

**Shapiro, Johanna**

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**From:** Shapiro, Johanna**Sent:** Friday, April 30, 2004 2:19 PM**To:** [REDACTED]**Cc:** [REDACTED]**Subject:** PBL humanities project

Hi [REDACTED] Thank you for this poem. You might be describing another sort of injury, but I as a mom who lived through her daughter's ACL tear, and two PCL tears of her son's, I was definitely thinking knee here! These sorts of injuries, as you suggest, generally happen to young, otherwise healthy, athletic and energetic people who have little previous experience with serious injury or illness. The psychological difficulties that can accompany surgery and rehabilitation are not insignificant. I well remember the shock, despair, frustration, anger, depression, resentment my kids experienced. And as I'm sure you know, patience is something in very short supply in adolescents and young adults! What I really like about your poem is that it takes a "mundane," non-glamorous, non-life-threatening injury, that usually has a happy ending, and reminds us not to minimize the pain and suffering along the road to recovery. Thanks for writing this. Regards, Dr. Shapiro

4/30/2004

**Shapiro, Johanna**

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**From:** Shapiro, Johanna**Sent:** Friday, April 30, 2004 2:27 PM**To:** [REDACTED]**Cc:** [REDACTED]**Subject:** pbl humanities project

Hi [REDACTED]. Thank you for contributing this poem – I'm sorry we didn't have enough time to read it. What I like about this poem is that there are no villains – the patient is just trying to get relief from his swollen, arthritic knee, the resident is kind and patient, and the medical student, engaged and caring. In my experience, this is how it usually is – a bunch of people in less-than-ideal circumstances trying to do their best. Your careful observation identified the one area with room for improvement – i.e., the patient (like most patients with chronic medical conditions) knew his body better than any doctor, yet initially the resident didn't *listen* to him. The result was unnecessary pain, suffering, and wasted time for all, remedied by the resident, in addition to being kind, also paying closer attention. The poem is a very empathic portrayal of all involved, and also makes an excellent teaching point. Thanks for this good work! Dr. Shapiro

4/30/2004

**Shapiro, Johanna**

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**From:** Shapiro, Johanna  
**Sent:** Friday, April 30, 2004 2:37 PM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** pbl humanities project

[REDACTED] thanks for this portrayal of what psychologists call a “nodal event” during your participation in the Rainforest Health Project. The whole experience sounds amazing, and I commend you for participating in the opportunity to see first-hand how healthcare is practiced in a very different part of the world. In your medical education (and your life!), there will always be occurrences – positive and negative – that are real turning points, that become invested with great personal and symbolic meaning. From the way you described your successful insertion of the IV in that patient, I suspect this was one of those events. It was a step toward feeling like a “real doctor.” When things like this happen to us, it’s important to commemorate them in some way – not necessarily paint a picture (!), but to somehow acknowledge their significance and celebrate – or mourn – them. Congratulations on placing that line! Dr. Shapiro

4/30/2004

## Shapiro, Johanna

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**From:** Shapiro, Johanna  
**Sent:** Friday, April 30, 2004 2:51 PM  
**To:** [REDACTED]  
**Cc:** Nguyen, Huan  
**Subject:** pbl humanities project

[REDACTED], as I mentioned in class, your representation of Bell's palsy was extremely perceptive from a psychosocial perspective. Your sketch caught not only the sagging, distorted facial appearance, but also the man's self-consciousness and despair. The symbolism of the weeping heart was very apropos. And the shocked, judgmental, disgusted eyes were a potent symbol of the stigmatizing attitudes that so often greet disability. This drawing was an excellent reminder to all of us not to minimize or dismiss the suffering of patients whose medical conditions are not severe or life-threatening. Really fine work! Thank you. Dr. Shapiro

4/30/2004

## Shapiro, Johanna

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**From:** Shapiro, Johanna  
**Sent:** Friday, April 30, 2004 2:59 PM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** pbl humanities project

[REDACTED] your project is a great example of point-of-view writing, and your reading really brought this patient to life for us! You captured so many subtle points in this doctor-patient encounter – the reluctant door-knob disclosure, the shame of the patient, the parallel awkwardness of the physician, the stigmatizing effects of labeling. In the end, without this being the intent of either party, the patient feels abandoned and isolated. How sad – and how unnecessary! As we discussed in class, there are many ways in which the physician could more skillfully and compassionately have addressed his patient's suffering. As your project suggests, diagnosis is not the endpoint, but only a beginning. Thanks for this insightful piece of writing. Dr. Shapiro

