– CPC Humanities Assignment 2/08

I liked your point of view writing very much. It was perceptive in many ways. You captured very well that patient's shock at discovering that there was something seriously wrong with her. Diagnosis can change one's life forever on a dime, and your patient's realization of this is heartbreaking. Her reaction to finding someone without a sticker in a handicapped space (proportionately a much smaller disturbance than the diagnosis itself) is similarly perceptive by showing how a relatively trivial incident can access the patient's daily struggle in adjusting to her new life – resentment at the unthinking callousness of the nondisabled, her own embarrassment at her condition, her ongoing efforts to be strong and proud. This work throughout has an excellent understanding of some of the emotional and psychological struggles a patient undergoes in the process of coming to terms with being a patient.

You made nice use of the parallel chart concept. Your "parallel" notes record the patient's demeanor (information that, as you correctly surmise, would never be part of the medical record) and go on to speculate (appropriately) about what it might say about him as a person and a patient (you don't speculate in the medical chart, but the parallel chart is an opportunity to jot down hypotheses, impressions that may have value in providing additional insight about your patient). Here you paint a portrait of someone who likes to be in control, relies on logic and reason to make decisions, and doesn't like intense displays of emotionalism. As you insightfully suggest with your last line, these coping strategies can sometimes reach a dead end. It is at this point, when the old ways of maintaining control no longer work, that the physician needs to provide additional support and understanding.

One further point about the parallel chart is that it can also be useful as a way of examining *your own* subjective thoughts and feelings about the patient. For example: "The patient seemed young and healthy. I couldn't really believe there could be anything seriously wrong with him." "When he appealed to me for guidance, I felt helpless. I wanted to tell him there was another way, he wouldn't have to have surgery, he wouldn't have to contemplate chemo, but of course I couldn't. I wanted to tell him he'd be fine, but I couldn't even say that." In other words, the parallel chart is not only a device for entering into the experience of your patient, but entering into your own experience more fully as well. You might wonder, why does it matter what I'm feeling about the patient?; but in fact being aware of your emotional reactions to your patients is critical so that problematic emotions don't negatively affect your interactions and decision-making.

Your reading of the patient-related poem indicates an impressive openness to improving your capacity for empathizing with the patient's subjective experience of illness. Your sensitive description of the patient in the poem "--" shows me you really allowed yourself to imagine what it must be like to feel isolated, desperate, and fearful after a devastating stroke. I have great respect for your willingness to "share" in the suffering of your patient. This is not an easy commitment to make;

but it is precisely through taking on *some small measure* of the suffering of others that you can ease their isolation, desperation, and fear. Excellent work.

The critical incident essay once again illustrates your willingness to acknowledge and attempt to understand the experience of the patient. The contrasting images of the elderly woman suffering from COPD and the young neighbor breathing "quietly and comfortable" at the end of her bed are powerful. Within those two people, as you intimate, were the living manifestations of the "lung" you were studying so assiduously – both the lung in beautiful health, providing oxygen effortlessly and easily; and the lung in extremis, struggling futilely to function. Here is the connection between the basic science and the living person that everyone always talks about – and you are making it as easily and successfully as you take a breath. To me, this is a sign of a doctor who grasps what medicine is really all about. Finally, I was very moved by the last line of this essay ("I want to have the courage to simply stand and embrace the pain of my future patients…"). **--, it is evident to me that you are already well on your way to achieving this subtle, yet essential aspect of doctoring.**

CPC Humanities assignment 2/08

Hi --. Thanks for your assignments. Your work demonstrated an excellent grasp of the purpose of each exercise. Your point-of-view writing was impressive. You really captured the "voice" of this patient, apparently struggling with the side effects of antihypertensive medication, but unwilling to share his predicament with the doctor. I liked the way you were able to imagine his various emotions – helplessness, resentment, mistrustfulness, embarrassment. As a doctor, your patients may not always be able to articulate their concerns, so it is up to you to observe them closely and imaginatively, and help them express even painful personal issues.

