Since joining the Division of Medical Ethics three months ago, I have had no more pleasurable, distinctive, and insightful learning experiences than the hours I have spent with the Physicians Literature and Medicine and Student Literature and Medicine discussion groups. Both take advantage of a medical perspective to organize and infuse these discussions. I want to share with you what invaluable contributions can be gleaned from these interdisciplinary programs, illustrate a few highlights from recent past discussions, and provide a preview of future literature discussions.

The linking of literature and medicine is not merely enrichment, but is a pathway to vital skill development, according to Rita Charon, M.D., Ph.D., director of the Program in Narrative Medicine at Columbia University. She argues that for the doctor-patient relationship to be a rewarding, healing encounter, medicine must recognize that it is science and art, and that as such, “must celebrate the creation of stories.” The literature “cure” focuses on the interaction between doctor and patient, understanding the complexity of that communication and developing the skills that enable the physician to treat the whole patient rather than just the disease. In talking with a patient in pain, for instance, Charon explains,

I listen not only for the content of his narrative but for its form—its temporal course, its images, its associated subplots, its silences, where he chooses to begin in telling of himself, how he sequences symptoms with other life events. After a few minutes, he stops talking and begins to weep. I ask him why he cries. He says, ‘No one has ever let me do this before.’

Susan Sample, one of the facilitators for the Physicians Literature and Medicine Group, has seen this poignant communication phenomenon first-hand, in adolescents who have had organ transplants. She asked teenaged patients to write poems about their experiences and these poems were then shared and discussed in the Physician Literature Group. Physician responses about what they learned from this poetry were communicated back to the patients. The excitement of being heard—empowered to provide insights into the human aspects of the medical process—was therapeutically rewarding for patients. It has also been argued that simply hearing and sharing these stories together can be therapeutic for physicians. Literature discussion groups provide a safe place for medical practitioners to discuss the often disturbing undercurrents of experiences that might be overwhelming or prohibited by time-demands in the quick, decisive, problem-solving mind-set necessary in a doctor’s day. Susan Sample adds that in an increasingly diverse society, the complex understanding of different cultures that literature can provide to physicians can build bridges between patients and doctors. It is this catalytic quality of Literature and Medicine groups to build bridges between doctors and those with whom they interact, that often motivates people to get involved.

Literature and Medicine groups may help develop more empathetic communication skills. This is of special concern since studies show that levels of empathy decline in medical school and residency. Articles in JAMA and other medical journals discuss the importance of “the ability to acknowledge, absorb, interpret, and act on the stories and plights of others,” locating the need for bridges in four central relationships: 1. doctor-patient 2. doctor-self 3. doctor-colleagues 4. doctor-society. Reading and discussing literature provides access to values and experiences of others, as well as exercise in observational, interpretive, and analytical skills and in developing creative imagination so important to respectful, empathic, medical care. Hopefully, this edu-
The linking of literature and medicine is not merely enrichment, but is a pathway to vital skill development.

Education will sensitize caregivers to the nuances of human interaction, but, as Rita Charon writes, “You have only to think of the stories of Nazi commandants humming Wagner and weeping over Goethe in the death camps to realize that studying the humanities does not necessarily make you any more humane than studying finance makes you care about the poor.” Developing competencies in empathy requires “something more” to bridge between the characters of a beautiful story, skillfully written, and a live patient.

Barbara Mossberg, Ph.D., Director of Integrated Studies, California State University Monterey Bay, in her talks at January’s Grand Rounds and both Literature and Medicine discussion groups, provided this “something more,” appealing to an understanding discerned from life’s chaos, that attempts to answer the question, “Why do we suffer?” Dr. Mossberg explains that in order to understand a patient’s suffering, a doctor must be able to piece together coherent pieces of a patient’s presentation. Patients need a coherent story in which they see themselves as an active, not a passive, participant, if their “story” is to create a dignity to endure their sufferings. In an important sense, we all need to be heroes in our own stories for true healing to occur. Since suffering is done alone, literature can give one a sense of being in community. When the suffering is too great, when it becomes too hard to talk, literature, is there to rely on. So it is, for example, in Tillie Olson’s To Tell a Riddle, that we can find community with one who is trying to defend against the cost of empathy, who ultimately painfully acknowledges that compassion is most needed when we are the least attractive, as well as find community with a character we recognize as noble, who takes the difficult level of great empathy, thereby strengthening us to endure empathetically.

