

Literature and medicine: an evolving canon

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The powerful affinity between literature and medicine goes back to ancient times,¹⁻³ and there are hundreds of literary works that deal, in one way or another, with medical themes broadly construed, such as illness, suffering, and death.^{4,5} Among these are many masterpieces of western literature that have long been read and taught for their literary quality, psychological insight, and theological or philosophical vision. The biblical Book of Job, Sophocles' *Philoctetes*, Eliot's *Middlemarch*, Tolstoy's *The Death of Ivan Ilyich*, Mann's *Death in Venice* and *The Magic Mountain*, Kafka's *Metamorphosis*, Camus' *The Plague*, and García-Márquez' *Love in the Time of Cholera*, to name only a few examples, are among the highly regarded works of art that raise ultimate questions about what it means to be ill, to suffer, and to die. These great works certainly belong in any canon of literature and medicine.⁶ They may be even more important for physicians than they are for "lay" readers—certainly they are no less so—because in the daily practice of their profession physicians must deal with the ultimate human questions examined in these works.

Great literary works are, almost by definition, complex; they are often lengthy as well. Although their complexity makes them ideal texts for teaching students "to read, in the fullest sense", and thereby helping train them medically—one of the first clearly articulated and defended purposes of incorporating the study of literature into medical education⁷—their length works against their easy inclusion in the curricula of many medical schools and residency programmes. For this reason, and because the relevance of literature to the world of clinical practice was not as well understood in the 1970s as it has become two decades later,^{8,9} literature was first taught in many US medical schools in conjunction with medical ethics.² Certain stories work so well as literary "cases", illustrating traditional dilemmas of medical ethics, that they belong to an evolving canon of works frequently taught in medical humanities classes. Most of these works do not hold canonical status as literature in the way that such masterpieces as, for example, *The Magic Mountain* and *The Plague* do. Rather, it is a combination of their medical subject matter, their brevity, and their literary style that gives them special pedagogical value for medical education. Often written by physicians, these works may focus sharply on a doctor-patient encounter or an ethical dilemma in medical practice; in this, they are like the traditional ethics case. But the encounter or dilemma is

presented and developed in a literary way—that is, embedded in a complex human situation replete with highly charged emotions. The emotional and sometimes ambiguous context that makes these stories so pedagogically useful, however, makes some ethicists uneasy. They argue that the attention given to pain, suffering, and emotion in such literary cases can distract readers from the abstract reasoning skills necessary to analyse an ethics case.¹⁰ This inherent tension between logical and literary modes of reasoning has led over the years to the development of a richer variety of approaches towards not only these stories but also the practice of clinical ethics.¹¹⁻¹⁴

Perhaps the best known of these literary cases is William Carlos Williams' "The Use of Force".¹⁵ Written in the 1930s, this story is one of many that came out of Williams' experience as a general practitioner and paediatrician for a working-class population in Rutherford, New Jersey (figure 1). In "The Use of Force", a physician is called to the home of a couple he has never seen before to examine their young daughter, who has been ill for several days. The young girl refuses to open her mouth for examination;



Figure 1: William Carlos Williams, MD, standing in front of his medical office

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the physician insists that he must examine her throat to determine whether she has diphtheria. There is a special urgency about the diagnosis because a diphtheria epidemic in the schools has already caused the deaths of at least two children. So, despite the young girl's hysterical shrieks, the parents' obvious fear, and the physician's awareness that he has lost emotional control himself and become enraged, he persists in his efforts, finally overpowering the little girl and forcing a heavy spoon down her throat until she gags and he can see "both tonsils covered with membrane". Can his action be justified and, if so, how? "The Use of Force" is a very short story, and these seem like simple questions; yet they can engage readers in extremely lively discussion for quite a long time. Years ago this story was typically used to discuss principles of medical ethics, such as autonomy and paternalism.¹⁶ Gradually, however, that approach has been enriched by more specific attention to issues of cultural context, such as class and gender, and to overarching questions about the use and abuse of professional power.^{17,18}

Williams' reputation in literary circles rests primarily on his poetry,^{19,20} but it is his short stories about medicine that are most often taught in medical humanities classrooms. These 13 stories have been compiled, along with a handful of poems about medicine, in a collection titled *The Doctor Stories*.¹⁵ Like "The Use of Force", Williams' other doctor stories tend to focus on one patient encounter or one case; other frequently taught stories include "Old Doc Rivers", "The Girl with the Pimple Face", "A Night in June", and "Jean Beicke". Of special interest because of the commentary it has evoked is "A Face of Stone", a troubling account of a physician's hostility towards a Jewish immigrant couple and their baby; the doctor regards them as "the presuming poor" because of the husband's insistence on care for his wife and apparently healthy child.

