Teresa. Then you will be a true healer.

POINT OF VIEW EXERCISE MODULE 3

I wonder if physicians sometimes experience a form of survivor guilt – why did you (the patient) die, and I (the doctor) live? Very likely this doctor has nothing objectively to feel guilty about, yet his subjective self-blame at having failed his patient makes it difficult for him to even be in the patient's presence. The poem reminds us that in the dying process, suffering encompasses not only patient and family, but ripples out to the physician as well. This physician strikes me as a good and caring individual, and I suspect that, perhaps after writing this poem, he will be able to return to his patient's bedside. At least I hope so!

You perceive very accurately the "irony" of the poem, in that it is the patient who is dying but it is the doctor is afraid. Then, in a really good bit of reflecting, you pursue this idea to the conclusion that the doctor and patient roles have reversed. Initially, the doctor offered the patient hope; now, the patient offers a different kind of lesson to his doctor. Perhaps writing this poem is the physician's effort to try to comprehend this lesson. Being open to this type of reciprocity in the physician-patient relationship is, I believe, one sign of a skillful physician. It is also one of the rewards of doctoring.

POV ASSIGNMENT #2

What a creative idea to imagine the impact the physician's lifestyle and personal changes can have on patients! This is very insightful, [REDACTED]. It speaks to the reality that patients do see their doctors as role models, and that our patients pay as close attention to us as we do to them.

Your essay highlights a fascinating contrast between what Dr. Lear values in himself as a physician – control and composure – and what he values in the student – kindness and caring. These can all be valuable qualities, but it is certainly true that medicine, while paying lip-service to both sets of attributes, in its training tends to emphasize the former over the latter. Learning to depersonalize is not necessarily a bad thing, if it gives you the steadiness to keep caring for your patient. However, in my opinion it needs to be balanced by an ability and willingness to emotionally connect with the patient so that you can actually care *for* the patient (a la Peabody's famous dictum).

PATIENT POINT OF VIEW EXERCISE 1

Really nice work, [REDACTED]. You entered skillfully into the narrator's sense of helplessness and identification with her disease. In doing so, you highlight an interesting issue we touched on in class – does the medicalization of depression make it more or less palatable to patients? Often, I think it has a beneficial effect, by making people feel depression is more a disease than a failure of will. However, as your essay points out, it can have the result of making some people feel they *are* their depression. There is an interesting (although largely empirically untested) school of narrative psychotherapy that externalizes patient's problems, such as depression (“When did depression first invade your life?” “Is that you talking or the depression talking?”), in order to mobilize the patient *against* the symptoms and consequently feel more in control of them. They say it works!

I liked your exploration of the sense of family “curse,” especially your speaking about your “own children,” which showed a very careful reading of the text (“...mother again”). It is probably fair to say that the narrator is concerned not only for herself (although that is the major focus of this poem), but with extending the family legacy into the next generation. Thus, she experiences not only hopelessness and despair, but shame and guilt.

I really appreciated your sharing about the effect the pov writing had for you. That is precisely what it is intended to do! A professor of medicine at Columbia, who has published extensively in medical humanities, has said that when she can't understand what's going on with patients, she writes a paragraph or two about them in their “voice.” Often it makes things clearer. In your case, you realized that the narrator is preparing to commit suicide. Of course, like a lot of depressed people, she doesn't come right out and tell us (Hey, I'm going to kill myself!) but it certainly seems as though she is saying farewells and getting her life in order in anticipation of the final act.

Your personal comment showed remarkable self-awareness. You chose to end your story a bit differently than did the narrator of the poem – not denying the narrator's suffering and despair, but hoping a different outcome might be possible. That is the beauty of thinking narratively – it reminds us that our stories can have several possible endings, and that sometimes, when working with patients, it is possible to construct more hopeful outcomes.

BQV ASSIGNMENT MODULE 6

I liked this pov writing very much. You entered very completely into the mother's perspective, and in doing so, were successful at humanizing her. You make me, the reader, understand her anger at her child's disease, at the child's suffering, at the unempathic doctor, and how this anger in turn makes her cling to strength as the only possible way of surviving this dreadful experience.

Your personal insights are quite profound. You really got a lot out of this excerpt. You articulate really well the problem that sometimes parents think they are "coping" for their child, but are really coping for themselves. Your essay gets right to the core of Lucy's problem – as you eloquently express it, "emptiness." Great conclusion – sharing feelings is usually less burdensome on sick people than trying to conceal them, because in the process you can act in ways that seem cold and uncaring. Excellent essay, as usual!

MODULE 5: POINT OF VIEW ESSAY

██████████ this was a really outstanding effort. (Thank you also for remembering to include both physician and patient pov). I thought your insights into the physician perspective were remarkable. Your pov writing revealed that what the physician hates in the patient is – himself! Rather than his own experience with alcohol making the physician more sympathetic toward the plight of his patient, it only makes him filled with self-loathing, which he then projects onto the patient. And you have a wonderful awareness that it is the similarities of the two men – in particular their pride – that prevents them from being able to help each other. You are absolutely right that this is a tragic case of the physician’s own issues hampering his ability to render effective care to patients. As far as the patient’s pov is concerned, you captured perfectly his bitterness and sense of alienation, as well as the very damaging and distancing effects diagnostic “labeling” can have on patients. Your last line is splendid, and just hits home the depressing irony of the whole situation. Extremely well done!

MODULE FOUR POINT OF VIEW EXERCISE

██████████ you caught the flavor of the narrator's detachment and distancing very well. You also saw that the motive for this attitude was self-protection. Although of course the patient in this poem is suffering terribly, the resident is suffering too. You creatively imagine a past event in which the narrator opened himself to the death of another patient, and was devastated by this experience. I see this as a very common cycle: opening one's heart to suffering causes one to suffer, which all of us we wish to avoid, so we proceed to close ourselves to the suffering around us. How can we break this cycle? I think it is possible, but it entails developing a different response to suffering, based on a more centered compassion.

I'm glad to see you realize how easy it is for any of us to develop an attitude similar to the narrator's. As you observe, it *is* understandable, especially when the resident is exhausted, overwhelmed, and hurting himself. I agree that his apparent indifference is a psychological defense mechanism designed to help him survive. And you ask precisely the right question: is this the right response? Your conclusion is a wonderful one – emotional openness does bring pain, but it also brings incalculably rich rewards.

This was a really excellent, thoughtful essay!

