

Arts and humanities

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For a small group discussion on how death and dying can be portrayed in literature, a medical student selected John Donne's *Meditation XVII*. It contains the line 'No man is an Iland, intire of it selfe; every man is a peece of the Continent, a part of the maine'. The *Meditation* moves on to the words that Ernest Hemingway used for the title of his novel about the Spanish Civil War 'any man's death diminishes me, because I am involved in Mankinde; and therefore never send to know for whom the bell tolls; it tolls for thee'.

We linked the reading to an article¹ about medical students and doctors who commit suicide. 'Hospitals' wrote Dr Bhuvana Chandra 'are in some ways like ocean liners. In our daily navigations, our rush to move on to the next port of call, that flux of patients, we become increasingly isolated from our colleagues.' Even small medical facilities – community clinics and general practitioners' surgeries – can be so busy that there is hardly time to take a lunch break, far less sit and talk. Occasionally we realise that we know very little about some of the people with whom we work every day.

It is easy to feel isolated. In some countries, medical school intakes are growing to cope with changing needs and it is becoming even more difficult to know students by name. When a student is in difficulty it is often other students, rather than teachers, who first become aware that there is a problem. Good teachers connect with their students. They become espe-

cially memorable when they reveal something of themselves outside medicine, whether cultural interests, hobbies or hobby horses. Sol Posen, Emeritus Professor of Medicine at the University of Sydney, is an example. A colleague, Rebecca Mason, who was one of Sol's PhD students, recalls:

Sol was a wonderful teacher. He liked to ask students and junior doctors questions around the bedside; he would quiz those whom he knew a bit better about similarities between real cases and characters or plots in classical novels. One thing that I always loved about him was his huge intelligence and his own love of learning. At seminars we would all sit around listening to the speaker. Sometimes we did not quite understand something the speaker had said, but were too afraid to ask. That didn't matter if Sol was around. He would say 'Let me ask an ignorant question...' and then he would ask the very question that we had all wanted to ask ourselves. That taught me and many others a very important lesson. Not only did we find the answer to something that we just didn't know, but often, in addition, Sol asked questions that revealed a new way of looking at the material presented and other possible interpretations.

Well after he retired and even after he stopped seeing patients, he would come to journal club at our hospital. His questions were still incisive as he came to grips with even the most esoteric

aspects of molecular biology, asking insightful questions even in unfamiliar territory. Sol majored in English before he took his medical degree and it may well be that this gave him the broad horizons that allowed him to see alternative interpretations and different points of view.

Following his retirement, Sol Posen has drawn together the threads of his literary interests to create *The Doctor in Literature: satisfaction or resentment?*² One particularly useful feature of the book is the index of major and minor fictional medical characters, vignettes and aphorisms. No more searching for that half-remembered character from a classic work; Dr Posen has done it for you. In this book, he is particularly interested in sources of ambivalence in the doctor-patient relationship. He has found plenty of material for the section on doctors' fees, from Chaucer and Shakespeare to Somerset Maugham and Tennessee Williams. The excerpts cover poor doctors, wealthy doctors, greedy doctors and doctors who feel guilty about their charging for their services at all.

John Crellin, Professor of Medical History at the Memorial University of Newfoundland, is also an admired teacher. He has written another book, *Public Expectations and Physicians' Responsibilities: voices of medical humanities*.³ He draws largely from contemporary sources, including film, poetry, patient narratives and even comic postcards, to

illustrate the ways in which public expectations and doctors' behaviour may have diverged in recent years, and what might be done about it. His choice of material complements *The Doctor in Literature* with some more recent texts, many selected by medical students themselves. Where the first book tends toward Donne and Shakespeare, the second tends toward Doyle (Roddy) and Shem (Samuel).

Both books exemplify the message in Donne's *Meditation XVII*. Sadly, the reminder that we are part of the same Continent (or 'all on the same team') does not sound quite the same when it comes from university and health bureaucrats with eyes fixed firmly on the bottom line; sometimes we doubt whether we exist on the same planet, far less the same Continent. Life becomes even more challenging when we find students questioning basic concepts about our shared humanity, as described vividly by Delese Wear and Julie Aultman.⁴ In a thoughtful reflection, Neil Pickering has acknowledged some of the dangers inherent in using literature to teach moral lessons.⁵ With poetry as an example he points out that 'any genuine engagement of an individual with a poem is unpredictable'. For that reason, he sees danger in being overly prescriptive and suggests that ethical lessons be treated as a by-product of our engagement with literature and not as ends in themselves.

Literature may help to shape professional values, but we need explicit teaching in ethics, too. Tom Faunce argues that tomorrow's doctors will need new knowledge and formidable skills to confront the global corporate structures that carry a serious threat to the right to health⁶. These structures are built on the idea that all Continents are created equal, but some are more equal than others, an illustration of how far-right and far-left ideologies eventually converge. The Continents come pre-labelled as first, second and third worlds. Access to medicines and to medical care reflects their ranking. Do our students know how corporate structures work and how they are influencing medical research and health care, both in their immediate environment and around the world? Do they have opportunities to experience and evaluate their effects?

According to Donne, 'All mankinde is of one Author, and is one volume; when one Man dies, one Chapter is not torne out of the booke, but translated into a better language; and... His hand shall binde up all our scattered leaves againe, for that Librarie where every booke shall lie open to one another.'

In today's secular world, fewer of us may derive comfort from the idea of one 'Author' who binds us than in Donne's time. However, the fundamental ideal of people occu-

pying one volume with many chapters has enduring appeal. Great clinical teachers model an attitude of unqualified positive regard for all patients and are alive to our history and to the social and political debates of our times. They shape students' moral development simply by being themselves. If they also share with students their enthusiasm for the arts and humanities, this can be a wonderful bonus.

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