

Reflections on the Writings of Lewis Thomas and Samuel Shem

Two insights into the art of medical training

LITERATURE:

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Lewis Thomas and Samuel Shem are two contemporary physician-authors whose writings provide valuable insights into the art of medicine and the nature of medical training. Dr. Thomas relies on years of experience as a research scientist and, later, as the dean of a major medical school. Dr. Shem draws solely on his internship year.

In his autobiography, *The Youngest Science: Notes of a Medicine Watcher*, Dr. Thomas describes the changing nature of medical practice from the turn of the century to the present. He describes our continuing ignorance of many principles of human function and mechanisms of disease, yet he does not find this ignorance to be stifling. Rather, he finds it keeps medicine exciting by challenging those who actively seek knowledge. Dr. Thomas notes the many advances achieved by enthusiastic investigators, in such areas as neurophysiology and immunology. But, at the same time, he warns that the pervasiveness of technology in medicine must not replace the therapeutic importance of simple human contact.

He instructs physicians to develop a greater understanding of the nature of health and of the sick role, in order both that they might better serve their patients and that they might develop personally through empathy with their fellow human beings.

Dr. Thomas learned while a youngster that medicine was an in-

exact science. In his father's day, the physician's role was to diagnose, to act as a responsible authority figure, to stand by, on call until the acute illness was over, and, most importantly, "to explain what had happened and what was likely to happen."¹ Medicine "was subject to recurrent fads in therapy,"² such as bleeding, homeopathy and catharsis. Physicians wrote prescriptions in Latin to heighten the mystery associated with drugs that were usually placebos. A physician provided reassurance; "it was understood, however, he could not do much to change the course of most illnesses."³

At Harvard Medical School, Dr. Thomas himself learned essentially the same thing: that the physician was powerless to effect a cure. Like his father before him, he learned the art of diagnosis. Dr. Thomas found that the physician's primary role was still that of a trusted counselor. "The treatment of disease was the most minor part of the curriculum, left out almost altogether."⁴ Dr. Thomas comments on the medical students' realization of their powerlessness:

On the wards of the great Boston teaching hospitals... it gradually dawned on us that we didn't know much that was really useful, that we could do nothing to change the course of the great majority of diseases we were so busy analyzing, that medicine, for all its facade as a learned profession, was in real life a profoundly ignorant occupation.⁵

The Best Of Times

Despite this sobering realization, Dr. Thomas called his internship "the best of times."⁶ The training "was divided into six periods of three months each."⁷ Interns "rose through the hierarchy... from one rank to the next."⁸ The new physicians collected their own specimens, started their own IVs, and performed all necessary lab work. Dr. Thomas and his fellow interns were provided with room and board; however, even though they worked every day and were on-call every other night, they received no salary. This didn't matter: "There was little need for pocket money because there was no time to spend pocket money."⁹ In any case, the interns had one sure source of spare cash: blood transfusions (\$25 and a pint of whisky per pint of blood). Dr. Thomas loved the work, writing, "No job I've ever held since graduating from medical school was as rewarding as my internship."¹⁰ Still, he recognized that despite their frenetic schedule, the interns could not offer much concrete therapy:

Whether [a patient] survived or not depended on the natural history of the disease itself. Medicine made little or no difference.¹¹

Dr. Thomas was aware medical science was still in its infancy. In an essay titled *The Hazards of Science*, he expanded this humble observation to cover all of modern science:

The only solid piece of scientific truth about which I feel totally confident is that we are profoundly ignorant about nature. Indeed, I regard this as the major discovery of the past hundred years.¹²

For Dr. Thomas, this is not cause for discouragement, but for enthusiasm. It is "an illuminating piece of news,"¹³ one which presents the opportunity for discovery and challenges man to probe deeper the mysteries of the world. It also forces him to accept his ignorance, which will

not be abolished any time soon. The benefits of such an acceptance are many. A physician, for example, who can acknowledge that death is an inevitable and mysterious consequence of life, might better cope with his own unavoidable failures as a healer; he might more easily accept that a myriad of unknown factors often can render a patient's disease refractory to his most determined efforts at treatment. And he will realize that vigorously treating a fatal disease and producing more complications than palliation is worse than allowing nature to take its course.

