

May 6, 2024

Dear KMU students in Professor Lu's literature and medicine class, thank you so much for taking the time to write such thoughtful reflections on the personal poetry session I shared with you. I was struck by many things in your kind responses:

- 1) Many of you commented on your gratitude for my personal sharing. Thank you. This suggests to me that you will show similar respect and gratitude for your patients' sharing. I hope you will always remember that when patients give you their stories, it is a great gift. True, they are hoping for something in return – healing – but above all they are hoping to be seen and heard, as I was. I certainly felt this happened for me, and I trust it will happen for your future patients as well.
- 2) You also expressed your willingness to feel something of the deep emotions the “patient” (in this case, me!) was experiencing – whether fear of death, anger at dismissive physicians, or rebelliousness at having to adhere to treatment regimen. I guarantee that you will encounter these and many other emotions in real patients; and your capacity to simply “hold” them without blame or judgment will be essential in helping you build trusting relationships. A mentor of mine described “equanimity” as the balance between emotional steadiness and the capacity to be moved by the patient's suffering. It is this balance that I felt operating in the classroom that session.
- 3) One of you mentioned “entering the world of patients.” This echoes the great moral philosopher Susan Sontag who wrote movingly about “the kingdom of the sick.” Understanding that the world of the patient is indeed different from the world of healthy people (although thankfully there is overlap 😊) is an important first step toward respecting and honoring the patient's reality.
- 4) Along these lines, several of you noted that previously your interpretation of poems was based on your own perspective (which is pretty natural, since that is the perspective you have access to), but that together we were able to explore each other's perspectives (I learned something about my poems – and myself – from listening to you all). In the best of all clinical worlds, this is what happens between doctors and patients – they have different voices, different agendas, different worlds, but through dialogue they can learn to understand each other better and develop meaningful partnerships based on mutual trust.
- 5) Another student talked about “the mystery hidden in poems.” Such a lovely turn of phrase! As I mentioned in class, it's worth considering that patients may be more like poems than like essays and have plenty of mystery hidden within them (sometimes hidden even from themselves!). Being willing to explore that mystery also is an important way of developing connection with patients, which in turn will help you understand their humanity – and their diseases.
- 6) One student mentioned that they themselves write poetry. Awesome! One of the “uses” of poetry in clinical medicine that we didn't have a chance to discuss is what an valuable aid it can be for physicians, not only for understanding their patients but for understanding *themselves*. You are probably aware that many contemporary physicians write reflectively about doctoring – and a smaller number write *poetry* about their lives, their patients, their experiences in and out of the hospital. Physicians write poetry for many reasons - to create

beauty, to reflect on meaning, and sometimes to heal themselves. Even for those who think they are “not poets,” it can be a surprisingly insightful and beneficial practice.

- 7) A few students noted the craft of writing in the poems, focusing for example on the significance of word choice, phrasing, emphasis. I was especially amazed that one student commented (accurately) on the “sarcasm, little jokes and creativity hidden in every poem,” as these elements are hard to detect even for students who are native English speakers!

I hope this awareness of “wordsmithing” imparts a lesson that language matters – *words matter*. The words you choose to communicate diagnoses and prognoses, the words you use to console a patient or set limits on a patient; the words that come from the patient’s fear or anger or hope all *matter*. Paying close attention to them is one way to show patients you see and hear them and are eager to treat them with respect and care. One student talked about poetry “adding color to life” and I thought this was a wonderful way of expressing the value of poetry. The chart (or the EMR) is the patient in black and white. The poem about the patient is technicolor!

Thank you all again for putting up with the inevitable limitations of Zoom, my English-only poems, and my own cultural perspective. I was so appreciative of your thoughtful, insightful comments in class as well as these kind reflections. Based on the qualities that you brought to this exercise, I predict you will all become compassionate, caring, and present physicians. I wish you all good things on your journey in medicine.

Regards, Dr. Shapiro