

Literature and Medicine:

An Examination of the Patient-Physician Relationship through a Survey of Fiction and Poetry

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“To the typical physician, my illness is a routine incident in his rounds, while for me it’s the crisis of my life.”

Anatole Broyard

Owing to technological advancements and increased medical knowledge, patients today have, at least theoretically, access to a level of healthcare much-improved over any other time in history. Despite medicine’s immense strides, the modern healthcare system still fails too many patients, particularly in first-world North American countries. Often the blame of these failures falls on both the physician and the patient. One of the main problems is a lack of communication between physicians and patients, a difficulty significant not only in how it affects the way that patients and physicians view and treat one another, but also in how they conceive of illness itself.

In recent years, medical literature has become progressively more popular, and the documentation of multi-faceted patient-physician relationships has substantially increased. A variety of literary works in particular serve to examine how patient and physician perspectives differ, from the patient's unique personal experience of their

illness to the physician's recognition, understanding, and treatment based on training and observation. Miscommunication often results from a failure to reconcile a patient's personal experience of illness with a physician's professional understanding. As these opposing narratives are most often written from the perspective of patients, medical students, and physicians, the accounts gathered here offer both positive and negative views of the healthcare system. In works like Vincent Lam's novel *Bloodletting and Miraculous Cures* and in Anatole Broyard's "The Patient Examines the Doctor," a chapter included in his autobiographical work *Intoxicated by my Illness: And Other Writings on Life and Death*, differences in doctor and patient accounts are grounded in subjectivity. Literary works documenting the contrasting perspectives of patients, medical students, and physicians do, however, allow readers to take an objective position regarding physician treatment and patient perspective.

As Kathryn Montgomery Hunter explains in *Doctors' Stories: The Narrative Structure of Medical Knowledge*, there is often a great distinction between what patients and physicians expect from one another. While the patient typically looks to the doctor for answers and aid, physicians seek from their patients a narrative of the cause, symptoms, and suffering to distinguish each individual malady. Hunter perspicaciously describes this divergence:

We seek more from a visit to the doctor than the classification of our malady. We want our condition to be understood and treated. Face to face with a patient, physicians can know disease only indirectly.

They depend for its identification on their interpretation of the signs they observe and the story of symptoms the patient tells them. (xvii)

As Hunter establishes, there is a clear distinction between recognizing and understanding illness. While physicians decipher the signs and symptoms and *observe* an illness, Hunter acknowledges that they cannot truly *know* illness by simply interpreting their observations. Additionally, as each physician-patient pairing has different goals, situations, and concerns, it is understandable that a wide array of miscommunications may arise.

It is thus unsurprising to read a negative account condemning a doctor and his medical practices as written by a patient. Broyard does admit that he knows “very little about the doctor-patient relationship” (33), but nevertheless offers a very clear perspective of his own as he relays his own experience with a urologist who diagnoses his prostate cancer. Broyard disapproves of his doctor’s “bland, hearty, and vague” personality (37), and he is uncomfortable with the way the doctor speaks, the appearance of his office, his clothing style, and his lack of charisma. “From the beginning,” he writes, “I had a negative feeling about this doctor. He was such an innocuous-looking man that he didn’t seem intense enough or willful enough to prevail over something powerful and demonic like illness” (35-36). Broyard’s judgments are, however, not indicators of this particular doctor’s abilities and skills as a medical professional, but Broyard’s personal response. Quite fairly, Broyard acknowledges that he cannot critically remark on the doctor in an accurate sense by declaring, “I want to point out that this man was in all likelihood an able, even a talented, doctor. Certainly I’m no judge of his medical competence” (39). Broyard does admit that his assessment is based purely on the doctor as a person and not a professional in offering a patient account that is by and large negative toward his physician.

Broyard's tale establishes how unspoken communication is significant between patient and physician: patience, compassion, and empathy are expected as a part of medical treatment. Broyard's account thus illustrates Hunter's claim that "patients are the texts to be examined and studied and understood by the physician" (8), and medical treatment of patients certainly goes beyond mere diagnosis. Yet, though he does not thoroughly examine his urologist's practices, Broyard does suggest that a physician's "bedside manner" and overall demeanor influences patients as much as actual medical practice. "Since so many patients have been psychoanalyzed, or have undergone psychotherapy of some kind," he ponders, "I wonder whether they shouldn't bring to the specialist a brief summation of these findings, too, so that this new doctor knows *whose* body he's treating and what its spiritual composition is. How can a doctor presume to cure a patient if he knows nothing about his soul, his personality, his character disorders? It's all part of it" (47). Physicians can more effectively treat patients by getting to know and understand those who depend on them for medical aid. By not taking the time to connect with the individual, the physician ultimately fails the patient. As Broyard's narrative indicates, the physician's ability to form a relationship and interact with sympathy towards the patient is of the utmost importance.