POINT OF VIEW EXERCISE MODULE 3



I really liked the way you keep the “second voice” of the narrator and speak directly to the patient. Very effective. You clearly did a careful reading of the poem, and are able to use its details in a way that powerfully supports your adopted perspective as the physician. The way in which, in your essay, you continue to struggle with the physician’s own issues of failure and helplessness is both honest and perceptive. I think you’ve gleaned the most important lesson – cure when possible, console and comfort always. Being able to accept your own limitations paradoxically will make you a better doctor, because once recognized and accepted, they won’t encumber your care of the patient.

POV ASSIGNMENT #2

Like many of your fellow students, you caught right away the crossing of “the great divide” that occurs when the doctor becomes the patient. I like to remind students that, no matter how bad it is being a doctor, it is always worse to be the patient! As you point out, it is easier than we’d like to lose sight of the “human aspect of medicine,” which is where the focus of the patient understandably lies.

In your pov writing you recognized the classic symptoms of an MI in Dr. Lear’s description. What was particularly good is that you also recognized that, when you’re actually experiencing those symptoms, they are much more terrifying and overwhelming than when you read about them in a crisp, categorical textbook description. Nice use of pov!

You might want to think about how to “maintain and preserve” your altruism over the course of your medical career, and over the course of the next two years. What will you do on the wards, for example, to remind you of the human side of medicine? It’s an excellent issue to have identified.

PATIENT POINT OF VIEW EXERCISE 1

This was a really thoughtful and well-done essay. I was fascinated by the way you linked “putting things in order” with “making things right.” What an interesting insight! If you talk to suicidal individuals, often they will express ideas such as “I’m tired of fighting it,” or “This (my death) is how things were meant to be.” How perceptive of you to extract a similar message from this poem. I also liked your reference to “signs.” I have always wondered about the references to the cat and the horse, but of course one way to interpret them is as magical, mystical indications that the narrator’s time has come.

By paying careful attention to the text, you identify and empathize with the narrator’s guilt, despair, and hopelessness. I wonder whether, by writing this poem, the narrator seeks to bring to light the hidden secrets of her family. Perhaps writing the poem is another way of putting things in order and making things right... perhaps even an alternative to suicide.

MODULE 5: POINT OF VIEW EXERCISE

I loved your essay, and thanks for the double perspectives. In the physician pov, you zero in on the subtle, but absolutely true-to-life point that we are always looking for ways of distinguishing ourselves from the despised Other. "He's an alcoholic, but I'm in control of my drinking." I also enjoyed how your narrator employed his medical knowledge in the service of his alcoholism. What you wrote was funny, but also immensely sad. The patient pov is insightful because it shows how the use of a pejorative label can undermine any attempt at helpful intervention. Of course, ironically, neither does the patient think of himself as an "alcoholic;" rather, it's his friend, another Other, who's got the real problem. You also skillfully develop the strong cultural association of alcoholism and "manliness," both from an individual and a familial perspective. An impressive tour-de-force!

MODULE FOUR POINT OF VIEW

I always enjoy your insights and observations, [REDACTED]. The point of view you adopted was a fascinating one. Although it was only implied in the story, it led to a very rich train of thought. From a brief excerpt, and imagining yourself as her physician, you were able to penetrate deeply into this patient's psychological attitude and emotional state. Your meditation reflects the respect of a physician for a patient who has come to terms with her life and her death. What is especially fine in your essay is that it shows the physician trying to support and aid this patient in ways that are congruent with who she is and what she desires. Very skillfully and movingly done!

Your reflections on your POV articulate this issue cogently. By "listening" closely to this patient, you were able to deduce her agenda, and incorporate it into a treatment plan. Without this sensitivity, the physician is practicing cookbook medicine. You also integrate very nicely the find it-fix it model with a more biopsychosocial approach that acknowledges the primacy of the person of the patient, with all that this entails.

POINT OF VIEW EXERCISE MODULE 3

A penetrating analysis, including your authentic ambivalence on reading Broyard's essay. From my perspective, you are poised on the cusp between "lay person" and "physician," and that identity "confusion" or transition probably lies at the root of your complex reaction to Broyard's writing. Interestingly, I have found that residents generally hate the Broyard essay, and quickly label him a demanding, difficult patient. More experienced physicians, however, are often able to look beyond the precious, condescending quality that *does* permeate his writing to his transparent plea for companionship and closeness on the terrifying journey that faces him. If you read Broyard metaphorically rather than literally (in which latter case, being his physician in and of itself probably *would be* a full-time job!), the essay is fundamentally a cry for help, for comfort, which in my eyes makes this very sophisticated, intellectual, educated man a poignant, vulnerable, but oddly noble figure. Interestingly, your pov writing captures very well Broyard's sense of loneliness and isolation, while at the same time recognizing that it is by clinging to art that Broyard anchors himself in the face of death. A wise physician might be able to use such an insight to be a more compassionate and understanding doctor to this admittedly taxing patient.

P.S. The point of view exercises for Modules 3 and 4 should be written from the *physician's*, not patient's, point of view. Actually, you kind of did that in your own personal reflections as a medical student, but keep it in mind for next time. We just want to give you practice in seeing that the physician also has a perspective and an emotional reaction in clinical situations.

POV ASSIGNMENT

██████ you have a wonderful ability to imagine yourself into other worlds! The details you provide about this hypothetical patient are both funny and surprisingly on the mark, not so much in their content, but in how Dr. Lear related to others. More importantly, the essay itself captures, without stating in so many words, the level of Dr. Lear's denial, his desperate clinging to the modes and processes that up till now have protected him and made sense of his life. You are capturing his thoughts just at the point that they will change forever, where his physical limitations will prevent him from ever thinking solely in a harddriving, Type A way again, and you do it with impressive verisimilitude.

In the personal essay, you rightly conclude that the need to be in control is the organizing principle of this person's life. It reminds me of the cartoon, where an obviously frazzled man says to his doctor, "Don't tell me to relax. My stress is the only thing that's holding me together." Knowing how to take control, or be in control, is an important skill, especially for a physician. But when it is one's only modus operandi, it can have devastating consequences. I think that often underlying the inability to ever "let go" (even in circumstances such as Dr. Lear's, where it is almost pathological not to) is tremendous fear. By seeking an understanding of what motivates our patients to behave in certain ways, we can perhaps help them begin a process of healing.