The works of another physician-writer, Richard A Selzer (figure 2), have proved equally useful in medical humanities classrooms, especially stories from his collection *Letters to a Young Doctor*.²¹ Like Williams' stories, those of Selzer also tend to focus on a single physician-patient encounter or a single case. Probably the two best known and most frequently taught stories from *Letters to a Young Doctor* are "Mercy" and "Brute". In "Mercy" the physician-narrator reflects, retrospectively, about his attempt and failure to hasten the death of a patient who was dying in intractable pain from end-stage pancreatic cancer. Selzer focuses on the patient's terrible pain, the family's request that the physician relieve the patient's pain even if doing so might kill him, the physician's rational conviction that he *should* relieve his patient's suffering even if he has to kill the patient to do it, and the physician's emotional response that prevents him from carrying out his intention of assisting his patient to die.



Figure 2: Richard A Selzer, MD
Reproduced with permission of Richard A Selzer.

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"Brute" is a cautionary tale against physician anger and loss of control: "You must never again set your anger upon a patient", the story begins, as an older physician instructs a younger one by recounting an instance of his own loss of control and anger towards a patient 25 years earlier. When four policemen brought a huge, drunken black man into the Emergency Room at 0200 h to have a head wound treated, the physician, already exhausted by a day and night filled with "stabblings, heart attacks, and automobile accidents", could not get the patient to hold still for treatment. Instead, the patient cursed him, and the doctor became enraged. In his anger, he sewed the patient's earlobes to the gurney (trolley) and gloated over his domination of the patient, who finally stopped fighting and held still so that his wound could be sutured. This story can be taught in tandem with Williams' "The Use of Force" to raise questions about physicians' vulnerability to loss of emotional control when they are tired and faced with uncooperative patients. The real antagonist in these stories, Robert Coles suggests, is not the patient—the young girl or the drunken black man—but the physician's own pride.¹⁸

Ways of teaching "Brute" have changed over the years to focus more on the differences in race and class that underlie the physician's perceptions of his patient. A 1992 article by Nancy M P King and Ann Folwell Stanford signals a change in approaches to Williams' and Selzer's stories as well as to the use of patients' stories and literary works in medical education more generally.²² Using concepts from the work of the Russian literary critic Mikhail Bakhtin,²³ King and Stanford analyse "A Face of Stone" and "Brute" as examples of what Bakhtin calls a monologic work—that is, a work told from only one character's perceptions and point of view. This is especially true of "Brute" because the patient is far too drunk to engage in dialogue with the physician. In the absence of the patient's story, the physician can only imagine how his patient came to be injured and in the hands of the police. In doing so, he constructs a story that reveals the stereotypical cultural associations that are evoked for him by the patient's strong black body. King and Stanford maintain that "A Face of Stone" is also a monologic story until near the end, when the physician finally learns that the young Jewish wife and mother he has treated so harshly is the only member of her family to have survived the war in Europe. Suddenly, his insight into her past experience leads to his understanding of her obsessive concern for her baby's health and to a diminishment of his hostility towards her and her husband. At this point, the physician-patient encounter has become dialogic—that is, the inclusion of the patient's story has changed the way the physician understands and treats her. Although "A Face of Stone" ends just as the physician begins to appreciate what the young woman has endured, readers can hope that the physician's insight in this case may give him more patience and tolerance, and

make him more willing to engage in dialogue with future patients.

King and Stanford's article reflects a change not only in approaches to these stories but also in approaches to medical ethics. At least as important as the ethical principles and dilemmas illustrated by certain literary cases is the quality of the narrative interaction of the characters. This recognition leads from a traditional principle-based ethics to an evolving narrative ethics.^{11,13,14} It also emphasises the important role literature can have in helping physicians develop empathy, especially for those who are different from them in gender, race, class, or culture,⁷⁻⁹ and the need to include patients' stories of illness in medical education.

As approaches to literature and medicine, medical ethics, and medical education continue to develop and change, they will be accompanied by an evolving canon of literary works that have special pedagogical value in medical settings. In addition to great literary works that have special relevance to the world of medicine, this canon will include works that may be little known or taught beyond medical circles but that offer valuable insights into patients' or physicians' experiences or into troubling ethical issues in medicine. New works will continue to be sought, and taught, and shared within the literature-and-medicine community. An on-line bibliography of literature and medicine provides a computer database that is updated monthly by those who wish to share their enthusiasm about particular literary works (<http://mchip00.med.nyu.edu/lit-med/medhum.html>), and the Medicine and the Arts section (formerly called "furthermore") of the journal *Academic Medicine* provides a monthly forum for discussion of selected literary works and the ways they have been used in medical education. The evolving canon of literature and medicine will be developed by those who are actively using literature in the service of better patient care.

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