

ART OF DOCTORING 2009 FINAL PROJECTS II

Dear --, thank you for taking the risk to experiment with a poem. Your discourse about poetry was very insightful. You described very well why poetry can help us access thoughts, feelings, and awareness that otherwise are difficult to articulate. The success of your poem was evident in Dr. X's reaction – you clearly struck a chord. I also found the poem effective, especially because its artistic form was so well suited to the ineffable intuition you were exploring. I too heard the regret and doubt that Dr. X. referenced – if you “get” the patient later, is it *too* late? And will you do any better (will you heal?) the next day? I loved that you could plunge so deeply to ask these questions. However I had a somewhat different take (or perhaps just an expanded take) on the poem. First, I was incredibly moved that, after the patient encounter, you carried that patient a little ways with you (not forever, but just a little way). Your mind and heart worried a bit over the inconsistencies, the subtleties, the nuances of the encounter. You allowed what you might have “missed” the first time around to clarify within your soul. Most patients would kill for a doctor willing to do that! Often, in medicine, you do have the opportunity to return to the patient, and deepen the interaction. But I believe that even if your relationship with that particular patient is ended, the perceptiveness and emotional awareness you honed in those few minutes of reflection will be an invaluable gift to your next patient. I have great confidence that most times, with most patients, you *will* heal, and that is all any of us can hope for. Best, Dr. Shapiro

What a beautiful self-reflection, --! And I'm happy that my Native American version of Hestia provided a bit of inspiration ☺. It meant a great deal to me to learn something of your origins, your family, especially since “family” defined both narrowly and broadly is such a crucial value for you. The qualities you identified of center, foundation, peacefulness, serenity, caring, and empathy really seemed to describe your essence, as a person and as a physician. As I mentioned in class, I also really liked your acknowledgment of your “lineage” as a pediatrician. It is so true that we walk the path that others have carved out of the wilderness, and I think that recognizing those who have gone before (and eventually those who will come after) is both a humbling and a generative act. Thanks for bringing in poetry to your presentation – your selections were touching/empathic/funny, and expressed very well the range of attitudes and attributes needed to be a kind and dedicated physician/wife/mother. I feel certain that your future patients will feel you have enfolded them into part of your “family” ☺. Many blessings as your family expands! Dr. Shapiro

--, your presentation was well worth waiting for! And, you know, the music (some of which I actually knew too ☺) really made it. Music adds so much emotional depth to mere words; and expresses feelings and insights that otherwise are hard to surface. I

particularly resonated to your early idea that medicine would help you both connect with people and allow you to experience some fundamental aspects of life. This has what has always attracted me to the medical environment – despite all the pressures, stressors, hassles of medicine, you still have the daily privilege of spending time with and trying to care for people who are living at the core of their being (and having had two hip replacements, I believe that is true even in orthopedics ☺). Your mini-journey through four years of medical education was obviously recognizable to your classmates (and Dr. X. and me) and also cleverly framed. Your Lake Wobegon simile was funny – and apt – as was the smelly pet syndrome ☺. I thought your line about “there’s pain where once was a heart” said it all about the deadening effect of second year. And your concept of “living vertically” was also great, and perfectly the rigid hierarchies of medicine (with patient perhaps at times even below the lowly third year student!). And of course the mountain-climbing metaphor could not have been better. Your summary of the last four years was insightful, aware, and helped everyone better understand what the heck happened, while at the same time encouraging your peers that your heads have at long last broken through the clouds and you can see the path ahead! Best, Dr. Shapiro

Guys, you did such a great job as a group that I wanted to acknowledge you as such (I’m also sending you separate notes since you each were so conscientious about contributing to the final product). As you know, Dr. X and I were a little reluctant to approve a project with 7 participants. We worried that a few might end up carrying the weight of all. We need not have worried. Each of you brought something original and unique. The narrative arc of following poor Ms. Y through her hospital course was brilliant! It not only illuminated what might happen to a (very unlucky) patient; but also highlighted the interdependency and need for teamwork not only within teams but across specialties. Within your project presentation, you already demonstrated essential skills of cross-specialty respect, cooperation, and collaboration. Like most inspired ideas, simple but incredibly effective. Also, I was impressed that so many of you mentioned the importance of interacting with family members, whether to reassure, explain, or obtain more information and insight. Finally, perhaps as a nonphysician, I really appreciated the insights you each shared about why you had chosen your particular specialty. And, from the little I’ve been able to get to know each of you this past 6 months, your choices seemed so *right!* I’d say you’re all off to a great start. Best of luck next year, Dr. Shapiro