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Despite his acknowledgment of our ignorance, Dr. Thomas expresses awe at those 20th Century scientific advances that have enhanced our understanding of health and disease, and he exults that this recently acquired knowledge has saved countless lives and prevented much needless suffering. He notes dramatic developments in bacteriology and pharmacology that have rendered previously fatal infectious diseases curable. He lauds advances in physics, which have made possible CT scanners that can diagnose small tumors that do not show up on X-rays. And he exhibits wonder at advances in physiology and instrumentation, which have made possible invasive hemodynamic monitoring for the critically ill.

At the same time, Dr. Thomas expresses concern that the art of medicine is being eclipsed by scientific and technological developments that distance physicians from their patients. Most critics of modern medicine describe physicians as "concerned only with the disease at hand, but never with the patient as

an individual, whole person, [as] not really listen[ing] to their patients, unwilling or incapable of explaining things to sick people or their families,"¹⁴ and inaccessible. Today a vast array of sophisticated instruments has made it possible for physicians to perform "most [of their] essential tasks... without ever seeing [their] patient[s]."¹⁵ Dr. Thomas mourns, "Medicine is no longer the laying on of hands, it is more like the reading of signals from machines,"¹⁶ and he reminds physicians that "the oldest and most effective act of doctors [is] touching."¹⁷ He encourages young trainees to reverse the disappointing trend of diminishing patient contact:

If I were a medical student or an intern, just getting ready to begin, I would be... worried [and]... apprehensive that my real job, caring for sick people, might soon be taken away, leaving me with the quite different occupation of looking after machines. I would be trying to figure out ways to keep this from happening.¹⁸

Dr. Thomas stresses the importance of communication in the training of new physicians. An etymologist, he traces the word doctor back to two of its Latin meanings: *docere*, to teach, and *discipere*, to learn. Thus, all doctors are both learners and teachers—that is, true colleagues—and not only with each other, but with their patients as well. An academic physician, Dr. Thomas recognizes the valuable contributions science has made and continues to make to the delivery of quality medical care. However, he worries that "the curriculum has become so crowded... with such masses of data to learn,"¹⁹ that students may lose sight of the ultimate goal of their studies: to provide sympathetic care for their patients.

Being a Patient Is Hard Work

In his writings, Dr. Thomas argues how much more closely a physician can achieve this goal by actually

being a patient himself. During his workup for anemia of unknown origin, Dr. Thomas realizes that "being a patient is hard work,"²⁰ that it is humbling and isolating to "have things go catastrophically wrong and [feel] personally mortal."²¹ He praises those caregivers not afraid to touch him and talk to him, while castigating those who hide behind laboratory printouts and ECG strips. He lauds those physicians who realize that "hope is itself a kind of medicine,"²² and he esteems physicians able to cry about or even with their patients. Knowledge of and experience in the role of patient would "make for a better practice."²³ Dr. Thomas says. It would increase a physician's sensitivity and compassion and lead to an improvement in his relationships with his patients. Believing that "one of the hardest things to learn in medicine... is what it feels like to be a patient,"²⁴ Dr. Thomas half-seriously suggests that twice a year the medical student lecture hall be "exposed to a silent aerosol of adenovirus,"²⁵ so that students could come down simultaneously with muscle pains and fever and learn "what it is like not to be cared for."²⁶

Of course, a serious illness, complete with a lengthy hospitalization and a barrage of invasive tests, will never be made a mandatory component of the medical curriculum. However, physicians can acquire knowledge of the sick role by listening to their patients. They should discuss not merely the patient's symptoms, but his needs, fears and anxieties and the ways in which his illness has disrupted his life and the lives of those who depend upon him. Healers will thereby acquire a heightened appreciation for what patients are experiencing and can provide, as a result, improved care.

Instead of developing the profound intimacies that Dr. Thomas declares are still possible in our modern healing rites, the interns in *The House of God*, by the pseudon-

ymous Dr. Samuel Shem, become embittered by a demanding training process that drains them physically, emotionally and spiritually. Losing the compassion that they possessed prior to the arduous internship experience, Dr. Shem's trainees begin to subordinate their patients' welfare to their own survival. Often they come to resent their patients, and the physician-patient relationship degenerates from a cooperative bond to an antagonistic battle. Nevertheless, medical students and young physicians can learn as much about the art of medicine from Dr. Shem's pessimistic tale as from Dr. Thomas' optimistic musings.