The benefits and consequences of communication, ranging from effective to absent, are explored even further by Raymond Carver in his short story "A Small, Good Thing." The story follows the lives of Ann and Howard when their son Scotty is hit by a car and subsequently dies days later. Scotty's primary physician, Dr. Francis, is not completely cold, and he isn't disliked, as the urologist is by Broyard. Instead, Dr. Francis maintains a distance from the couple and often comes across as being aloof and

unconcerned about Scotty's condition. Sure, Dr. Francis checks in on Scotty regularly, but his visits are unhelpful and apathetic: he cannot and will not offer suggestions as to why Scotty will not wake up from his "very deep sleep," unwilling to call his condition a coma (186).

Though he has a gentle and reassuring demeanour, Dr. Francis' poor communication with the couple results in further stress for them, such as when Ann is concerned about Scotty, and Howard rebuts, "'The doctor was just in here. He would have said something if Scotty wasn't okay'" (186). Dr. Francis' authority as a medical professional gives Howard the illusion that communication is guaranteed; he expects that he and his wife will be given all information relevant to Scotty's condition and treatment. This expectation proves false the very next day, when a nurse arrives to draw Scotty's blood and fails to communicate effectively with the couple:

Then a young woman from the lab knocked and entered the room. She wore white slacks and a white blouse and carried a little tray of things which she put on the stand beside the bed. Without a word to them, she took blood from the boy's arm. Howard closed his eyes as the woman found the right place on the boy's arm and pushed the needle in.

"I don't understand this," Ann said to the woman.

"Doctor's orders," the young woman said. "I do what I'm told.

They say draw that one, I draw." (188)

Not only does this passage highlight a failure in communication between the nurse and the parents, it also draws attention to a failure in communication between the doctor and

nurse. It is understandable that a physician might not have the time to explain Scotty's condition and his treatment plan in its entirety to the nurse. However, Dr. Francis does not adequately brief the nurse on the reason behind his request, and thus prevents her from performing her job more effectively by not giving her the opportunity to answer any inquiries from the parents.

After Scotty's "one-in-a-million" medical circumstance results in his demise, Dr. Francis' interaction with Ann and Howard changes. Before Scotty's death, Dr. Francis does not touch Ann and only ever shakes Howard's hand, maintaining his distance. After Scotty's death, Dr. Francis is "shaken" and he finally embraces Ann, his ability to remain detached and reserved shattered (196). Carver's changing depiction of Dr. Francis allows for an understanding of the physician and his desire to connect with the family. Physicians are human, too, and Dr. Francis' distance during Scotty's treatment can be understood to have been a protective measure for himself. This change in conduct can be seen as a positive portrayal of the physician to the extent that he is invested in the lives of his patients and their families. However, his empathic behaviour after his patient's death does not compensate for his poor communication with the patient's family during treatment, resulting in further emotional stress for Ann and Howard, and possibly even resulting in poorer medical treatment. The ineffective consultations with Dr. Francis and medical staff depicted in "A Small, Good Thing" stress the significance of clear communication between physicians, patients, and patient families and the possible results of poor communication.

While Broyard's account and Carver's short story are quite telling, there are many other narratives from the patient perspective in which doctors are portrayed in a positive

light. On the other end of the spectrum, Raymond Carver authors a sombre poem depicting a patient receiving a terminal diagnosis in “What the Doctor Said.” Although the physician has just informed the man of his impending death, the patient thanks him for being both honest and understanding, saying, “I jumped up and shook hands with this man who’d just given me something no one else on earth had ever given me” (154).

Throughout the poem, Carver depicts the physician as a sensitive, sympathetic, and supportive individual. The ease with which this caregiver interacts with his patient counteracts the image of the apathetic, bland physician described in Broyard’s memoir, as well as the detached Dr. Francis in Carver’s story.

Carver’s poem is not the only literary representation that sees patients holding a positive view of their physicians. One of these is Hart Crane’s poem “Episode of Hands,” in which the patient feels both relaxed and comforted by his doctor. The act of holding another’s hand has long been an important demonstration of gentleness, reassurance, and, in this case, compassionate healing. Crane writes that the patient “seemed to forget the pain, consented, and held out one finger from the other” (59), demonstrating that the patient is comfortable with his physician. Furthermore, it is evident that the patient feels safe with his physician and trusts him, something that cannot be claimed by Broyard. “Episode of Hands” is a gentle poem that supports doctors with a positive portrayal, countering Broyard’s negative experience.