PATIENT POINT OF VIEW EXERCISE 1

[REDACTED]

This is a strong essay, [REDACTED] I particularly liked your identification of the narrator as Catholic, picking up on evidence in the text (ie., reference to “sin” and the “Virgin” does suggest a Catholic background), and the way you build an entire life for her and her family around this information. Your use of details is powerful, and indicates a well-developed empathic imagination. I also enjoyed the way in which you brought to the fore the family’s stigmatizing judgments about mental vs. physical illness. Overall, your essay takes a very interesting perspective by focusing on the narrator’s anger at and resentment of her family. The concluding sentence is a suitably ironic touch!

In your personal discussion, you enlarge the frame of reference still further. After acknowledging the narrator’s anger, you recognize there are other perspectives involved as well. This is a sophisticated awareness (one that we intend to develop further as the course proceeds, you are just ahead of us!), and reminds us that the patient’s truth is not the only truth at work.

I wonder what approach you would take if the narrator of this poem were also your patient. You are sensitive to her isolation and loneliness: she has not only turned her back on her religion and her family, both potential sources of support, but has even lost confidence in doctors and medicine. Your first task might be to acknowledge and empathize with her fear of depression and suicide. Then perhaps you could start to build back bridges of hope (constructed in part with the judicious use of an antidepressant!).

POV ASSIGNMENT MODULE 6

Talking with other co-leaders, almost no student considered the father's viewpoint, so I'm very glad you did. I loved the rationalization of embarrassment – as though embarrassment is much worse than suffering! – and how it enables the father to leave his daughter. Very convincing, as was his avoidance and denial. Your attempt at the mother's voice was also good. You show very well a woman afraid that acknowledgment of fear will lead to collapse and dissolution. I think a lot of people feel that way, and are never able to share their pain or terror, which is usually an added burden. Finally, you created an insightful reflection on the complexity of family dynamics. We can't always grasp every nuance, but the more we pay attention and acknowledge this dimension of healing, the better we'll get at it. Good work.

MODULE 5: POINT OF VIEW EXERCISE



This is a truly empathic essay, because in your point of view, you are able to see things from the father's perspective. Despite the fact that the character is not very likeable, by his words you make him sympathetic. This is an outstanding effort to peel back the superficial layers of the alcoholic to see the suffering, struggling man beneath. I really liked the way you worked with that overused phrase "quality time" to explore the narrator's own feelings of poor self-esteem and lack of self-worth. You know, it would probably make life a lot easier if we could divide the world into the good guys and the bad guys. But, although I believe there are some evil people, most of the time we are confronted with suffering people who are doing the best they can (even if it isn't very good). You ask the essential question of the good physician – what brought my patient to this point? The answers may not excuse his behavior – probably they don't – but this compassionate curiosity will humanize your patient, and prevent you from falling into pat judgments about him. All your speculations about cycles of family alcoholism are likely very well-founded.

MODULE FOUR POINT OF VIEW

I love the way you open your pov- what I got out of it was the sense of power over another, in this case the unfortunate patient, that you are expressing in the voice of the resident. Then perhaps a little of Dr. [REDACTED] leaked through, as you shift to a noticeably more humanitarian and empathic tone. I don't know whether the narrator of this poem would have used the phrase, "it breaks your heart." On the other hand, he might have. The ambiguity of the last phrase "the things you do for love," might suggest that, despite his callousness, there is also a core of compassion, even love (albeit deeply buried!) in this resident.

It is always interesting to me that "difficulty" is such a subjective phenomenon. Your self-description demonstrates that you can maintain a reasonable attitude toward many of the "despised" patients that present in ERs. I was especially impressed by your recognition that, while individual responsibility is an element in alcoholic, drug-using, indigent, and abused patients, their problems and addictions are at least as much an indictment of society as of themselves. Simplistic person blame models are a way of pushing away the patient. Conversely, awareness that, in part, "their" problems are "our" problems is a step toward acknowledging our common humanity.

POINT OF VIEW EXERCISE MODULE 3

Well-thought through essay, [REDACTED] You provided interesting insights into a physician who is struggling to “do the right thing” by his dying patient, but is not completely confident he has the skills to do so. You also astutely recognize how his defining success and failure solely in terms of warding off death limits his ability to be a completely effective physician. I also very much appreciated your sensitivity to the irony of the physician’s fear in the face of suffering vs. the patient’s courage. As professionals, our feelings are of course legitimate and in need of recognition and understanding, but self-reflection should always be placed within the context of the patient’s needs.

POV ASSIGNMENT #2

[REDACTED]

[REDACTED] you had some great insights into the character of the narrator in your pov essay. You were really able to get in touch with his need for control, and his hope that his profession could somehow shield him from disease. You also detected his sense of entitlement. I really liked the conceptualization of the patient as someone entering an “alternative universe,” in which the familiar becomes unknown, friends become strangers. What a great observation that there are really two hospitals, one belonging to the doctors, the powerful people in control, and the other assigned to the vulnerable, helpless patients.

Your meditation on the “depersonalizing” that accompanies the process of becoming a physician was perceptive. I also appreciated the evolution in your attitude toward the narrator from one that focused on his arrogance and entitlement to appreciating his acceptance and humor. My belief is that by first seeing the world through another’s eyes, we can then improve our understanding of them, as you seemed to do here.

You raise a crucial question at the end of your paragraph: Can suffering help engage physicians with the rest of humanity? Can being ill draw the suffering doctor closer to the suffering patient? I think the answer can be yes, but unfortunately this is not always the case. We need to understand much better how to reliably turn our own difficulties to the good of others.

PATIENT POINT OF VIEW EXERCISE 1

Nicely done, [REDACTED]! You did a very good job of assuming the “voice” of an older man. An interesting experience, isn’t it? – but useful, since of course many of your patients will be older men. Your writing is full of vibrant analogies (ie., “...like taking quinine...” “it’s like a terrifying dream...”) and personifications (“...those bad thoughts, they started attacking me...”) which really bring to life the experience of the speaker.

I liked the way you picked up on the narrator’s previous alcoholism, as well as his sense of embarrassment. I think you are right in seeing Styron as a man who is used to being in charge and dealing successfully with life. For someone like this, depression will be hard to acknowledge, and once acknowledged, quite terrifying because of the loss of control involved.

Your final image of perpetual falling is terrific. I think many persons with depression would recognize that as an accurate reflection of their subjective state.

Thank you for sharing about your [REDACTED] personal struggle with depression, which you’ve also mentioned in class. That has obviously given you a unique perspective, not only from the patient’s point of view, but from the *family member’s* point of view as well. Interestingly, no one else’s essay thought about the wife, but depression, like most serious, chronic diseases, ripples out malignantly to both family and friends. In your writing, you were sensitive to the wife’s position and recognized the importance of her role. I hope in your own life you remember how important it is to take care of yourself as well as your husband.

