

## Teaching Through Literature

This section provides the theory behind using literature for teaching in the health professions. It also suggests readings and reflection questions. It is used in our Summer COPC program.

### The Literary Curriculum

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- 1. Goals:**
1. To provide students with a better understanding of patients' experiences; a better understanding of their patient's lives (empathy).
  2. To give students the opportunity to grow in self-understanding and awareness; to know that reflection can deepen one's capacity for compassion.
  3. To provide opportunity to more accurately render the lives of patients by increasing students' narrative competence.
  4. To recognize the human dimensions of health and illness.
  5. To discuss the moral (ethical, legal) dimensions of patient lives and medical practice; discuss the confrontations, ambiguities, and subtleties of differing perspectives (patient, family, practitioner, society).
- 2. Objectives:** After completing the reading assignments and participating in discussion, the student will be able to:
1. Define health care and clinical medicine as a blending of respect, empathy, and patient care.
  2. Define patient care as a balance of: diagnosing; appropriate treatment and management; and human recognition of suffering.
  3. Define culture and humanities; recognize the role of the humanities in health education.
  4. Recognize the correlation of literature (stories) and clinical medicine (narrative history).
  5. Define the narrative history and its ability to promote the recognition of human suffering and the psychological, emotional and relational aspects of health care.
  6. Defend the inclusion of a literary curriculum in clinical professional training

programs.

7. Describe four orientations of the clinical literary curriculum: practitioner and patient; practitioner and self; practitioner and colleagues; practitioner and society. Provide example(s) of literary passages that illustrate each orientation.
8. Expand the perception of health and illness by examining literary passages and reflecting on their meaning and impact.

**3. Audience:** Students and practitioners of the health professions.

### The Theory Behind Medical Humanities: The Literary Curriculum

Medicine embraces three major tenets:

- 1) respect for patients, families, support personnel, and colleagues;
- 2) empathy for others in their time of need;
- 3) effective care of the patient.

Successful patient-practitioner relationships encompass all three of these tenets in the quest to deliver quality patient care. Patient care is a broad concept that includes skilled diagnostic abilities, effective management of illness and health, and the human recognition of suffering or illness.

Clinical outcomes are commonly judged to reflect objective measurements of health—diagnostic and treatment goals, rates of illnesses, successes and failures. But the subjective quality of health care is more difficult to measure. The recognition of the emotional aspect of disease is more difficult to teach, to observe, and to evaluate. The emotional, cultural and spiritual aspects of patient care are more difficult to grasp. Yet, this is an important and valuable component of patient care. Successful patient-practitioner relationships depend on consideration of a patient’s emotional/spiritual well-being as well as their physical health. This is the “art” in the “art and science” of medicine.

### Humanities and Literature

“Humanities” encompasses the branches of learning regarded as having primarily an emotional or cultural character. Humanities includes language, literature, history, religion, and philosophy. Disciplines such as those of the social sciences, behavioral sciences, literature and art are considered humanities.

Literature provides a great parallel to the practice of medicine. Stories are meant to be listened to: the listener is asked to take in various fragments of information; integrate the different pieces into significant messages; give meaning to the messages; and organize the data into a temporal narrative plot. The story gathers singular events and constructs meaningful passages. This is equivalent to the task of deriving meaning from the medical history, physical exam, and lab or diagnostic data. Clinicians are following as well as formulating the patient’s story. Health care requires a blending of knowledge, human feeling and compassionate action.

“Narrative competence in medicine is defined as the ability to acknowledge, absorb, interpret, and act on stories and plights of others.” (Charon)

Practitioners do great justice to their patients by exhibiting excellent narrative skills. The practitioner is required to gather the information from the patient, sift it through various diagnostic tests and assurance tools, make an informed decision, and present recommendations based on that patient's story. This narrative has a temporal and meaningful plot. The interpretation of the story is affected or altered as more information is gathered or events occur. Throughout the story, the practitioner gains understanding of the patient. This understanding is not confined to the objective aspects of health status; it also embraces the culture of the patient.