Although Broyard’s is perhaps one of the most illuminating tales, negative accounts of physician care do not derive solely from patients who have had bad experiences. For instance, the viewpoint of a medical student proves to be equally effective in conveying the superficiality of medical care demonstrated by physicians in

Constance Meyd's short story "The Knee." The anecdote accurately portrays how the female patient is treated in social terms by physicians, residents, and students who are learning how to examine a knee. Meyd's phrasing indicates to readers that the patient is an extraneous factor to the students' training experience by simply stating, "The knee is attached to a woman" (167). Writing that the knee is *attached* to the woman, rather than "it is the woman's knee," Meyd places the reader firmly into the medical student's formal, detached, and indifferent thoughts.

Meyd's writing is candid as the student recounts the patient's negative experience:

All eyes are on the knee; no one meets her eyes as she answers. The maneuvers begin—abduction, adduction, flexion, extension, rotation. She continues to tell her story, furtively pushing her clothing between her legs. Her endeavors are hopeless, for the full range of knee motion must be demonstrated. The door is open. Her embarrassment and helplessness are evident... She asks a question. No one notices... She gives up. (167)

The doctors do not look at her, nor do they listen to her as they focus exclusively on her knee, how it moves, and what may be wrong with it. Furthermore, Meyd repeats the statement "The door is open" several times throughout the story, illustrating that the patient is not being treated with privacy, consideration, and respect. Her questions go unanswered and her feelings of embarrassment demonstrate that she is not at all comfortable with the care she is receiving and that her personal rights are being violated in the interest of education. Meyd closes the story boldly by declaring, "She is irrelevant"

(167). This powerful conclusion heightens the idea that, while the medical care may be impeccable, a doctor's interaction with the patient is an equally critical element in the healing paradigm and in the healthcare system.

Just as the patient becomes her knee in Meyd's story, so too does the patient become her spleen in Sarah Jane Cook's creative non-fiction story, "The Spleen," which discusses one of the author's clinical experiences. The patient is a young woman reduced to nothing more than her unwell organ. Though Cook does not explicitly state the patient's illness or diagnosis, she does write that the patient's abdomen is swollen and that she is in great pain. The patient's name is not provided at any time in the story. In fact, Cook begins her story with her physician preceptor stating, "There's a great spleen in room 28" (33). Cook uses the preceptor's words to represent the medical dehumanization by omitting the patient's name and categorizing her by her illness, writing: "Hello, spleen. Spleen is a young woman – not much older than me. She has no hair and her body is puffy from the steroids" (33). Cook's reference to the patient as "spleen" demonstrates that medical students learn from physicians and preceptors how to conduct themselves in the workplace and how to treat their patients on a personal level just as equally as they learn to treat them medically. Cook is not taught how to treat a patient with compassion and kindness, but to categorize an individual by his or her illness.

This particular patient receives little compassion and consideration from her physician and medical students. When the physician asks if the medical students can examine her abdomen, the patient obliges, but Cook notes that "she looks a bit uncertain" and wonders "could she really say no?" (33). Communication happens between the

physician and the patient, but it is inadequate: the presentation of eager students anticipating an examination pressures the patient into agreeing to the physician's request. In Cook's introduction to her story, she writes, "Is this what desensitization means? Will my patients become a mere collage of fascinating broken parts? Do I have to treat people like this to become a doctor?" (33). Cook relays this experience in such a manner that the patient and the spleen do indeed become part of a collage. Rather than being a collage of fascination, however, the patient and her spleen join a collage of miscommunication and misconduct on the part of a physician.

This notion is furthered by an anonymously written story entitled "Pleasantly Plump," where a third year medical student witnesses morbid and grotesque humour exhibited by doctors at the expense of a pregnant, obese patient. This supposedly factual account portrays physicians in a negative light by exposing the appalling things they say about a patient, which include calling her "The Beached Whale" and "Shamu," a reference to a killer "orca" whale (36). In addition, the author adds that the patient "knew we were seeing her body size first and foremost, instead of caring for her as a whole person" (38). This distressing, sincere narrative depicts these particular physicians as unsympathetic and malicious. Furthermore, the story certainly damages the reputation of physicians, while encouraging patients to question whether their physicians are affording them the privacy and respect they deserve, once again weakening the patient-physician relationship.