--, I loved your metaphor for medicine of taking it all apart and putting it all back together, not overlooking that little thing, the patient’s (and the doctor’s!) soul. Your bright-eyed, bushy-tailed, pen-heavy intro to clerkships picture was absolutely adorable – in this case, it was worth a thousand words of all those expectations that third years bring to that first clinical encounter. I also was glad to hear that by the end of this past year you’ve been able, against many contradictory and opposing forces, to bring your focus back to the patient. Not always easy, but as you obviously know, where it belongs. Thank you too for sharing your idea of EM as detective work – and for the awareness that this

particular form of detection involves not only puzzle-solving but also the worries and fears of the patient who is providing the “mystery.” All around nice work! Dr. Shapiro

--, your discourse about IM was so lovely. You are absolutely right that in the maze of doctors the hospitalized patients needs to navigate, the internist can be a reassuring anchor who can clarify, explain, and dissolve barriers. The metaphor of a conductor was a good one – so often the patient becomes a malfunctioning part, and while it is vital that the hepatologist pay attention to that defaulting liver, somebody needs to say, what’s happening to the *patient*? Your view of patients post-discharge was both compassionate and realistic. Thank you also for sharing the inspiration of your father. He sounds like a wonderful role model. Personally, I will carry with me the idea of “angel patients” and share it with future students. What an amazing and beautiful way to think about (some of ☺) the people you care for. And I hope in the future occasionally you will be putting your little --s on the phone with lonely patients who will be cheered by the innocent giggle of perhaps a future caring and wise doctor. Best, Dr. Shapiro

Wow, your poem (and visuals) blew me away. I am so excited that you’re going into surgery, --, because once you’ve survived your intern year, you can exert such a healing influence on your fellow residents and even faculty. Gosh, a surgeon who balances necessary confidence with humility! What you demonstrated in your outstanding presentation is that the (to a non-surgeon) terrifying risks and responsibilities of actually cutting into a living human body do not necessarily need to be compensated for by defensive arrogance, but can be assume with an open heart and self-aware intellect. If you ever find yourself with extra time on your hands (☺), read anything you can find by Richard Selzer (an emeritus professor of surgery at Yale who wrote many fine books, including Letters to a Young Doctor, Doctor Stories, Mortal Lessons); and the Miles Little Reader (Little is an Australian colorectal surgeon). (I’m imagining you’ve already read Atul Gawande’s Complications). These two physicians describe with astonishing empathy the unique relationship that surgeons have with their patients – an intimacy that transcends specialties such as IM and psychiatry, because they have had their *hands* within the *bodies* of their patients. I know you will recognize kindred spirits. Thanks for your always wonderful contributions in class, and all the best next year and beyond. Dr. Shapiro

--, I appreciated that you brought up the “dumping” phenomenon, while making a commitment never to indulge in this terrible practice. I do understand how a patient can look like “just more work.” But as you brought out so beautifully in your presentation, the hospitalized patient is *always* a deeply suffering being. That must be the starting point, as you observed. Your emphasis on strong relationships was well-placed – it is the relationship that will promote healing as the medicine ameliorates or cures. Thanks also

for sharing your Body Works revisited thoughts – how interesting! And yes indeed, it is about the science *and* the humanism, and these are not contradictory but complementary aspects of medical practice. I hope you turn to poetry again occasionally as your training progresses – you have a gift for language that excavates the core of experience. Best wishes for next year, Dr. Shapiro