POV ASSIGNMENT MODULE 6

[REDACTED] your pov writing highlights the shared nature of suffering. You choose to focus on how the sharing of that burden eases the narrator's experience, which I agree with. As the excerpt suggests, people's reactions to suffering are complex. The mother, for example, resists acknowledging her daughter's suffering because she fears it might overwhelm both of them. The father is kinder, but cannot bear to be present in the face of his daughter's suffering. Each parent takes on this burden as best he or she can. It may be worthwhile to think about what kinds of responses would have been most helpful to this little girl.

I'm appreciative of the linkages you made between Lucy's experiences, and your own experiences doing research with colo-rectal cancer patients. I believe that our understanding and compassion are deepened by our ability to link together and integrate as many of our experiences as possible. The quote is terrific! Thanks for sharing. Nobody has it easy in the situation of pediatric cancer. Parents bring hope and faith to the encounter with their child's physician, but also anger, resentment, unrealistic expectations. Yet generally this complexity can be recognized and honored within the context of the doctor-patient-family relationship.

MODULE 5: POINT OF VIEW EXERCISE

Great essay! You absolutely nail this patient's defensiveness, denial, and hostility. I think you also point out how hard empathy really is – although in one sense the doctor understands more than the patient thinks, in another sense the doctor's experience probably deviates in many important respects from that of the patient. The issue of judgment is so complex – we try to distinguish between judging the behavior and judging the person, but in reality the two often get conflated, and the patient knows it. Great touch about the smoking – I've heard that line a lot! And nice detail about the loss of his car – he probably had his license revoked, or the car impounded. I'm so glad you paid attention to the title – that is what lends this poem its humanity. You could say it's about two loser guys – but in fact it is about the suffering of men, and by extension the suffering and limitations of all of us. Finally, you present a lovely mini-meditation on the uses and limits of silence. Overall, I'd still argue that physicians need to learn to be more, rather than less, silent in the exam room. In this case, I think the physician's silence is permeated with his negative judgment of the patient and his own lack of resolution about this issue, and the patient picks up on this. I also agree that the physician's self-focus perhaps robs him of his ability to be truly empathic, as opposed to accusatory, toward this patient. P.S. Not that it matters, but this exercise you were supposed to write from the physician's point of view.

MODULE FOUR POINT OF VIEW EXERCISE

[REDACTED] this was an absolutely outstanding piece of work! What a great idea to extend a poem through writing another poem! (Have you ever heard of linked verse, where one poet writes a line which is then elaborated on by another poet?). Fantastic. I really liked the way you identified the required silence that surrounds such “unacceptable” emotions as those voiced by the narrator. This silence preserves a kind of professional veneer, but it also serves to make people feel isolated and shamed, as your poem suggests. Your use of phrases such as “those patients” and “these people” was particularly good. It is through language such as this that we place people into unacceptable categories which do not allow for fellow-feeling or compassion.

It was a very nice touch to conceptualize the physician in this poem as a woman. The attitude portrayed is stereotypically associated with more “macho” male qualities, so it was a good twist on your part to remind us that women can be just as unfeeling and scornful as men. I think you got to the heart of the matter in your observation that what frustrated the physician most was a sense of helplessness. By defining the situation in win-lose terms, the doctor had no choice but to acknowledge defeat, and none too gracefully. An all-too-common corollary of this “defeat” is to blame and distance from the patient, which is precisely what happens in this poem.

Your interpretation of the poem’s last phrase is truly inspired. You note its obvious sarcasm. But you are also able to see more deeply into the heart of this angry and suffering physician, who still feels a true sense of “love” toward even this most despised of patients.

POINT OF VIEW EXERCISE MODULE 3

Nice quote from Cicero – I'm going to remember that! This is really a wonderful and thoughtful essay, Peter. I like your insight that the physician must simultaneously balance multiple roles, all of which are important to the patient.

A literal reading of the Broyard piece would lead me to a conclusion similar to the one you reach. In life, Broyard was probably a pretty arrogant, narcissistic individual, and I'm sure a part of him felt he "deserved" to have a brilliant, cultured physician assigned exclusively to his treatment and cure (the almost inescapable conclusion of some of his ideas on patient care!). However, perhaps something more important is being said here. For example, the line you cite about brooding suggests a different implication to me. Many physicians will spend 5 minutes figuring out the patient's differential diagnosis, or considering EBM-based treatment options. But I'm not sure how often physicians "brood" on their patients, in the sense of truly contemplating and empathizing with their suffering. Good physicians, in the model of Cicero, do this regularly. And in a way, although he might have liked more, I think Broyard would have been satisfied with a physician who attempted to understand his soul, as well as his prostate. That in itself is a big order, but when you have assumed responsibility for the life of another, I think you have an obligation to at least make the effort. It is, I believe, less a matter of time than attitude.

POV ASSIGNMENT #2

[REDACTED] your essay articulates very well Dr. Lear's sense of entitlement and arrogance. I was fascinated by your analysis (from Dr. Lear's perspective) of why his colleagues didn't rush to care for him. Your idea that they might fear making a mistake was really intriguing. I found your last lines ambiguous – and appropriately so. I wondered whether your Dr. Lear intended to change others... or himself!

Your musings on the “identity” of the author were quite funny. Your non-humorous point, as I understood it, is that many in the medical profession practice a do-as-I-say, not do-as-I-do philosophy about health care. Very true, and of course what we discover as clinicians is that it is a lot easier to tell someone else to change his or her behavior than to change our own!

I liked your ability to personalize the speaker's loneliness and fear, and to relate it to your own experience as a patient. One of the “antidotes” to depersonalization is to keep such experiences at the forefront of our minds, so that we can easily access our own emotional responses as a window into what the patient is going through.

PATIENT POINT OF VIEW EXERCISE 1

* Your essay demonstrates an excellent facility for entering into the patient's experience. The level of detail you provided (some based on text, some generated by your own imagination) indicates a well-developed ability to switch perspectives, and see the world through another's eyes. You skillfully integrate several of Styron's depression symptoms in a way that *he* would have encountered them as part of his daily life. You also convincingly hint at his looming suicidality.

I'm sorry the selection made you feel sad, but that shows you are accurately mirroring the patient's affect. Unless you become paralyzed by depressed mood yourself, it is probably how you *should* be feeling when you interact with someone who is depressed. In your role as the physician, you have the responsibility to simultaneously hold in your mind the two perspectives of doctor and patient. As the physician, you correctly perceive depression to be a disease, and a treatable one. Seeing the world through the patient's eyes, you keep in touch with his "despair beyond despair." Your task is to give the patient hope by helping him understand your perspective (ie., treatable disease), while not invalidating his felt experience. Not easy being a doc, huh?