**Highlights from Recent Programs**

Nancy Mairs’ Waist-High in the World, A Life Among the Nondisabled, was November’s reading selection for the Physicians Literature and Medicine group, led by Susan Sample. It shares the messages of a woman with multiple sclerosis. Mairs’ ideas have direct application to awareness of MS and other disabilities, and to treatment, with both clinical and societal implications. Historically, for physicians, the paradigm has switched from “causing as little upsetment as possible for the patient, paternalistically”, to “respecting the autonomy of the patients.” Who could better help us glean insight into what respectful, autonomous treatment entails, than an articulate author, viewing the world “waist high”, from her wheelchair, experiencing MS? I share just a few of my favorite “eye-openers” from this session.

First, language suggests that to be “disabled” implies that some are “abled,” tending to cast the disabled as a burdensome, non-abled, pitiable class. This is not true. We are all more or less abled at various things…Mairs, despite MS, is a very abled author. “Alexander Pope and Toulouse-Lautrec were hunchbacks, after all; Milton went blind; Beethoven, deaf, and so on, and so on. We can ill afford to kill off our geniuses, and every live birth holds such promise.” Viewed through this lens, Mairs instructs us to look at what people can do, not at what they can’t—just as we do with the nondisabled. Out of this perspective, a second point quickly follows: Investment in people with disabilities is an investment, not a drain: “Thousands of people with disabilities are already productive citizens; with adequate funds for medical care and research into preventable and treatable conditions, education, structural modifications, and adaptive equipment, we can create thousands more. They will support themselves! They will pay taxes! They will make charitable donations! Their potential contributions to culture are impossible to gauge.” Third, Mairs says, “I would educate doctors more, and regulate them less, so that they and their patients could explore options, reach decisions, and take action without intrusion. My concern is that these issues be confronted in such a way as to create a social climate in which people with disabilities perceive life to be an honorable choice.” The message: to help people out where they need it…to go with their strengths and to accommodate where they need it, without fuss. “Kindness without condescension,” is the fervent wish of all disabled.

Another November discussion was on Marmon Silko’s Ceremony, the story of a Laguna Pueblo Native American, traumatized from his experiences as a POW in WWII. Guided by Meg Brady’s provocative, “What’s medically wrong with this person?” many cultural differences were brought to light in this book and discussion. Especially intriguing, as well as frustrating in its practical implications for the medical profession, were the differences in how time is perceived: For the Native American, time is circular, not linear, with meaning, not sequence determinative. Exploring these differences was a humbling experience, teaching that to claim to “know” another culture may be over-ambitious.
Yet the process of trying to understand the interface between cultures prompts an awareness of what clues we might look for in managing this interface.

In January, we discussed poems of suffering by Emily Dickinson, selected by Barbara Mossberg. These poems provided excellent templates for how patients present, and discussion centered around how we might discern diagnoses from these presentations. An unexpected gift was a poem by Barbara Mossberg, from which I share an excerpt. This is a poem which she wrote for her father—a teacher, carpenter, and patient—that captures the sense of wonder, appreciation, and deep importance that is characteristic of the Literature and Medicine discussion groups. Thank you, Barbara Mossberg.

I write this as you lay paler than I can imagine
On a bed in an operating room. You never lie
Like that, your toes with the hair on the joints
Vertical; you always lie on your side, as you know.

I see the green masks and lights.
Your hand lies open; there is no blood in it now.
Your hand is an earth in which fingers travel,
Explore, dig, pause, settle in, move on.

I don’t know whose fingers they are, why their owners
Came to be in this operating room today,
Made the decisions they did that trained them
To know about hands,

I don’t know who raised them to care about hands.

Bless them! Bless them all, their values and
knowledge a miracle to me now, A mystery, those minds
who learned what to do if you care.
How I envy them….I don’t know what to do.

I look at my own hand.

I see the lines, the smooth surface.
Something in me calms. I think, not that your hand
And body are in danger right now,
But that they are making your hand better, whole,
They are healing you.8

Our exploration of the complexities of interpretation continues on February 2, as Mark Matheson facilitates a discussion of Henry James’ The Turn of the Screw, where we are asked, “Is the governess a reliable narrator or is she delusional? Susan Sample facilitates discussion about Kate Chopin’s The Awakening on February 10, focusing on mental health and the conflict between being “a ‘mad’ rebellious woman” and a “sane” dutiful wife and mother. For more information, call the Division of Medical Ethics at 408-1135.