“If medicine's central duty is to provide a coherent pathophysiologic plot to explain the patient's signs and symptoms, medicine's central reward is to behold the lives of patients well enough to apprehend the meaning.” (Charon)

### Literature as a Teaching Tool

Literature can be used as one tool to help students learn to listen more fully and completely to the patient's story. Students can learn to comprehend illness and its treatment from the patient's view. Ultimately, the literary experience will strengthen the practitioner's interviewing skills and assist in establishing a strong therapeutic alliance encompassing clinical as well as human and emotional needs. Practitioners who can build such strong relationships and express empathic understanding toward their patients and their families will also be more accurate diagnosticians and clinicians. Literature can open the door to other cultures and help practitioners in their quest for cultural competence.

Literary study crosses the gap between human theory and clinical practice. Venues of the literary curriculum include fiction, poetry, drama, and film, among others. Literary study can be used to enhance courses in medical interviewing, medical ethics, death and dying, and humanistic medicine.

Literary study aids clinicians in four spheres:

1. reaching and joining patients in their illness (practitioner and patient perspective);
2. recognizing self journeys through experience with medicine (practitioner and self);
3. acknowledging kinship and duties with colleagues (practitioner and colleagues);
4. providing a discourse with the public about health care (practitioner and society).

Literary study is one way to enhance respect, empathy, and care.

### Placement Within Clinical Training

Literary study can be adapted to the various stages in clinical training:

Premedical training: to appreciate the relationship between medicine and the humanities; explore personal beliefs about health and illness; recognize emotional, social, spiritual sequelae of diseases; experience illness and loss; increase narrative skills and prepare for future experiences.

Early medical training: to increase integrative skill; balance reductionist thinking with constructive thinking; give examples of particular illnesses through description; focus on

themes such as birth, death, loss of loved ones, or other events.

Clinical training: to embody and examine situations that practitioners must be familiar with; experience the concept of moment to moment decision-making; concentrate on specific clinical encounters or ethical dilemmas; explore structured points of view and the clash of multiple, and often contradictory perspectives such as patient, family, community, and health care professionals.

Higher level (post graduate): to experience a broad range of genre and content free from the structure of earlier training; interdisciplinary participation; discuss sensitive issues and cultural values freely; self reflection or ruminations on patients or the practice of medicine.

Several themes lend themselves to literary study; several sources exist to aid in the exploration and discovery of perspective on subjects such as aging, death and dying, cancer, sexuality, birth, and trauma. Students experience particular events and learn to extract meaning from the text. As students attend to the plot, they also experience the languages, images, and voice of the patient. Literary examples that offer experiences from the practitioner's point of view are also valuable. Physician authors such as William Carlos Williams, Perry Klass, Richard Selzer, Rita Charon, and Susan Mates can be explored and discussed. Finally, self reflection through writing offers valuable insight into one's own cultural and emotional understanding of illness and patient care. Students or practitioners can write about clinical personal considerations that are critical to the care of the patient but do not belong in the chart, such as their own experiences of anger, sadness, mourning, helplessness, guilt, victory, or accomplishment.

#### **4. Format**

The literary curriculum can be integrated into courses such as medical ethics, general psychology, introduction to the patient, medical interviewing and clinical correlates. During the clinical phase of training, the literary curriculum is best done in a seminar setting or series of meetings.

#### Modalities to Incorporate the Study of Literature into Curricula:

Small group seminars or discussion meetings: students analyze passages and facilitate discussion within a small group. Seminars can be based on a particular theme or type of clinical situation, a particular author, a single piece or several smaller pieces of literature.

Critical incident reports: students present narratives of patients that have made an impression during their clinical training. These reports should not be scientific in nature; students should be encouraged to share experiences that have touched upon emotional, cultural, or humanistic themes.

Reflective writing: students keep a journal of their experiences during their training, during both the didactic and clinical phases of their education. The journals become a conduit of the students' feelings and changes they undergo throughout their training. These journals can be kept personal or students can be asked to share passages or certain events in a small group type setting. The focus should remain on what the student learned from the particular event outside of clinical medicine—focus on the human aspects

of the patient, the practitioner, the community, etc.