Very good work!

POV ASSIGNMENT MODULE 6

[REDACTED]

Your essay shows you thoroughly grasped the essence of each parent's coping strategy, as well as Lucy's feeling of abandonment by her doctor. The physician's pov was particularly compelling for me to read, perhaps because it does not exist in the original text. Your imagined insights into his struggles really humanize him and provide understanding of, if not agreement with, someone clearly trying to deal with the suffering of innocents day after day. Well-done!

MODULE 5 * POINT OF VIEW EXERCISE

█ thank you for carefully following the directions for this assignment. The points you make in your pov writing are both subtle and profound. In the patient point of view, you focus on the ambivalence that can be found in most of us about our problems and addictions. *Of course* the patient is there in part because he longs for help in turning his life around. But because he is poised so precariously on this brink of help-seeking, the slightest judgment, coldness, or indifference can dissuade him from pursuing this course. The patient is just looking for an excuse to pull back, and unfortunately he finds it.

As for the doctor, your point is well-taken that knowing you are in denial (an interesting paradox!) does not necessarily mean you can do something about it. This paragraph does a nice job of showing how lack of resolution of our own personal problems can paralyze our ability to effectively address those problems in others. Very thoughtful and perceptive work!

MODULE FOUR POINT OF VIEW EXERCISE

[REDACTED]

You had some interesting insights into this patient, although I was surprised you mentioned his wife. Do you think he was married? (Possible of course). I especially liked the implied contrast in images between the terminally infected patient and the “disinfected” hospital. AIDS is all about how we respond, psychologically and emotionally, to the threat of contamination.

I also liked the way you recognized that even a resident seemingly as harsh and callous as the narrator of this poem could once have been a medical student who “vowed never to lose...compassion.” The line that separates these two seemingly contradictory attitudes is not nearly as firm as we’d all like to think. Your physician pov is a nice blend of self-protection and empathy. The last line is particularly skillful in that it recognizes the community of interest and shared perspective that exists between this doctor and patient – neither one would want to die in this hospital.

POINT OF VIEW EXERCISE MODULE 3



This is a lovely and poignant essay. You have captured the essence of the dilemma that lies between this patient and doctor. The patient, no longer responsive to medical cure, has become an object of fear. You've developed a profound insight that, in a way, each dying patient becomes "death personified," and therefore an object of terror to be avoided. The physician, on the other hand, knows he needs to do his duty by not abandoning his patient, but is (hopefully temporarily) overwhelmed by his own (probably misplaced) guilt and sense of failure. Juxtaposing these two points of view illuminates how much the patient still needs the physician, as well as how physician negative emotions can compromise patient care.

P.S. For Module 4, you only need to write one pov, from the perspective of the physician. You've actually jumped the gun in this essay by simultaneously considering multiple points of view, although you created a terrific essay!

POV ASSIGNMENT #2

[REDACTED]

You make an important observation here about the difficulty for the physician of understanding the patient's experience, and the need to do so from the inside-out. You also key in on one of the core issues of the selection, which is loss of control. Your lovely phrase, "the other side of the fence," was echoed by other students, and expresses a common perception of patients that they have entered another (usually pretty awful) world. As you note, it's interesting how important the small kindness of the medical student becomes to Dr. Lear, when for much of his care he is reduced to "a pathological body."

Thank you for sharing your own ponderings about what being a patient means. The very fact that you engage in that kind of questioning is a good prognostic sign in my book! Feeling a little "defensive" is natural because now, as a second year student, you are starting to identify with the physician perspective, which, especially in an emergent situation, emphasizes saving life over emotional niceties. And this is how it should be. We all just need to be careful that the ER mode doesn't carry over into all aspects of patient care. I really liked the last line of your essay – it's a compelling image to think of the "chafing" that occurs as part of training. Keep looking for that "lost compassion." I have a sense it isn't very far away.

PATIENT POINT OF VIEW EXERCISE 1

This is really fine work. You write very well, which is indicative of a well-organized and imaginative mind. In these paragraphs, you capture perfectly the sense of a stigmatized family secret about depression. You also are remarkably attuned to the sense of identification between narrator and grandmother "...as if I am my grandmother." Your writing evocatively reflects the narrator's hopelessness and depression.

Thank you also for the personal sharing. Unfortunately the family "legacy" you describe is typical of what suicide leaves behind. As is the case with most serious illnesses, depression -and suicide - reverberate far beyond the individual patient. Further, whenever family and genetics play a role in a patient's illness, inevitably those difficult questions of "Am I she?" "Is he me?" must be asked. Coming from a background with several familially influenced diseases, I too have had to struggle with such questions for both myself and my children. One hopes that our personal experiences in these situations can makes us more sensitive and empathic toward patients facing similar issues.

POV ASSIGNMENT MODULE 6

[REDACTED]

This is a nice interpretation of a moving poem. Your awareness of the emotional evolution of the narrator is insightful. In my reading, the poem is partly about the difficulty of taking a serious, chronic disease into the life of your child, knowing that even after surviving the crisis, things will never be the same. When the doctor says something about “breathing it in,” I think perhaps he is not only talking about air, but about diabetes, telling this mother she has to make it as much a part of her and her child’s life as the air they breathe. As you correctly point out, the final stanza juxtaposes the child’s acceptance of his condition with his mother’s fear. Like any mother, she is frightened at the idea of her son, venturing into the world, but his diabetes makes him even more vulnerable.

[REDACTED] thank you so much for sharing about your mother. In your case, the traditional parent-child roles tragically were reverse – you became the caretaker of your mother at a very young age. That is a very difficult burden for a child to assume, but it sounds as though you carried it with grace and compassion. You are so right – especially in the case of chronic illness, once we have taken all action possible, we must learn acceptance. As I suspect you know, this is not at all the same as resignation, but a much more positive attitude that involves turning over what we can’t control to whatever greater powers we believe in. It is plain from your essay that you have the sensitivity and will to use this hard experience in your personal life to make you a more caring and insightful physician.