Linda Carr-Lee, Research Associate

3Sample, Susan. Interview, 1-18-05.
6Discussions at Student Literature and Medicine, 1-13-05, Olsen, Tillie. TellMe A Riddle.

Evening Ethics Discussion Group

The topic for this month’s Evening Ethics discussion is “Medical Marijuana.”

To introduce the issues in this controversial topic, we will be considering the following questions: (1) Whose concerns should be the primary drivers of policy regarding the use of medical marijuana? Is this issue one to be decided primarily by physicians, public policy makers, politicians, patients, law-enforcement, or some combination of these? (2) Is there anything distinctive about the state of Utah that might affect whether or not medical marijuana should be legalized? (3) Is compromise possible in this issue?

You are welcome to call the Division of Medical Ethics at 408-1135 if you would like the articles related to this topic. We hope to see you there.

Physicians Literature and Medicine Discussion Group

Wednesday, February 2nd & Thursday, February 10th, 2005

There will be two Literature and Medicine Discussion Groups in February. The first discussion will be on Wednesday, February 2nd at LDS Hospital in the Pugh Board Room. This discussion will be facilitated by Mark Matheson. He has chosen the book Turn of the Screw by Henry James.

The 2nd Literature and Medicine Discussion will be on Thursday, February 10th in the School of Medicine in the Administration Large Conf. Rm. on the 5th floor 5A275. This discussion will be facilitated by Susan Sample. She has chosen the book The Awakening by Kate Chopin.
Activities and Programs

Wed, February 2
The Literature & Medicine Discussion Group will meet at 6:30 p.m. in the LDS Hospital Pugh Board Room. Mark Matheson, will lead a discussion on the book, Turn of the Screw. A light dinner will be served. This event is approved for 1.5 CME credit hours through the University of Utah. For more information, call the DME Office at 408-1135.

Friday, February 4
The LDS Hospital Bioethics Committee meeting will be at 7:30 a.m. in the Pugh Board Room.

The Division of Medical Ethics Resident House Staff Conference will meet at 12:30 p.m. in the LDSH, Classroom D/E/F. The topic: “Physicians and the Pharmaceutical Industry: The Difference Between Being Taught and Being Sold.” The facilitators will be Leslie Francis & Alan Sandomir. This event is approved for 1 CME credit hour through the University of Utah.

Thurs, February 10
The VAMC Ethics Committee will meet at 8:00 a.m. in the Radiology Conference Room.

The Literature & Medicine Discussion Group will meet at 6:30 p.m. in the School of Medicine Administration Large Conference Rm 5A275. Susan Sample, will lead a discussion on the book, The Awakening. A light dinner will be served. This event is approved for 1.5 CME credit hours through the University of Utah. For more information, call the DME Office at 408-1135.

Friday, February 11
The Division of Medical Ethics Resident House Staff Conference will meet at 12:30 p.m. in the VAMC, Tsagaris Conf Room. The topic: “Physicians and the Pharmaceutical Industry: The Difference Between Being Taught and Being Sold.” The facilitators will be Jeffrey Botkin & Alan Sandomir. This event is approved for 1 CME credit hour through the University of Utah.

Thurs, February 17
The University of Utah Hospital and Clinics Ethics Committee meets at 12:00 noon in Room 4A444.

Friday, February 18
The Division of Medical Ethics Resident House Staff Conference will meet at 12:30 p.m. in the UUMC, Cartwright Conf Room. The topic: “Physicians and the Pharmaceutical Industry: The Difference Between Being Taught and Being Sold.” The facilitators will be Jay A. Jacobson & Dennis Ison. This event is approved for 1 CME credit hour through the University of Utah.

Tues, February 22
The Evening Ethics Discussion Group will meet on February 22, 2005, at 7:30 p.m. at the home of Perry Fine. The subject for our discussion will be “Medical Marijuana.” Call the Division of Medical Ethics at 408-1135 for more information. This event is approved for 1.5 CME credit hours through the University of Utah.

Wed, February 23
The PCMC Ethics Committee will meet at 3:30 p.m. in the Board Room.