You also made very good use of the parallel chart. I hope you can see that knowing that your patient is used to be in charge, used to giving orders, perhaps bringing a certain amount of "attitude" to situations will help you understand how he might react to the role of patient. The most effective physicians do not force patients into a "role" that is convenient for them, but build on the existing strengths of the patient to help them most effectively participate in their own healthcare. One note – the parallel chart is also useful for keeping track of your own emotions. For example, you might record: "I wonder if I remind the "staff sergeant" of one of his recruits. How will I react if he starts giving *me* orders?" or "I'm going to feel really awkward talking to this older man about his sex life." Seeing your own dynamics clearly is a good way of ensuring that they don't get in the way of taking care of your patient.

I also appreciated the way you brought Dr. X's insights about narrative medicine to bear on the patient's situation. You defined very well a possible "narrative task" for the physician; and recognized the importance of understanding what the disease *means* to the patient. In the words of the great physician William Osler, "It is more important to know what patient has a disease, than what disease the patient has."

I thought your haiku was intriguing, but rather mysterious. To be honest, I had trouble linking it to your patient. Maybe the wise tree is the good doctoring that accumulates through experience; the boy is the medical student; and the grandfather is the patient? In any case, writing haiku is harder than it looks, and I appreciate your making the effort.

CPC HUMANITIES ASSIGNMENT –2/08

--, you've done a really nice job with these assignments. The point of view writing reflected a "simple" case of pneumonia experienced through the patient's eyes. I liked the mixture of worry and appreciation you portrayed in this patient. I also liked the way the patient observed the medical student's "nervousness," but also that she was attentive and gentle, interested in the patient's life and family, and knew her limits! I also thought in your guise as patient you wondered about exactly the sort of questions that someone would ask. All excellent.

Your use of the parallel chart was outstanding. This project was confusing for some students, but you understood very well how to use this concept as a way to reflect on your feelings and probe the person of the patient more deeply. Your analysis of what gave the patient's life meaning was very perceptive. This is exactly the kind of insight that can really guide decision-making, because you know what matters to the patient. You yourself proved this point when you approached dietary changes through the benefit that could accrue not only to her, but to her family. Finally, I was impressed not only that you'd gained the patient's trust and openness, but that you reflected on *why* (in this case, being able to communicate in the patient's language). Again, very well done.

The interpretation of the literary selection was quite illuminating. The poem not only helped heighten your awareness of the patient's vulnerabilities, but also triggered the important insight that patients are not simply objects for learning, but suffering beings in their own right who must be valued and cherished. You got a lot out of this writing.

The critical incident essay was also very interesting. In it, you presented the ethical dilemma of a nurse so eager to teach the student that she ignored the distress her "teaching" caused the patient. This conflict of priorities is a common one in a teaching hospital, and is a variation of the issue you raised in discussing the literary selection. We all have to work hard to make sure, in Kantian terms, that patients don't become means to ends, but ends in themselves. Although it seems paradoxical, since medicine is theoretically all about the patient, t is surprisingly easy to lose sight of the patient in the midst of rounds, differential diagnoses, procedures, labs, charts, and paperwork. As you so rightly point out, no matter how necessary – and good – the teaching goals, the patient must always come first, and must always be at the center of every encounter.

CPC HUMANITIES ASSIGNMENT 3/08

Lovely work, --. The point of view writing was excellent in the way it imagined the mundane particulars of this patient's life. You also gave voice to her anxiety, agitation, and fear that no one "believes" her or takes her seriously. The parallel chart reinforced these observations from the outside-in. You really paid careful attention in this situation, noticing the patient's anxiety, your own confusion, the family members' fatigue and frustration. Very good! Being aware of all these underlying currents that never make it into the chart (except through the rather nonspecific and judgmental term "difficult"), although complicated, will help you take better care of this patient.

You also uncovered an interesting, and initially perplexing, issue in that the patient seems to believe something is seriously wrong with her and might almost be relieved to hear that she is dying. Right now of course we don't know what that means. Perhaps, given the way she used her pneumonia hospitalization to perhaps act in a demanding/controlling way to her adult children, it is possible she sees serious illness as a lever to get her emotional needs met by them. It is also possible that she likes to be in control, and feels better by "anticipating" problems rather than being surprised by them. The explanation could also be something entirely different, such as those you suggest in your literary supplement essay – fear of aging and physical vulnerability, early traumatic experiences with death). What's important is that you paid attention to the patient's response as a possible concern, and continue to think about it.