MODULE 5: POINT OF VIEW EXERCISE

█ thank you so much for sharing about your personal exposure to problems with alcohol. Having had an alcoholic grandmother, I think I can relate a little bit on a personal level to your experience. Perhaps fortunately for your patients, but unfortunately for yourself, you've learned that alcohol dependence and abuse are not simple problems, and do not always end happily. Our personal exposure to chronic illness and medical conditions can make us much more empathic and understanding health care providers, but only if we have successfully resolved our feelings and issues. For example, sometimes the feelings of embarrassment and resentment my grandmother engendered in me would get projected onto alcoholic patients, with the result that I was limited in my ability to interact with them in a caring and constructive manner. This might be something to think about as you progress through your training. Your grasp of the issues facing doctor and patient in the poem was very solid.

MODULE FOUR POINT OF VIEW EXERCISE

It was apparent to me that you read this poem carefully and thoughtfully. Your observation about the narrator's ignoring or lack of awareness of the patient's name demonstrates an excellent attention to the small details that comprise his overall attitude of "detachment and dissatisfaction."

You are quite right that such attitudes and behaviors are defense mechanisms that protect their owner from the feelings of vulnerability, horror, grief, and helplessness that might otherwise rise to full awareness in this situation. Thank you for your honest disclosure that, although seeing such emotions "disgusts and sickens" you, you might be capable of experiencing them yourself under certain circumstances. I think we all are. The interesting and important question becomes, "How do we correct ourselves?" When we notice feelings of contempt and dislike toward patients, how do we transform them into a more helpful and compassionate attitude?

POINT OF VIEW EXERCISE MODULE THREE

This is a very good analysis of the poem, [REDACTED]. You obviously thought carefully about the speaker's narrative, and were able to discern the progression of her emotions from the first to last stanza. Further, you pay excellent attention to the detail the narrator reveals. In particular, your interpretations of the "wanting to leave" stanza and the possible "vomiting by the curbside" are show evidence of meticulous scrutiny of the text. I also like the parallel you drew between the narrator's desire for the side-effects of chemotherapy to end, and her decision to end the poem.

Thank you for your ideas about free-flowing thought as a way to process stressful situations. Allowing one's mind to range unfettered *can* result in unexpected, even disturbing, ideas and feelings, but ultimately this sort of reflection gives us a better understanding of what's going on. As you point out, it not only helps us develop insight, but enables us to prepare ourselves for the future. And you're also right that this process occurs not only in patients, but in their family members, loved ones, and friends as well. Very thoughtful and conscientious work!

POV ASSIGNMENT #2

█ please consider writing at least one of your pov assignments in the first person; ie., speaking as if you *were* the narrator (or whichever point of view is indicated in the assignment). If for some reason you really don't want to do this, talk to me after class and let me know. Another small point is that the poem you chose was from Module 1, not Module 2, so it had to do with depression, not heart disease.

Otherwise, you wrote an interesting and thoughtful essay. You had a wonderful insight that there are really two parades in the poem – the literal 4th of July parade, and the parade that the “you” experiences every day from the people who pass in and out of her life. You did a very good job of considering how the poem might apply to yourself, and recognizing your similarity to this “you” in the sense of having many people who influence you and with whom you come into contact. It was an intriguing idea that to balance the parade, one also needs a place of retreat. A good lesson to keep in mind!

I read the poem a little differently than you did. One of the reasons we are doing these point of view exercises is to get students to pay close attention to who is speaking, what they are saying, and who is who. In my mind, the speaker is someone, perhaps an older man, taking antidepressants, who has withdrawn from the world. He is speaking to a “you,” (probably Nina), perhaps a daughter, friend, or caretaker, who “helps” him, as she bustles about her life. The speaker appreciates Nina, but he also resents her. It's an interesting dynamic that often occurs between patient and care provider, whether physician or someone else. I think there is some evidence to support my interpretation, but your ideas are also intriguing. Stay close to the text and listen carefully to what it is saying. I really believe this will help you listen carefully to patients as well.

PATIENT POINT OF VIEW EXERCISE 1

you did a good job of reflecting the narrator's helplessness and sense of doom at appearing to "relieve" the familially influenced disease (depression). I liked your interpretation that the narrator's focus in the second stanza on the grandmother's suicide by hanging might indicate recurrent ruminative thoughts about this event.

I wonder in the third verse whether the loneliness and sense of impending doom that you correctly identify are related to the patient's own thoughts of suicide. I do agree with your interpretation that she seems to have lost faith in God... and in doctors and medicine, and pretty much everything. Of course, that sense of hopelessness is also very characteristic of depression.

I read the final stanza somewhat differently. It is possible that as she enters more deeply into the mystery and wildness of madness, she is setting her house in order as a prelude to making a final exit. However, your interpretation is an interesting one.

I was curious that you thought of the speaker as someone near the end of her life. I did not see direct evidence of this, but possibly she is thinking of her own grandmother because she has reached a similar stage of life. As we learned in class, suicide risk increases with age (although this is more true for males than for females). I agree with your perception that aging brings many challenges, and that fending off depression and despair (possibly linked to declining health and loss of significant others) is not easy. As you say, probably none of us is immune. These thoughts raise the intriguing question as to whether, as in the narrator's case, it is only "the depression talking," or whether there ever comes a time when ending one's life makes sense.

On the next pov exercise, just as an experiment, try writing in the 1st person: ie., try using "I" rather than simply describing the speaker.

A thoughtful effort.

POV ASSIGNMENT MODULE 6

Wonderful, vivid writing. The perspective of 20 years later acknowledges emotional (and physical) scars that time simply cannot heal. Your imagery is so powerful – the crack on the tile becoming a strand of chemo-saturated hair calls up all the horror and indelibility of that severe treatment. And what a deep truth that the lessons learned about crying would remain all these years later – both their shame and their inevitability. This writing added another layer to Lucy's story.

Thanks for sharing about your South American experiences. I hate to always be throwing literature at you all, but there is a terrific short story "Imelda" by the Yale professor and surgeon Richard Selzer that describes a very similar cleft-palate surgery on an impoverished little girl in a Latin American village, but with a very different outcome. Nonetheless, it is chock-full of lessons to be learned about the healing power of medicine as well as its limits. I'd be glad to give you a copy if you'd like.

POV ASSIGNMENT #7

[REDACTED]

Your personal experience enabled you to really dive into Fahy's writing and empathize with the struggles of the patient in coming to terms with his "new identity." Stroke can be such a devastating medical event because of the enormous frustration it engenders not only in patients, but in family members because of emotional as well as physical alterations.