As the three prior accounts from the perspective of medical students illustrate, it is possible that these trainees—although undoubtedly influenced by their medical backgrounds—are the most impartial and objective observers of the physician-patient

relationship. In their connection with both physician and patient, they are in a unique position to *study* these relationships. As Arthur W. Frank suggests in “The Fascination of Medical Students,” medical students are “liminal” beings, in that “they are neither one thing nor another” (i). Their liminal position means that the students are more knowledgeable than the patient but not as learned as the physician. Hence the student offers a valuable perspective when comparing different narrative structures and viewpoints within medical literature.

Though patient and medical student points of view are imperative to consider, it is necessary also to consider the physician’s perspective. Perhaps the most realistic literary representation offered from the viewpoint of a physician appears in Lam’s *Bloodletting and Miraculous Cures*. Following the progress of four medical-students-turned-physicians, Lam constructs an accurate and credible novel in which most of the accounts are from the physicians’ perspective. This, however, does not mean that all of Lam’s portrayals of doctors are positive; most notably, Dr. “Fitz” Fitzgerald, one of the four main protagonists, seems to deteriorate in both social and medical terms. In the chapter “Eli,” Dr. Fitzgerald’s treatment of his criminal patient is brutal, insensitive, and borderline cruel, as Fitz lets his temper control him by “[gagging Eli] hard ... and [letting] him retch ... until [Fitz] started to feel better” (181). Furthermore, Fitz’s alcoholism diminishes his medical career and his own health. With Fitzgerald, Lam creates a character that is easily understandable to readers through his faults. Nevertheless, Lam establishes that Fitz is not the ideal physician, and is at least if not more flawed as anyone else.

Lam's portrayals are not all negative, however, as he utilizes his four characters to represent the honest realities of physicians working in the healthcare system. Though his characters struggle with both personal and professional hardship, they display compassion when dealing with their patients. The doctors' employment of their medical knowledge is predictable, but they also demonstrate empathy, thoughtfulness, and a genuine will to help others. The patients and their families are often described as being at ease around these physicians, not only because of physicians' medical authority, but also their kind demeanors and sincere desire to help others. Lam's altruistic portrayals demonstrate that to be a first-rate physician, one must go further than simply being knowledgeable, practiced, and skilled.

The physician perspective is also explored by Elspeth Cameron Ritchie in her poem "The Intensive Care Unit: December 15, 1985." Ritchie writes from a physician's voice in regard to a patient in heart failure, and how she is surrounded by her husband, her daughter, and her grandchildren as her health declines. While the patient is lucky to have her family around, the speaker of the poem is working, unable to be with her own family during the holiday. The speaker outlines her sacrifice casually:

no sleep again

tonight, Christmas night.

I nibble microwave popcorn and

stale fruitcake, swig Diet Coke. (377)

Part of a physician's job while working in a hospital or emergency care clinic is to work strange hours and holidays: a hospital never closes, and illness never rests. Ritchie develops a physician's sense of duty in her poem, demonstrating that it is the physician's responsibility to assist and treat his or her patients, regardless of the individual, the time, or the day.

Further to this, the speaker displays compassion not only for the patient, but also for the patient's family. Not only does the speaker acknowledge the presence of the different family members, but the speaker also considers the effect that the patient's death would have on the family:

Yet, I hope she does not die today

(though my tasks would be fewer).

Her grandchildren should not remember

Christ's birthday and new toys

by her death. (377)

The speaker's consideration for the patient's grandchildren shows that the physician is in his or her profession for the right reasons: the well-being of the patient—and by extension, his or her family—is more important to the physician than holiday celebrations, grand meals, and even sleep. Ritchie's speaker allows readers to understand the sacrifice and the privilege that are part of being a physician. Kindness and consideration are equally as important in treatment as medicine.

Though we often consider how the patient is treated by the doctor, so too should we consider the treatment of the doctor. Physicians are, after all, people too, and they should be treated with as much dignity, respect, and understanding as they are expected to afford others. Writer and physician William Carlos Williams supports this concept in offering an interesting perspective in his essay, "The Practice." Williams narrates his taxing duties as a physician, recounting how medicine takes up much of his life, though he does not complain; on the contrary, he celebrates his relationship with medicine and his ability to connect with others through his practice: "...the actual calling on people, at all times and under all conditions, the coming to grips with the intimate conditions of their lives, when they were being born, when they were dying, watching them die, watching them get well when they were ill, has always absorbed me" (55). Williams conveys both his passion and compassion: not only does he dedicate his life to practicing medicine and promoting healing, but he also honours his patients. He provides an opportunity for readers to view the practice from a physician's perspective, and he often writes in a respectable, thoughtful manner, perhaps aiming to increase the likeability of physicians in the eyes of readers and patients alike. Williams communicates his view of the medical profession through literature, and this essay offers a positive perspective on medicine, literature, and patient-physician relationships.