Your reflections on the literary supplement probed this issue further with insightful results. You identify a root issue in all human psychology, which is fear of death. Of course, this expresses itself differently in different people – some may rationalize this fear through belief in the hereafter; others may be resigned/accepting; others may be terrified, or angry, or (like most of us) denying. Illness can easily bring this fear to the surface. What you take away from Coulehan's poem is an important message – dismissing this patient's worries with superficial, automatic reassurance ("You'll be fine") does nothing to help her resolve her underlying issues.

CPC HUMANITIES ASSIGNMENT 3/08

--, thank you for getting me this material.

I really like the sketch. Everything you said about it is contained in its simple lines – the smallness, aloneness, the sense of isolation and abandonment this patient was experiencing. Sometimes a picture really is worth 1000 words. Very nice work.

Similarly excellent work with the parallel chart. I really like the format – with your permission, I'd like to borrow it to include in my example for next year's students. You did a great job of showing the fluctuating range of thoughts during a physical exam – from curiosity, humor, shock (at unexpected discoveries), concern for patient, concern for self, worry about his family, awareness of cost of medication simultaneous with its indispensable value. This consciousness of your internal emotional and cognitive processes is just as important as observing the physical signs and symptoms of your patient. Like these, they offer important clues regarding how to interact with this patient. For example, you will probably be more sensitive about the patient's overall health status. You may review guidelines for HIV transmission so unnecessary fear of infection doesn't "contaminate" your interactions with the patient. You may choose at some point to ask about the patient's and family's coping with this difficult diagnosis. During the actual interview, you may address some or even none of these issues. But your self-awareness will ensure that you have a choice about how best to proceed.

You also did an excellent job with the point of view writing exercise. Although the patient already knew he had AIDS, it sounds as though he had no understanding of how far it had progressed, or how hopeless his situation was. Learning this in such a unsympathetic, routine manner must have been a devastating shock for the patient. Through his voice, as through your picture, you really help us begin to contemplate what learning you're going to die might be like.

Finally, you provided an insightful summary of the main points of Brody's article. I would have liked to have seen you more specifically link Body's conclusions about to your patient; or how the literary supplement I gave you might have illuminated your understanding of the patient. Nevertheless, it is obvious from the rest of your submissions that you have a clear grasp of how various narrative perspectives operate in the doctor-patient relationship; and how, to practice good medicine, they must eventually be reconciled.

Thanks for this work. Best, Dr. Shapiro

CPC HUMANITIES ASSIGNMENT – COMMENTS 2/08

Hi --. Thanks for sending this to me. The assignment is very well done. The point of view writing is really excellent. You caught the mixture of self-awareness, honesty, resolve, and fear that seemed to characterize this patient, and that made his plight so poignant. Your writing intersects with this patient at the point at which it may be too late to make changes – and that is tragic.

Your parallel chart was also effective. You included both "subjective" observations about the patient – "forthcoming," "determined," "honesty," "genuine will" – as well as your own emotional responses – empathy, hope for his success, and hope that his scans will not present additional problems in an already complicated situation. You document in the parallel chart that you are psychologically identified with the patient's struggle. This puts you "on his side," in a good sense. But if he disappoints you, for example by not following through on his commitment to change, you may feel excessively disappointed and personally betrayed. So being aware of how we react toward our patients helps us in doing the best job we can of taking care of them.

In this case, the literary supplement provided a kind of "reinforcement" of your feelings toward this patient. You describe how there was a parallel between some of the shocking images in the poem and your own "shock." You also use the poem to help you explore the desire to take charge and "be authoritative" contrasted with the knowledge that, while you can help the symptom of ascites, you and the patient may both be helpless in face of his longterm addiction and cumulative harm to his body as a result. In this sense, the poem may have helped you to a more realistic view of your own patient.

Finally, I found your critical incident essay particularly impressive. I really liked the way you used the patient's "brutal honesty" as a reference point for yourself; and the fact that, although your patient was a long-time alcoholic and "drunk" who could not control his drinking, he also became a valued and compelling teacher for you. You said it so well, --. This is, indeed, exactly why you went into medicine - to learn the lesson this man had to teach you; and to give him whatever support and help you could. My wish for you is that you will always be able to regard such easily stigmatized patients as human beings worthy of respect (despite their failings) and able to give you something as important as what you give them. I hope you will always have the courage to "get on the rollercoaster" with your patients, no matter where that journey takes you – and them.