[REDACTED] my heart goes out to you and your [REDACTED] family for what you had to live through 10 years ago. The last line of your essay is so touching in its understatement: as you know better than I, "quite tense" probably does not do justice to the overwhelming range of emotions that family members of a stroke patient experience. You know, I forget the exact statistics, but stroke is more common in younger (ie., middle-aged) patients than we think, and so we are really unprepared for it at this life phase. Maybe one day you will write a poem about that fourteen year old boy and something that he went through when his mother had a stroke 😊.

POV ASSIGNMENT MODULE 7

I thought your writing raised some fascinating issues (some of which we discussed in the elective). In particular is the tricky question of admiring the strength and courage of patients faced with tremendous adversity, while not *requiring* them to be only strong and courageous. In the brother's pov, I thought I detected a little of this excessive adulation for his sister. What I find so compelling about Mairs' essay is that, as you conclude, she *is* an amazingly brave, insightful, and strong individual. She has reflected on her situation and learned some powerful lessons about ms and life in general. But she is not afraid to tell us that, when she has an exacerbation, she feels "grief and fury and terror." So I think on our part it is a complex psychological movement of simultaneously honoring a person's courage while being ourselves courageous enough to absorb their fears and rage.

I would make a similar comment about the man in the wheelchair. On the one hand, I agree that we never want to see someone as simply "a disability," and certainly should acknowledge and admire all that he or she has achieved in life. On the other hand, we don't want to *require* that persons with disabilities necessarily "triumph over" adversity in order to be considered successful human beings. These are subtle and difficult points to articulate, but what I'm trying to say is that it all boils down to *seeing people clearly in their totality* rather than simply our reassuring fantasies about them.

Whoever said being a doctor was going to be easy! Thanks for a thought-provoking essay.

POV ASSIGNMENT MODULE 7

These are fine reflections from the son's point of view. He instinctively knows that there is something wrong with the aunt's perspective. One "keeps moving" and "avoids things that refuse to change" in order to keep from getting entangled in the messiness of human suffering. As a loving son, the narrator rightly balks at this advice, and wants to "be there" for the mother.

You ask some marvelous questions about these people. Sometimes it is so much more important to ask questions than to generate answers. What are you feeling? What is going on here? How are these people connected? The best line in the entire essay is when you say: "I wanted to hear more..." This kind of imaginative and compassionate curiosity is exactly what you need to bring to the patient's bedside. If you can remember to cultivate this attitude during your clinical years, you will be a terrific physician. I guarantee it!

POV ASSIGNMENT MODULE 7

██████████ I like the way you pick up on the aunt's disrespectful and distancing attitude. She is probably a goodhearted person who wants to do the right thing by her sister, but her own fear and judgment leads her to blaming the victim and making sure that she isn't caught up in too much "mourning."

Thank you for offering your personal situation. I agree, when external information is lacking, as in this poem, it is natural and often helpful to search our own experience for understanding. You clearly define the essential question: What is the proper relationship to have with a person who no longer recognizes you as son or daughter? Perhaps what makes us all so uncomfortable with relegating these people to the category of child is that it seems to betray the dignity and richness of their former lives. It's hard to know what the answer is, but seeking some way of honoring that historical full personhood, even if now somewhat diminished, *does* seem an ethical imperative to me. It is probably much more difficult if you didn't ever know this former self, but I think somehow bringing that context to the nursing home is what we need to strive for.

POV ASSIGNMENT MODULE 7

I think you are right, as the son, to be a bit skeptical of auntie. She seems to be a good-hearted woman who wants to do her duty by her sister. But both her behavior toward the patient and her advice to the son are suspect. She treats her sister in a demeaning, patronizing way, and suggests that it is dangerous to mourn; one must keep moving forward, she says, to protect oneself from harm and contamination. To me it sounds as if she wants to put a lot of distance between her and her sister, no matter how often she comes to visit!

Your personal point of view is just wonderful, and tackles a very subtle but critical ethical issue. You are absolutely right that we should not make assumptions about our patients based on their outward appearances, or their functional limitations (ie., aphasia). But even more importantly, when there is actual cognitive impairment, what are the implications for how we relate to the patient? You are seeing the situation described in the poem very clearly when you comment that the aunt reduces the sister to the category of child because it is simpler for the aunt to deal with her this way. Who is this mother/sister now? We don't really know. But we do know she is not a child. How should she be treated? We don't know that either. The only way to find out is, as you so wisely put it, "to stop and look...and try to understand." I think from this respectful, engaged stance, something good will come. You should really take a look at some of Oliver Sacks' books (he's a neurologist who wrote *The Man Who Mistook His Wife for a Hat; An Anthropologist on Mars*), in which he searches for the soul of the patient lost in neurological trauma and disease, and comes to some surprising conclusions about what constitutes personhood.

POV ASSIGNMENT MODULE 7



Very creative imagining of the patient, who is only present by inference in this poem. You are faithful to the bits of information that we have, and you vividly evoke her confusion, disorientation, and despair.

I really liked what you said about the “vulnerable position” of the physician. At first I thought you might be talking about not being able to cure dementia. But you took the thought to a much deeper and more important place: ie., the recognition that we are all vulnerable, our parents, our loved ones, and of course, ourselves. Then, in a beautiful leap, you make this universal human vulnerability an act of solidarity with the suffering patient. You are absolutely right – hold this thought, and it *will* make you a “more caring, understanding” doctor.

POV ASSIGNMENT MODULE 7

As always, you provide splendid imaginative detail that brings this rather opaque son into focus. What you imaginatively describe in the mother sounds like early-onset Alzheimer's, which is truly devastating because it occurs relatively early in life, often, as you suggest, when children are only young adults. In fact, this was the case with an aunt of mine, who developed Alzheimer's in her early 50s, and is still alive at 80, but without any recognition of her husband (who has never divorced her) or her children. What is particularly problematic, as your essay suggests, is how to maintain or evolve a relationship with an intimate, beloved other who no longer knows you. Oliver Sacks, the neurologist, has written some fascinating case-based essays you might want to look at exploring the personhood of such patients, and reaches some surprising conclusions.

You did a fantastic job of teasing out a possible persona for the narrator based on very little information. As you probably already know, this situation is sometimes not that different from "real life." Patients give us just a little about who they are, and we have to begin filling in the holes. Of course, the ethical caution is never to fall in love with our imaginings about others. They are useful only insofar as they give us ideas and insights that can then be validated or rejected by the ultimate authority, the patient him or herself.

I appreciated your sharing about your grandfather. I agree with your conclusion that, although undoubtedly difficult and painful, staying in relationship with your grandfather through his decline and death *did* likely make you better people. It is often said that the best test of the worth of a society is how it treats the least of its members, and I believe this is true of individuals as well. In a way, it is easy to treat a bright, successful, able man with love and respect. But how do we respond in the face of his vulnerability and failing? It is by remaining loving and committed in these circumstances that I think we learn something about what it really means to be human.