4/30/2004

## Shapiro, Johanna

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**From:** Shapiro, Johanna  
**Sent:** Friday, April 30, 2004 3:35 PM  
**To:** [REDACTED]  
**Cc:** Nguyen, Huan  
**Subject:** pbl humanities project

Hi [REDACTED]. I'm so glad you chose to compose haiku – one of my favorite literary forms. These are truly lovely – reading it, I get the “embalmed physicians” reference – kind of the medical equivalent of literature’s canon of “old dead white men.” Haiku are incredibly compressed sources of information, and we have to learn to appreciate their beauty, then unpack them – ahh, just like patients! Thanks for writing these – and enjoy your Blue Tarazzu!  
Dr. Shapiro

4/30/2004

## Shapiro, Johanna

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**From:** Shapiro, Johanna  
**Sent:** Friday, April 30, 2004 3:45 PM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** pbl humanities project

Hi [REDACTED]. What a great poem! Driving the freeway is such a compelling metaphor, as was validated by your classmates' comments. I think we could all connect with the defiantly self-destructive urge you portray, and empathically feel as your narrator begins to cycle with her loose thinking, her randomness, her resistance to her meds. This writing is ferocious, angry, uncompromising, and vulnerable. Keep it up, Meg. Dr. Shapiro P.S. By the way, I liked the way you dropped out the "h's" in the concluding lines – nice touch.

4/30/2004

**Shapiro, Johanna**

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**From:** Shapiro, Johanna  
**Sent:** Friday, April 30, 2004 2:09 PM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** PBL humanities project

Hi [REDACTED]. Thank you very much for your thoughtful comments yesterday. They demonstrated great sensitivity and insight. I'm sorry we did not have a chance to hear your project presented in class, because it is very good. Your patient had very clear awareness of what she liked (a doctor who took an interest in her as a person, shared a laugh, explained procedures carefully, didn't surprise the patient, and was respectful) and what she didn't (being hurt, physically and emotionally, during an embarrassing procedure). It seems so simple! Yet, inevitably, residents and physicians at times ignore the former and cause the latter. Keep this patient's voice in your head, and she will prove a trustworthy guide. It appeared to me that you asked excellent questions and created a safe atmosphere for the patient to discuss these issues. Nice work! Dr. Shapiro P.S. By the way, only if you are interested, I published a brief article in *Academic Medicine* 2002;77:1124-5 that uses two poems to illustrate how the pelvic exam can be experienced very differently by the patient.

4/30/2004



**Shapiro, Johanna**

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**From:** [REDACTED]  
**Sent:** Sunday, February 13, 2005 12:11 AM  
**To:** Shapiro, Johanna  
**Subject:** RE: PBL humanities project

Dr. Shapiro,

Thank you for your comments. I very much appreciate this exercise and want to thank you for allowing us to explore these thoughts about our patients. I too have been concerned about this patient and his anger which is why he is the first person who popped into my mind as I was thinking about what to do for my project. Fortunately, I believe that he is in good hands, as my CSE preceptor is an extremely caring, patient, and empathetic family practitioner who, I am sure, will take excellent care of him.

Cheers,

[REDACTED]  
[REDACTED]  
UCI School of Medicine

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**From:** Shapiro, Johanna  
**Sent:** Fri 2/11/2005 10:22 PM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** PBL humanities project

[REDACTED] I loved the last line of this poem -- it was such a powerful statement of what kept this patient going. You captured perfectly his simmering anger and resentment. What an original thought that someone might participate in research out of revenge! The other aspect of your poem that really interested me is how it raises the question that so many patients ask when bad things befall them: why me? If the universe is unfair, if bad things happen to good people, to people who play by the rules, then how do we come to terms with that? Are there other ways of responding to such painful inequities other than rage? If so, then your patient hasn't discovered them. But if he doesn't, as Dr. Chandler suggested, then he may eventually harm himself. Your work made me think, which is always good. Regards, Dr. Shapiro

2/13/2005