Best, Dr. Shapiro

CPC HUMANITIES ASSIGNMENT 3/08

--, thank you for sending me your assignment. Your work on each part of the assignment was superb. The point-of-view writing is very successful at capturing a distinctive voice for this patient. You convey well her detachment from her family; her sense of being a team with her husband and the important role he plays in her life; and her awareness of the possibility that she might soon die. It was particularly interesting to me that you allowed her to express this knowledge in your imagination, whereas in her reality it seemed she was not able to do so.

Your parallel chart includes exactly the kinds of subjective reactions that are important to keep track of in both yourself and the patient. Over the course of your medical training, you will see many things that are shocking, repellent, distressing, and heartbreaking. Being appalled by a patient's physical appearance or frightened by a likely terminal diagnosis is very natural at this stage of your education. It helps to have somewhere to process these reactions, rather than just trying to ignore them. This is one purpose of the parallel chart. You also do an excellent job of recording some of the patient's attitudes – her rejection of her family, her sense of being somewhat overwhelmed by their children, and her suspicion of physicians and hospitals. You also note many interesting things about the husband's and wife's relationship – his devotion, his good health, the way he takes charge. I especially liked your line about the patient waiting "to be asked something interesting." What an imaginative thought! You even try to put yourself in the patient's shoes, thinking what you would hope from your own husband in similar circumstances. All of these "incidental" observations add up to important insights about how this patient will behave in the final phase of her life, and what role her husband might play.

Your discussion of the literary supplement is exemplary. You provide a thorough and insightful summary of the poem, understanding clearly the metaphors it employs; and then reflect on the ways in which your clinical situation mirrored patient-spouse dynamics in the poem. I was very impressed by how closely you observed your patient and her husband; and how much you were able to see about their connection. I was especially struck by your insight that the husband's taking on the responsibility of the medical decisions freed up the patient to be cheerful and at ease. Very perceptive!

Finally, I appreciated your exploring the discomfort you felt about the husband's level of hope for his wife's recovery. It is one of the burdens of being physician that sometimes you realize things about patients that they don't fully appreciate yet. Over time, you will learn what to do with this. One thing I have discovered is that denial in patients and family members is rarely complete; and in fact is usually much more porous than we suspect. Yes, this husband hopes for a miracle. And why not? It's already happened once before. But it is also possible, even likely, that part of him knows his wife is dying. Maybe right now he can't fully allow this reality in. A big mistake we can make as health care professionals is to try to resolve our own anxieties by requiring the family member to adopt our medical perspective ("I

won't be able to relax until this guy tells me he knows his wife is going to die – and soon!"). Rather than trying to persuade, or even "coerce" someone to a point of view, it is usually better to ask open-ended questions and allow space for the family member to tell you what s/he believes, what s/he hopes, what s/he knows, and what s/he is afraid to know. You will probably discover that the family member understands a lot more than you initially think. Your conclusion, that we should hope for the best, but prepare for the worst, is a proverb with a lot of value. It is a good balance for patient, family members, *and* physicians. We think we know what will happen, and often it does; but we don't know everything, and that is okay too.

It may be that part of your discomfort had to do with facing the truly horrible way that disease overcomes the physical body. That is a very hard thing to face, perhaps especially as a doctor. Medicine is amazing; but it also has limitations; and in the end death overtakes us all. Clarifying your own view of where doctoring fits in the scheme of life, death, and suffering is a process that you will evolve over the next four years and beyond. It is a task you must undertake yourself, but I do want to reassure you that learning to distinguish between what medicine can and cannot do does not need to end in defeat and despair. I appreciate your honesty and your struggle. That is part of what becoming a physician is all about. Best, Dr. Shapiro

CPC HUMANITIES ASSIGNMENT * 3/08

--, thank you for sending me your assignment, and for doing such an obviously excellent job. What a challenging patient! I'm thinking maybe body dysmorphic disorder in addition to depression? Regardless, certainly a lot to deal with.