**5. Time needed:** Groups of 8-16 students provide an intimate atmosphere and enough support to have all students participate in discussions. Sessions can be 1-3 hours in length depending on the passage or passages chosen or number of students participating.

**6. Resources/materials needed:**

Reynolds, Richard and John Stone, eds. On Doctoring. New York: Simon and Schuster, 1991.

Fadiman, Anne. The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures. New York: Farrar, Straus and Giroux. 1998.

Massad, Stewart. Doctors and Other Casualties: Stories of life and love among the healers. New York: Warner Books, 1993.

Skolnik, Neil. On the Ledge. Boston: Faber and Faber, 1996.

Other selections can be chosen from the bibliography below.

**7. Sample Lesson Plans:**

1. Massad, Stewart. Doctors and Other Casualties: Stories of life and love among the healers Chapter 1: “Change”

- A. Describe the community in which this narrative takes place. Where are the power struggles?
- B. Describe Rachel’s predicament upon her arrival in the community. Give examples that emphasize Rachel as an outsider; include her own perspective, those of her colleagues, and those of the community.
- C. Give examples of actions that advanced Rachel’s ability to interact with the community. Give examples that impeded this quest.
- D. What did Rachel provide to the narrator? What did the narrator provide to Rachel?
- E. Illustrate the perspectives on race, culture, and gender that are illustrated by Rachel and the narrator. How are they alike and how are they different?

Reflection: Describe a situation where you are the outsider; how did you react to this, both positively and negatively. How can you, as a newcomer in your first position as a health care provider prevent the conflicts similar to those experienced by Rachel?

2. Skolnik, Neil. On The Ledge, Boston: Faber and Faber, 1996.  
Introduction, Chapters 1 (On the Ledge), Chapter 3 (A Soft Snow Falling)

- A. Describe the community setting in which the narrator works. How does that narrator relate to his patients? What are the barriers to effective communication?
- B. What is the main conflict between the narrator and the hospital administration (his peers)? And the community residents (his patients)?
- C. Describe the frustration the narrator feels in his attempt to deliver quality care.

Choose a few characters and compare their needs to what the narrator would like to provide to them.

D. How does Soneta feel about being a patient in a teaching hospital? How does her willingness change over time? Why?

E. Discuss the barriers to effective communication that resulted in delay in realizing that Soneta was indeed not taking her medication. What could be done to prevent this delay?

Reflection: What lesson does this experience provide to health care practitioners? To the community? How can you provide quality health care to patients who have cultural and socioeconomic issues different than your own? What are some of the barriers to overcome?

3. Fadiman, Anne. The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures. New York: Farrar, Straus, and Giroux. 1997

1. Describe the multiple conflicts in this story. (Patient/family, caretakers/family, practitioner/patient, practitioner/family, practitioner/colleague, hospital/media/law, etc.)
2. Give examples of communication dilemmas and how they were resolved or not resolved. In what ways could communication between parties in this story be improved?
3. Discuss the attitudes of the various practitioners and their impact on Leah's care. Provide alternatives to coping with the different attitudes/perspectives.

Reflection: What is culture? How does it impact the delivery of health care? How can cultural influences be incorporated into health care? What is the future of health care in the United States with the changing demographics? Is there enough support for health care providers to cope with these issues?

4. Selected Poems from On Doctoring, Richard Reynolds and John Stone, eds. New York: Simon and Shuster, 1991.

**A. Lullaby, by Jon Mukand**

1. What is the meaning of this poem, what story is being told?
2. What emotions does the practitioner feel toward this patient? What is his frustration or conflict?
3. Comment on the renewal or cycle of life as you understand it.

Reflection: Describe a time where you felt completely unable to offer help to someone in need. How can practitioners continue to provide care while constantly facing "failure" (death)? What can we do to relieve our helplessness?

**B. What is Lost, by Peter Pereira**

1. Describe the patient in this passage. Do her beliefs or culture differ from those of the narrator?

2. Compare the patient with the narrator in their ability to communicate. What is potentially lost through the use of interpreters?
3. Comment on the differences in health beliefs and the importance of respecting these differences when providing health care?

Reflection: How does an open mind affect one's ability to form a relationship with patients or communities? How does the barrier of culture impede quality health care? What can we do to reduce this risk?