In Dr. Shem's story,²⁷ intern/narrator Roy Basch's disillusionment with medicine and disgust with power-hungry, money-grubbing,²⁸ back-stabbing and unqualified²⁹ physicians increases throughout the first year of his internal medicine training. He disdains two of his colleagues who battle for the infamous Black Crow Award, "given to the intern with the most postmortem permissions."³⁰ Overworked and underpaid, Dr. Basch grows frustrated that young patients always seem to die, while the morbidly ill elderly,³¹ who often want to die, do not. He loses respect and compassion for his patients as he faces sleep deprivation, the harassment of superiors, "little old ladies in no apparent distress,"³² and "interminable, incurable, implacable, undying old people."³³ He becomes angry at a dying woman for increasing his workload. "[When] I think of the disgusting things I do every day," Dr. Basch wails, "it's so awful I want to kill myself."³⁴ Exhausted, he briefly wishes for a patient's death, knowing this would allow him to get some extra sleep. Later, he fears he may "lose control and beat the [expletive deleted] out of"³⁵ a demanding, abusive patient. Following a few encounters with malingering patients, he becomes paranoid and says, "Everyone's out to get me to do something for their

fake disease."³⁶ After one year, he finds he "[does] not...[can] not love"³⁷ his patients. He envisions the hospital as a zoo, and the patients as animals.³⁸ He bemoans his changing nature, saying, "I used to be different, gentle, even generous, didn't I?"³⁹

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Dr. Basch comes to believe in therapeutic minimalism: "To do nothing for the gomers was to do something, and the more conscientiously I did nothing the better they got."⁴⁰ Nevertheless, he comes to realize this is impossible in an era in which many instructors feel patients' ailments should be vigorously attacked with the full armamentarium of diagnostic and therapeutic machinery available, that no disorder should go undetected and that every disease should be fought vigorously, often in spite of the patients' wishes. He develops a defeatist attitude and begins to swear by one of the interns' only mildly facetious "Laws of the House of God": "The delivery of medical care is to do as much nothing as possible."⁴¹ He adopts the Fat Man's philosophy that "the main source of illness in the world is the doctor's compulsion to try to cure and his fraudulent belief that he can."⁴² He thus masters the art of buffing (making a patient's chart look good by adding fictional data) and turfing (getting a patient off one's ward and onto somebody else's). During his emergency room rotation, he acts as a wall (one who keeps patients from being admitted to the hospital),⁴³ utilizing the "meet 'em and street 'em approach."⁴⁴

The demands of his work reduce Dr. Basch's personal life to the performance of necessary bodily functions and the satisfaction of primitive bodily urges. He has an affair with a scatterbrained nurse and later sleeps with one of the housekeeping staff to guarantee himself and his colleagues fresh bed linen every day. He acknowledges, "Sex in the House of God [was] sad and sick and cynical and sick, for like all doings in the House, it [was] done without love, for all of us [were] deaf to the murmurs of love."⁴⁸ His relationship with his girlfriend Berry deteriorates. He recognizes he has "become an animal, a moss-brained moose who [does] not think and [can] not and [will] not think and talk."⁴⁹ The suicide of a tormented fellow intern only deepens Dr. Basch's despair. Unable to mourn his friend's death, forced into "total denial [and] instant repression,"⁴⁷ he carries on with his duties, albeit apathetically. Dr. Basch's decline serves to warn the reader that even the most caring individual can develop, under tremendous stress, a defeatist attitude and can become so emotionally traumatized he is more in need of care than able to offer it.

Humor as Defense

To maintain their sanity in the face of pressure, the interns in *The House of God* employ humor as a defense against the desensitizing and de-personalizing internship process. This humor protects them from their anxieties and functions as a mask to conceal fears and uncertainties regarding their roles in a health care system that operates under an often-perplexing set of priorities. It is usually cathartic for the trainees, but it often becomes cynical as they sense their ineffectiveness as healers. For instance, "If you don't take a temperature, you can't find a fever," and "The only good admission is a dead admission" become two of the Laws of the House of God.⁴⁴

Fortunately for the desensitized Dr. Basch, a physician-patient puts the doctor's role in its proper per-