Your point of view writing was very effective in capturing this patient's voice. Desperation, despair, distortion all come through, but it is through her eyes, so these emotions are believable and understandable. In this writing, you reflected back the patient' subjective experience of herself, and that is always the first step in letting the patient know you have connected with her perspective (although not necessarily that you agree with it).

Your use of the parallel chart note was appropriate as well. In it, you describe her as "beautiful," which helps us understand the disparity between the patient's body image and "objective" reality. However, feeling that the patient is beautiful might make it harder for you to accept her perceptions. Noting your feelings (whatever they might be) is useful so that you can be conscious of how they might affect the interaction with the patient, and to modify any assumptions or judgments you might be making. You also notice your need to comfort her, and in response make a gesture, which seemed to make a great difference to this patient. This would not have appeared as a standard chart notation, but it is important, because it tells us that the patient wants to be comforted, wants reassurance and support, and hopes for help from her doctors.

The essay in response to the literary supplement is a beautifully nuanced piece of writing. You show that you understand well the main message of Howard Brody's article. As you insightfully point out, having someone to listen to your story is the beginning of healing. Without it, there is only isolation, alienation, and incommunicable suffering. You make an excellent observation that the interview with this patient could have taken an entirely different, much more technical direction. Because you were listening to the story (depression, distorted body image) behind the story (gastric bypass), you were able to go much more deeply into the patient's real issues. And last but not least, I very much appreciated your recognizing that medicine is not "one size fits all." Where the patient sees your skill at work is in how you tailor intervention in a way that honors the particular story of the patient.

Finally, the poem you contributed was a moving reflection on what transpires between those "four sterile white walls" (as you imagined the patient perceiving them) of the exam room. It does imbue a space with meaning to realize the joys and sorrows that have occurred within it. I also appreciated your exploring so openly the feelings of self-doubt and inadequacy you brought to the interview. Here is a woman saying that she wants to take her own life, then looking to you for help. Welcome to the often overwhelming responsibility of medicine! Yet think how fortunate that there is someone at the other end of her plea. If she were all alone, with no one

listening, no one ready to touch her knee, we can imagine the tragic outcome. Your skills in assuming that responsibility will develop steadily over the next two years. What is equally important is that your heart remains open, as it did with this patient, to be present with her and reach out to her in her pain.

Thanks very much for your thoughtful work, --. Best, Dr. Shapiro

CPC HUMANITIES ASSIGNMENT 2/08

--, your point of view writing was absolutely fantastic! A superb job. You found such a loud, desperate voice for this elderly patient. The writing expresses perfectly her helplessness, incomprehension, terror, and loss of control. I loved the part where the patient wonders whether she is in hell :-). It is an irony of medicine that, although the intention and purpose of medicine is to heal, patients can easily experience their hospital stay as an incarceration in hell, and treatment as punishment. Clearly, that does not make treatment wrong, but it does make it especially important to counteract the subjective reaction of sometimes confused and usually fearful patients with compassion and understanding of their perspective.

The parallel chart was similarly simply outstanding! This exercise confused several students, but your example is the perfect model. What a terrific insight – since your dog just died of kidney failure (I'm sorry), how are you going to avoid confusing the dog and the patient? (Answer, you probably can't, but so long as you realize that your feelings may have to do with both dog and patient, this may actually yield valuable empathy and sensitivity to the decisions facing your patient). This patient confronted you with many personal and professional ethical dilemmas – thank you for articulating them so honestly and clearly. I, like you, hope the plan "worked." This situation is one in which the patient has clear and, under the circumstances, reasonable wishes. An advanced directive would protect him from becoming the unwilling recipient of a family member's misguided (although understandable) efforts to keep him alive. Finally, I really appreciated your sensitivity to the suffering that likely lies ahead for this patient. That is something that I don't think any of us will ever understand – but it still matters that we recognize it. Really fine work on this.

Your application of the literary reading to the patient you describe is similarly sensitive and perceptive. The way in which you identified the patient's and family member's needs was exceptionally sophisticated. The whole concept of giving someone the "space" to tell their story is so crucial in understanding patients, and often involves more than chronological time. It was also a highly skillful intervention to separate patient and fiancé, giving him an opportunity to vent in his own way, while giving her a chance to focus on her own healing rather than his emotions. Finally, I was impressed with your insight about "equalization of power." There is always lots of power circulating in medicine, not all of it held by the physician. Nevertheless, it is true that loss of control and powerlessness are common aspects of the patient experience. It appears that by including patient and fiancé as partners in healing, you were able to effectively enlist and transform them. It doesn't always work out this neatly, but the example illustrates a biopsychosocial approach to medicine at its best.