Furthermore, Williams' writing of his practice presents another form of medical communication: it offers writer to reader communication, as well as physician to patient communication. A patient may not consider a physician outside of his or her work, and the demands and responsibility of the medical profession may not resonate to an outsider. This ignorance is understandable given the one-sided perspective a patient typically

holds, but Williams' shares his own side of the story. He writes, "It's the humdrum, day-in, day-out, everyday work that is the real satisfaction of the practice of medicine; the million and a half patients a man has seen on his daily visits over a forty-year period of weekdays and Sundays that make up his life" (55). Williams recognizes that medicine is more than the application of knowledge; a physician is truly able to practice, understand, and hone his or her skills only with and through the patient. The patient is not just there to be studied and practiced on; the patient is present to be understood, sympathized with, and helped.

Williams' thoughts are similar to those of Sir William Osler, another physician who developed a hobby of writing. He too recognized the importance of respecting the patient during medical practice, and in a collection of thoughts titled "Aphorisms," he states, "Medicine is learned by the bedside and not in the classroom" (35). Medicine is a human experience, and learning to practice medicine requires practical experience. Working at the bedside of a patient exposes students to the side of medicine that requires kindness and compassion, which no textbook or lecture can teach. He also states that "the practice of medicine is an art, based on science" (35). Medicine is the study of disease and the promotion of healing, which requires creativity and innovation, personal judgement, and an art of patient care. Good healthcare requires applied science but, as Osler claims, it would never be whole without a call to the humanities.

In parallel with Williams, Osler also presents a positive portrayal of a physician. He aims to inform both patients and medical students of the duties of a physician, both on a professional and a personal level. He states, "The physician needs a clear head and a kind heart; his work is arduous and complex, requiring the exercise of the very highest

faculties of the mind, while constantly appealing to the emotions and higher feelings” (32). Medical professionals undoubtedly require knowledge, practice, and experience in medical assessments and procedures, but the emotional and personal side of the job play into a physician’s treatment of the patient as well. No two patients are the same, so no two illnesses should be treated the same, as every individual may require something different, whether it be in medical treatment or in the personal treatment from physician to patient.

The parallels between Osler and Williams do not end here, however. Osler’s sentiments echo Williams’ in regard to the importance of recognizing each patient and how important he or she is to the practice. Osler writes, “Nothing will sustain you more potently in your humdrum routine, as perhaps it may be thought, than the power to recognize the true poetry of life—the poetry of the commonplace, of the ordinary man, of the plain, toil-worn woman, with their loves and their joys, their sorrows and their griefs” (34). Osler humanizes patients; instead of simply focusing on the disease, he acknowledges how critical it is for the complexity of each individual patient to be recognized and respected. A patient is more than his or her illness, and the physician should employ humane treatment in conjunction with the medical. The best treatment requires good communication and a trusting relationship between doctor and patient.

The relationship between physicians and patients has been thoroughly examined in trying to understand the personal dynamics inherent in opposing perspectives. As stated by John D. Engel, et al. in *Narrative in Health Care: Healing Patients, Practitioners, Profession, and Community*, “A person carries to the relationship with her physician a state of vulnerability and suffering” (58). This statement is undoubtedly true in both reality and in literary explorations of medical treatment. Dr. Eric J. Cassell further

develops the idea in his influential article “The Nature of Suffering and The Goals of Medicine,” where he affirms, “Although pain and suffering are closely identified in the medical literature, they are phenomenologically distinct. The difficulty of understanding pain and the problems of physicians in providing adequate relief of physical pain are well known” (641). Together, these observations propose a concept that physicians can never completely identify with their patients in terms of understanding an illness until they themselves experience the illness or until they empathize with the suffering of the patient as a person.

In the growing body of essays, fiction, and poetry focused on medicine, the importance of communication in the patient-physician relationship is accentuated. The comparison between the perspectives of the patient, the medical student, and the physician underscores how misunderstandings may occur among the different parties within the healthcare system, as well as how physicians are judged as medical professionals. The patient-physician relationship is, in general, of the utmost importance in ensuring that healthcare systems operate efficiently and do not fail patients, students, or physicians. As the medical humanities evolve as a field and the examination of the patient-physician relationship through literature expands, one can hope that empathy and understanding between patients and their doctors will improve. It is in the hands of physicians that patients leave their trust. As the literature demonstrates, however, this trust must be earned through a more comprehensive relationship than one based solely on commanding and dispensing medical knowledge. The patient and the ailment are not separate entities; they are simply two aspects of the healing equation that deserve to be considered equally.

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