### 3. 35/10, by Sharon Olds

1. What is the theme of this poem? How does the narrator feel about growing older?
2. Give examples to illustrate the comparison between mother and child. Does the narrator perceive hope in the aging of her self or her child? How is that hope reflected in experiences you have had?

Reflection: Comment on how your views of different aspects of life and aging have changed over time and through experiences in your health care training thus far. Has your age/maturity aided or impeded your ability to relate to a patient or colleague? In what way and how did you resolve any conflict?

### 4. Patient Relationships, by Brita Moilanen, Medical Student

1. Describe how the relationship between the patient and the medical student changes. What are the circumstances that propelled this change?
2. Should we accept such role reversals and the responsibilities they carry? How can we best communicate this to our patients?
3. What is the "space" between patients and practitioners as described in the last sentence? How can we sustain the space in the face of difficult times? What will you do in similar situations?

Reflection: Can health care providers become too close or too involved in their patients' lives? What risk does this carry? How can we strive to maintain empathy while becoming acculturated to the medicine milieu?

### 5. Case History, John Ciardi

1. What is the theme of this passage?
2. How difficult is it to remain calm and provide quality services in situation where you feel emotionally hurt or threatened?
3. How do ethics, beliefs, and morals on effective patient-practitioner relationships and communication. Discuss the acknowledgment of conflict and how to manage conflict.

Reflection: Provide examples of times you may have wanted to hurt someone or retaliate in response to pain or frustration. What can we as health care providers do to help ourselves or our colleagues in similar situations?

## 6. What the Doctor Said, by Raymond Carver

1. How difficult is it to deal with terminal illness? to give bad news?
2. How does the patient in this poem react to the news? How does the practitioner react to his task?
3. What does the patient offer the practitioner in the last stanza?

Reflection: Describe situations where you have had to give or receive bad news. How can we as professionals help each other face this difficult task? What can we do to help the patient or the family in this situation.

## 8. Evaluation:

Evaluation is primarily subjective. Participation, understanding of the concepts, and willingness to talk about the human aspects of health care delivery are difficult to measure. A reflection journal or other such written work is helpful in evaluating the experience. Additional student evaluation tools include short papers or creative presentations/projects analyzing a work of literature and its illustration of human suffering and compassion. A pass/fail system is recommended.

A simple questionnaire with a Likert scale is helpful for the facilitator. This should be anonymous and kept short. Items such as “How helpful was today’s session in your development as a health care provider” or “How helpful was today’s session in your understanding of the emotional side of health” are recommended.

## 9. Selected Bibliography:

### Teaching Tools

Hawkins, Anne Hunsacker and Marilyn Chandler McEntyre, eds. Teaching Literature and Medicine. New York: The Modern Language Association, 2000.

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Wear, Denise and Janet Bickel, eds. Educating for Professionalism: Creating a Culture of Humanism in Medical Education. Iowa City: University of Iowa Press, 2000.

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Charon, Rita. *Literature and medicine: Contributions to clinical practice*. Ann Int Med. 1995;122(8):599-606.

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Hunter KM, R. Charon, JL Coulehan. *The study of literature in medical education*. Acad Med. 1995;70(9):787-794.

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Lichstein, Peter and Glyn Young. *“My most meaningful patient”*: Reflective learning on a general medicine service. Jour Gen Int Med, 1996;11(7): 406-409.

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### **Literary Compilations**

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Gordon, Richard, ed. The Literary Companion to Medicine. New York: St. Martin's Press, 1993.

Hicks, Karen, ed. Misdiagnosis: Woman as a Disease. Allentown, Pennsylvania: People's Medical Society, 1994.

Nelson, Emmanuel. AIDS: The Literary Response. New York: Twayne Publishers, 1992.

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### **Books**

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Shem, Samuel. House of God. Putnam Publishers, 1994.

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### **Internet Resources**

<http://endeavor.med.nyu.edu/lit-med>

<http://medhums.com>

<http://www.ucihs.uci.edu/com/medhum>

<http://www2.utmb.edu/imh>

<http://www.ecu.edu/medhum>