The essay is also wonderful. It is surprisingly complex in that it embodies both the student's naivete, and subsequent realization of the difficulty (even disgustingness)

of the task; and the patient's capacity for tolerating a loathsome and repugnant situation – which is her body. It strikes me that your essay could be an intriguing metaphor for peeling back the layers in medicine – moving from the outer semblance of pristine normalcy to the horrors and suffering that lurk underneath. Yet it also shows how, by your efforts to assist, by your ability to be present in the face of this misery, you are able to accompany the patient on this arduous journey.

CPC HUMANITIES ASSIGNMENT 2/08

All well and good, --. You did excellent work. I liked the point of view writing – you captured very well how a patient can have great difficulty understanding, much less accepting, a diagnosis of which he has never heard and which contradicts his self-image. This gentleman is obviously struggling. Interestingly, he chooses to repair his ignorance on the internet, rather than questioning his physicians.

In terms of the parallel chart, remember that its main purpose is to record your impressions of the patient and your own emotional reactions to the patient (or the diagnosis, or the overall situation) that wouldn't normally make it into the medical chart. So for example, you appropriately note that the patient is uncertain, perhaps even skeptical about the value of dietary modification. The dietary changes themselves might have been indicated in the official medical record. But what about your feelings? Are you concerned that your patient will be noncompliant? How might you deal with his uncertainty and doubt? The point is just to help you engage with some of the more subjective features of the patient case.

Your essay really moved me. It is such an important insight that over the course of your medical education, you need to grow not only as a physician but as a human being as well. That is a thrilling, but also somewhat intimidating proposition. You obviously understand very well that it is only through your own developing capacity to recognize, work with, and not be afraid of emotion in your patients that you can help interpret how these emotions are affecting your patients' care. I was so impressed by the way you completely dissected and turned on its head your earlier description of a "typical" case of gout. It was a pleasure to witness your awareness that, although disease can be diagnosed according to categories and criteria, what will affect the patient's response to diagnosis and treatment is the emotional context within which these are received. As the great William Osler said, "It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has." **Very nicely done.**

Your poem is clever and humorous. You address one of the true joys of medicine – when your knowledge leads to a diagnosis and relatively simple intervention that provides an explanation for disturbing symptoms and the possibility of complete alleviation. The patient is relieved and happy; the doctor is satisfied and happy. No one is pouting :-).

CPC HUMANITIES ASSIGNMENT 3/08

Hi --. Thanks for the assignment. Your point of view writing about this 18 yo with end stage renal disease was heartbreaking. You represented well his mixture of fear, denial, and despair. Yet you remain true to his rather matter-of-fact mode of presentation.

You also made good use of the parallel chart. You noticed lots of "small" things about him – how he prefers the dark on a sunny day, how he seems tired, shut down, and possibly depressed. These observations wouldn't appear in the medical record (unless you decided to do a depression screen), but in they went to the parallel chart, and appropriately so. You can also use a parallel chart to reflect on your own feelings. Where can you work through your emotional response to a young man, younger than you, facing a terrible medical circumstance for which there is likely no good solution? The parallel chart, of course!

It's interesting that -- himself had a similar emotional presentation to your patient. It was his father who carried all the rage, terror, and helplessness of the family. You entertain an insightful hypothesis that, just because an emotion isn't on the surface, doesn't mean the patient doesn't feel it. Perhaps -- is too afraid to face his rage – it might mean that his illness is very serious and that his doctors are only imperfectly able to help him. So he projects a façade of "tiredness." Or maybe, after everything he's been through, he really is tired and has no more anger left. The important thing is to be thinking actively and compassionately about your patient, as you do so well in this section of the assignment.

You creative writing was very interesting in the way that it explored different sides of --. The first poem, with its aa, bb, cc rhyme scheme, is rather upbeat and positive. The patient is encouraged and uplifted by the medical student, and hopeful for his future. In the haiku, by contrast, the patient is depressed, left behind by his life, marking time not by the normal activities of youth, but by the drip of medication. Which is the true picture of --? Probably both. Capturing this complexity shows much insight.