POV ASSIGNMENT MODULE 7

You know, [REDACTED] the way I read this poem is the aunt dutifully visiting her sister (the mother) but with a contemptuous, distancing attitude. She sends a mixed message, seeming to be concerned for her sister (and indeed she probably is), but at the same time blaming the sister and emphasizing the importance of not getting caught up in grieving, of moving on. I think this is why as the son/nephew, you might feel some ambivalence. In a way, the aunt's facile explanations feed in to your own confusion and helplessness. On the one hand, you might want to agree with the aunt, your elder and apparently a faithful caregiver, but something inside of you can't accept the aunt's attitude. You know it is wrong to blame your mother for her situation; and when you try to, you remember how much she loved you.

Your personal point of view is a wonderfully honest grappling with what is, at some level, an insoluble issue. I am 50+ and still find it difficult to think about the decline and deaths of my parents (who are still living, thanks be to G-d). However, my parents have helped me greatly in this respect by often reiterating what good and full lives they have had, and how they are ready for death. Such wisdom from the older generation is a great gift! In your essay, the love and respect you feel for your parents comes through very strongly. They're fortunate to have such a son, and I know you will give them the right kind of caring and support when it's needed.

POV EXERCISE MODULE 8

Excellent insights in this pov exercise, [REDACTED] You empathically imagined that, with the buffer of the mother gone, the caregiving burden might well devolve onto the son. You capture his guilt and fears wonderfully. I also liked the way the father suddenly appeared much more impaired to the son without the protecting presence of the mother. I also appreciated your personal sharing, which I can relate to in my own life. Having been married 31 years, my husband and I have definite "spheres of influence." We would be hard-pressed to function in the other's area of expertise! It would be a kind and compassionate physician indeed who would think about these potential deficits in the surviving spouse of a longterm marriage. As always, a highly discerning and caring effort.

POV EXERCISE MODULE 8



Very good essay. However, don't sell your empathy short. Most patients won't expect you to restore their aging parents to health and vitality. But they will hope you will listen and allow yourself to experience something of their suffering. Amazingly, often this is very satisfying to people. You draw absolutely the right conclusion – why is the patient really there? Sometimes it's a no-brainer. And sometimes the physician has to be willing to really look closely at and listen carefully to the patient to find the answer. Your linking of this poem-case to a patient you'd actually seen is exactly the right kind of connection I'd hoped you'd make. And finally, Mike, just remember that although you can't "fix" everyone and everything, you can always be of some help. Really.

POV EXERCISE MODULE 8

[REDACTED] thanks for being so enterprising in finding a new poem. William Carlos Williams is a remarkable writer (of course he was also a physician, actually trained as a pediatrician, although he functioned very much as an old-style family doc). I am so impressed by your careful and accurate observations about both grandmother and grandson. Your choice of language in writing about the grandmother (calling her “feisty,” a pretty positive term, even while recognizing that she is “a bit difficult” and “in denial”) shows your keen perception as well as your appreciation for this person. This ability to look closely – and compassionately – at why people behave in the strange ways they do I know will help you not only in dissecting poetry – which you might not have much use for after PDII! – but in doctoring and better yet in living ☺.

POV EXERCISE MODULE 8

Thank you for another lovely poem that captures the suffering of this caregiver son so poignantly. I appreciate your understanding how emotionally difficult this role is for the son, which makes his conscientious behavior even more admirable. Your interpretation of the decision to “abandon the search” is terrific – that had not occurred to me. But of course the son cannot remove the splinter of Alzheimer’s (which unfortunately has almost become the splinter of his father) any more than the doctor can remove the literal splinter. Another way to look at it is that with each visit, the son “probes” to find the father he has lost, but comes up empty-handed.

As always, a creative, humane, tender, and discerning essay.

POV EXERCISE MODULE 8

There must be a ripple effect – I also was very moved *reading* your essay. You really do take the risk of climbing into this son's shoes and feeling for a moment what it would be like to lose the person whom you most revere in life, not to death, which still may have some dignity, but piece by piece, while he is still alive.

Thank you so much for sharing your personal story. In some respects, it parallels poor Dr. Cahn. The moment of lucidity that your grandfather experienced truly sounds like a moment of grace.

Finally, please consider sharing this writing with your I know he would be deeply touched. I think your final insight is what it's all about – that which is good and admirable in people must transcend our limited understanding of time and space, and that is what we honor with our caring and love.

POV EXERCISE MODULE 8

[REDACTED]

[REDACTED] you did an excellent job of capturing an adult child's ambivalence about watching his father age and "diminish." The insights from your own perspective were wonderful – authentic and perceptive. Watching our parents age is difficult because it reminds us of our own mortality, and the encroaching loss of those who "buffer" us from death. Also, their loss of invincibility makes us all the more vulnerable. You are so right that it's easier to accept aging and death intellectually, but much harder to put into practice. I suppose that's why we are granted 70 or 80 years to learn how to do it! Well-written and sensitive essay!

POV EXERCISE MODULE 8

Interesting exercise to imagine yourself the son, imagining how the father must feel. I agree it's a disorienting, although intriguing poem. It reminds me how often in family medicine, patients present with a seemingly trivial problem, as a "ticket" to discuss more disturbing matters with their physician. How important it is for physicians to be attuned to "what lies beneath the surface"! I liked your idea that the father's body had become "foreign" to both son and father – I'd never thought of it in precisely those terms before. I do think the son experiences his aging, demented father as an irritant, a "foreign body" in his life that nevertheless, like an embedded splinter, sometimes can't be extracted and becomes part of you. Nice work, Heidi!

POV EXERCISE MODULE 8

[REDACTED] you outdid yourself! This was a truly splendid essay! I was astonished at your putting so much effort into the very last assignment. Plus, your content was outstanding – you had wonderful insights (that, by the way, were very true to life in my experience) about the wife and son. Your idea of writing from the doctor's view was inspired, because of course she or he is there somewhere, shepherding patient and family through the dying process. In so doing you raised a fascinating issue – the doctor who is afraid of death. What an intriguing – and real! – idea to ponder. Your solution is a good one – when our knowledge fails us, often our patients are our best teachers. Your personal observations capture the incredible poignancy of the waning of a longterm relationship, and the strange ties that bind heart to heart and soul to soul. Congratulations on this effort!