--, I suspect you are going to thrive in psychiatry. I very much valued your family orientation, and your awareness that family members are useful not merely to provide “information” but to open windows into the soul of the lost patient you are trying to reach. I especially admired the way you conceptualized the essential challenge of this specialty: how to penetrate the minds and beings of people whose experiences and perceptions may be so very different than your own. Your “answer” (of course, as you know, only one of many) of searching the art of mentally ill patients was inspired. First, it was simply fascinating. There are many such “series” as the ones you presented showing deterioration (or sometimes improvement) in cognitive functioning; and as you helped us all see, they offer insights that a mere analytic description of psychosis cannot provide. Second, it reminded us of the humanity and artistry of people who we may sometimes dismiss as simply other. I would never romanticize mental illness, which generally causes great suffering to those who experience it and their families. But art (and poetry) can be important ways of moving closer and developing greater appreciation and understanding for these patients. Best of luck next year and beyond, Dr. Shapiro

--, I’m so glad you took the risk to explore a new medium. I loved the result; and especially your narrative of the result. First, I want to thank you for speaking so authentically about your Christian faith (I loved that you described your painting as “very Goddish”! ☺). I know that sometimes that can be uncomfortable, especially in the scientific environment of medicine. However, this is the core of your being, and to suppress or minimize it would do you – and us – such a disservice. Your presentation helped me – and I’m sure others – to see how intimately your faith guides your life, and how it has led you to serve in ways that “little --” could never have envisioned. I also learned from how you described your gifts of healing and understanding – not as vanities, but as ways to build up and edify others. That is quite beautiful. Your painting was a powerful visual way of sharing with all of us how the spirit of God is in your head, your heart, your hands, and feet – and how this “companionship” will enable you to extend healing to all whom you encounter. This was a moving note on which to end the course. Thank you! Dr. Shapiro

Hi --. Your placement in the project was perfect – family medicine does encompass the whole person, the whole family, and often focuses on those aspects of well-being that get overlooked or ignored in the hospital but that are nonetheless essential to true healing. I

liked the insertion of the medical phenomena and conditions that reminded us of all that is beautiful in medicine (even while sometimes simultaneously horrible); and the importance of seeing things in a different light. And thank you for sharing your wonderful poems – they are beautifully written, insightful, compassionate, and empathic. I loved the poem “Hands” the first time I read it, and it only improves upon a second reading. What is best about it I think is its complexity – it is of course fundamentally about victimhood, but you illuminate that even this is not a unidimensional experience. Very well done! Best, Dr. Shapiro

Hi --. Your presentation offered us much insight into anesthesiology - and you! It was so interesting to learn about your view of anesthesia, and even how it is “romanticized” in your mind. Your brief historical tour was fascinating. I remember reading about Queen Victoria paved the way for the use of anesthesia in childbirth through her own use of the miracle ether. But I was surprised. How can a specialty devoted to the elimination of pain be viewed as “just” a service? Indeed, it is a gift. Having known (both personally and professionally) some great anesthesiologists (Dr. X comes to mind at UCI; also you might want to check out Sleep Talker, a collection of poetry by Audrey Shafer an anesthesiologist up at Stanford), I am convinced of the centrality of their role, not only in ensuring attention to the big picture, as you pointed out, but also because of their role in shepherding the patient through oblivion. I also enjoyed the insertion of some really great art. Manet is a favorite of mine as well; and Rembrandt (hmm, so now he’s a workshop?) as you said is incomparable at portraying the core of the person. I also liked your progression from “they” to “we” to “I” – and the explanation you give, which was simple yet profound. Kind of sums up medical education – moving from outsider to group member and finally reclaiming your own personhood, often in the most difficult circumstances. Finally, I loved your awareness that “patients can be therapists,” at least in the sense that they have a lot to offer the doctor who is open to receiving their gifts. How nice to have been able to come full cycle with you, --. Much good luck for next year and beyond, Dr. Shapiro

Nice work, you four. You came up with a really great insight - it is easy to confuse medical school with life; and when that happens, then everything is measured according to that framework. Your awareness of the real world takes a backseat to the ups and downs of your medical school world - admittedly important, but by no means a credible yardstick of "catastrophes." Pointing out that devastating events such as Katrina, the tsunami, the Kashmir earthquake, the China earthquake, and the recent violence in Gaza all occurred during the past 5 years provided a sobering and much-needed perspective. Perhaps it is living in an apparently hermetically-sealed universe that promotes arrogance and entitlement among physicians. Thanks for looking outside the bubble. Much success to all of you next year and beyond! Dr. Shapiro