CPC HUMANITIES THEME PROJECT COMMENTS 2008

--, you did really fine work, which demonstrated your understanding of how the humanities can be helpful both in stimulating reflection about and enlarging your understand of a particular patient. Your point-of-view reflection fulfills exactly the purpose of this exercise, which is to put yourself in the patient's shoes. You effectively conveyed so much about this young woman – her youth, her enthusiasm for becoming a mother, her determination to be a good mom. Best of all was the way you caught the sense of her total commitment to her daughter. This sense of commitment was also reflected in the poem you wrote, which adopted the mother's voice again. I noticed that, in the format of the poem, you were able to extract the line "I love her no matter what" from the essay (and perhaps this is something the mother actually said) and turn it into a powerful chorus. The repetition of this phrase really emphasized and brought to the fore how important the mother's feelings toward her baby were. Further, I liked the sensitivity you showed in both poem and point-of-view writing to the mother's realization that her child was no longer just hers alone. This is a widespread feeling among parents of children with disabilities, and I'm impressed you picked up on it. For the rest of her life, this mom will need to share her baby with medical professionals. This reality tends to provoke ambivalent feelings – the health professionals will help keep the child alive, and in as good health as possible; but they are a constant reminder that she will not have a "normal" life.

I loved your parallel chart, the way there was absolutely no transition between auscultation, oxygen saturation, medications, and oh my gosh! It was so touching the way you, the medical student, suddenly emerged within the record. Your comments were lovely, because they were so human – your awe at the infant's tiny size; your surprise at the extent of her murmur; your sympathetic joy at her avoiding at least a few potential problems; your disbelief at her quiet peacefulness in the face of the cold intrusion of the stethoscope. Awe, surprise, curiosity, joy – these should be a part of the record of what transpires between doctor and patient, and I'm glad they found a place in your parallel chart.

Finally, your reaction to the literary supplement was very perceptive in the sense it helped you to think about this medical event from a whole new perspective – that of the delivering obstetrician. I especially liked your imagining that both doctor and patient, although they knew the likely outcome, still might have had a moment of hoping against hope that this infant would be born "perfect." You did an excellent job of understanding that sense of failure, disappointment, and sadness that obstetricians (and the rest of the medical team) experience when a child is born with congenital disability. Although the majority of the suffering of course belongs to the parents, it ripples out to encompass the ob, the medical team, family members and friends. This realization enables you to enlarge the empathic attention you bring to this challenging situation.

Each part of this assignment was conscientiously and thoughtfully completed, with considerable insight and sensitivity. Thank you very much for this excellent work. Dr. Shapiro

Humanities content theme

Patient is a 6 year old Hispanic boy presenting for a well child check and follow-up after counseling with a nutritionist for weight control. His height is 3 feet, 11.5 inches (75th percentile for his age) and his weight is 86.4 kilograms (above the 97th percentile). He has reached all of his developmental milestones, and is alert and responsive to conversation.

(1) Point of view:
I'm always nervous when I see the doctor. The room is small and hot, and I know that they're going to talk about me being fat. I know all the things they are going to say, even though they're not mean about it, and I know it's true because I hear it all the time anyway. But they make such a big deal about it.

This time a younger doctor came in and said that he was a student. I didn't want to talk to him at first, but he just wanted to ask some questions about school and what I liked to do. He asked my mom and me about what I eat – I knew what he was trying to ask: "Does he eat a lot of junk food? Does he stay at home and watch TV and not get any exercise?" I think he tried to be nice about it, but it was still kind of uncomfortable.

I'm just a regular kid. I like watching my shows on TV, and that's what my friends and I like to talk about at school. I like a lot of foods, and I don't like it when my mom has to tell me what I can't eat. I can see that it's important, but it's not easy, and it's not fun.

(2) Parallel charting
Patient is a 6 year old Hispanic boy presenting for a well child check and follow-up after counseling with a nutritionist for weight control. He was quiet and a little shy, but was very affectionate toward his baby sister and trusting of his mother. His mother made small talk and was very polite. She seemed eager to do the right thing for her son, and it was clear that they were trying to follow the right rules when it came to eating, exercise, and TV. I wonder if part of it was due to defensiveness about their home habits – it can't be easy to hear constructive criticism from a doctor who is not there with you in your home life, as you struggle with changing your years-long eating and activity routines.

(3) Literary supplement
The poem selected for my patient case was "See the Jolly Fat Boy," by Judith Viorst. In it, a narrator makes fun of a fat boy, through blunt insults and jokes. People in general call him "blob and buffalo," and "tub of lard." And the narrator feels that it is okay because the boy laughs along, and in fact, laughs longer and harder than anyone else. The final stanza, however, reveals the boy's true feelings: "He's not laughing anymore./He's staring at the ground."

This work made me think of the impact of a child's weight on his social interactions at school, and of the way that kids treated each other when I was in elementary school. While for the most part, I don't think most kids will make fun of fat classmates so bluntly, being overweight does affect a child's popularity in many ways. The cliché in

television of the kid who is picked last for sports teams can play out in real life. A child's weight can make him more conscious of himself and less outgoing with classmates. Parents who mean well can get in the way of hanging out with friends, by taking up the child's time with exercise regimens and even greater control over their lives. Gender roles, often exaggerated by kids at this age as they learn about social norms, can also play a big part into this process.

(4) Creative work

To be good at the things the other boys do
To run, and throw, and play.

The field is still heavy with the morning fog
And we are walking around its muddy edges
The others have assembled outside the classroom door
Watching the few of us still on our last lap,
A slow parade of stragglers.
"Good job," says our teacher as we make it to the concrete
"You're getting faster."
Red-faced, I walk in with everybody.

To be free like the other boys are
To laugh, and yell, and talk about their toys.

I stare and marvel with the rest
At the boy playing his new video game (last week it was his sneakers)
Who talks back to the teachers, and laughs when he gets detention.
When the crowd subsides I take out my homework from my backpack
And I draw a picture on the back
Of my mom taking my sister and me to the park.
"Keep going!" she is saying. "You can do it!"
I'm sweating and breathing heavy
And nearby there are kids playing soccer
And having a good time.

I dream about magic
Where I can hide anything I want, disappear,
And reappear, different, without a word.

HUMANITIES CPC ASSIGNMENT 2/08

Hi --. Thank you for completing the humanities assignment. I hope your presentation went well. I was really impressed with your work. You obviously understand very well the overall point of using the humanities as a resource in medicine.

The point of view writing is quite powerful. You did an excellent job of "getting into the head" of this little boy. I especially liked your observation that, even though the assessment of eating habits and exercise was done in a kindly manner, it didn't make the questions that much more palatable. So just because you're broaching an uncomfortable subject in a "nice" way doesn't mean it's still not uncomfortable. Paradoxically, the implication is not that you should avoid it, but that you should help your little patient learn to talk about it openly and honestly, without so much shame and embarrassment.

Your use of the parallel chart was also well done. You observed many qualities in your patient – shy, affectionate, trusting – that may help you as his physician win him over and help motivate him to healthier eating. He probably will respond well to positive reinforcement from trusted figures, like his mom and maybe eventually, you! I also notice that in the point of view writing he mentions watching his eating isn't "fun." What a great clue for developing intervention! Think about how to make eating healthier foods a game, with prizes and rewards. You also show sensitivity to the "defensiveness" of the mom, who seeks to assure you that she is being a good parent toward her child. That is a normal and understandable response, as you realize. Once you recognize it, then you can start to figure out how to reassure her that you are not judging her.

I'm glad to see that the Viorst poem helped you reflect on the psychosocial implications of obesity. You made an especially insightful point when you wrote that interventions to control obesity can further differentiate the child from his/her peers and deprive them of normal socializing.

I thought your poem was very touching, and the last stanza about magic was magnificent. It expresses in an extremely poignant manner the longing of every overweight child to simply "disappear" and reemerge as a normal weight person accepted and liked by peers. It is incredible writing. I also liked your focus on gender, which you mentioned in discussing the Viorst poem. Obesity burdens all children, but gender mediates the ways in which this occurs. Excellent work, --. I hope it was valuable to you, and thanks for sharing. Dr. Shapiro