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spective. Dr. Sanders, dying of metastatic cancer, urges the young physician not to prolong the inevitable, nor to overestimate the power of medical science to heal. He places supreme importance on the love that can grow out of the physician-patient bond, a love that can rejuvenate both the physician and the patient, a love with the power to heal a soul. Before his death, he tells Dr. Basch, "No, we don't cure. . . . And yet, in spite of all our doubt, we can give something. Not cure, no. What sustains us is when we find a way to be compassionate, to love. And the most loving thing we do is to be with a patient, like you are being with me."⁴⁹ Dr. Basch shares this love, later holding Dr. Sanders' hand as he bleeds to death. Dr. Basch also experiences this love in his controversial mercy killing by lethal injection of an elderly leukemia patient who, continuously moaning in severe pain, lying in his own feces and bleeding to death, pleads with the doctor, "God this is awful. . . . Finish me off, do I have to beg you? Finish me off."⁵⁰ Rather than capitulating to what he considers are the misguided standards of the general medical community, Dr. Basch addresses the ethical standards of his own heart, and performs what for him is the most humane action. If his standards are questionable, his motives at least are not: he is doing what he feels is best for his patient. And, just as his concern for Dr. Sanders elevates him as a moral human being, so also here

does his concern for a patient partially redeem him from his former apathy.

The Fat Man, Dr. Basch's resident, also aids in Dr. Basch's redemption. Though he often wisecracks and makes insensitive remarks, he also at times can be a worthy mentor, as evidenced by his words to Berry, who visits the ward one day. During Fats' performance of a difficult disimpaction, Berry is overcome by the nauseating fecal stench in the room. She asks him, "How. . . how can you? It's disgusting." "Well Berry," Fats replies, his sensitive comments also directed at Basch, "when we get old and disgusting, who's gonna doctor us? Who's gonna care? Someone's got to do it. We just can't walk away."⁵¹

Unfortunately, despite Fats' occasional aphorisms and Dr. Sanders' wisdom, and aside from his sympathetic care of the terminal leukemia patient, Dr. Basch rarely transcends his cynicism and infrequently senses his anesthetized compassion. Ultimately feeling beaten by the system, he decides to take a year off from medicine and return as a psychiatry resident. Critics debate where to place the blame for Dr. Basch's tragic metamorphosis. They ask: "Was Dr. Basch inadequately prepared to assume his responsibilities? Was he not mature enough to adapt to his expected role and improve himself through the performance of his duties? Or was he a victim of a cruel training process and correct in refusing to accept the unreasonable priorities of our modern health care system?" Most acknowledge that Dr. Basch is partly at fault because of his unrealistic expectations of the nature of modern medical care. However, they place more blame on the structure of the internship year and the lack of support and guidance provided to new doctors.

The House of God holds value for lay readers, since it negates a common public perception of physicians as callous, unfeeling technicians.

Many people don't acknowledge their physician's humanity or fallibility, seeing them as sterile and perfect as their white coats. Dr. Shem's book shows that physicians are indeed imperfect and human, with hopes and fears similar to those of their patients. It demonstrates how difficult it is for them to provide sympathy constantly, especially when no one seems to sympathize with them. And it deepens our appreciation of those physicians who, despite the misery to which they are constantly exposed and the stresses they continually face, manage to provide empathic, loving care.

Some older physicians regard *The House of God* as either an embarrassment, an exaggeration or a betrayal.⁵² They criticize its language, its sick humor, and "an atrocious attitude toward patients on the part of some house staff."⁵³ They fail to recognize the physicians' use of grotesque humor among themselves serves a protective function, "allowing them to laugh at what—when seen in normal, rather than grotesque, terms—might make [them] quake or cry."⁵⁴ Put succinctly by the poet William Blake, "Excess of sorrow laughs."⁵⁵ Richard and Enid Rhodes Peschel write: "Doctors' humor—like soldiers' humor—seeks to combat anxieties about the atmosphere of suffering, death, and dying from which they cannot escape. . . . [It is] a defense and a mask. It helps protect [them] from [their] own fear[s] of death—although to those who understand its irony it actually reveals—[their] sympathy for [others]."⁵⁶ There is a place for humor in medicine, so long as it respects the humanity of patient and physician alike and does not hurt anyone. The interns' humor in *The House of God*, since it is private, and because it protects them and has therapeutic value for them, often lives up to these criteria. The dehumanizing categorization of different types of patients conceals the interns' concerns about dealing with

ethically perplexing and clinically demanding situations. However, if readers do not appreciate this, and these degrading epithets become standard descriptors, the message behind them will be lost. Then, what was once healthy for the physician will become unhealthy for the physician-patient bond.

Science Overtakes Art

While it may occasionally overdramatize the conditions faced by today's trainees, *The House of God* is still an important and educational book. Most medical students read it before beginning their clinical clerkships. The jargon and rules of *The House of God* have become a standard part of the language of medicine, often heard in discussions between young colleagues. However, the book has worth beyond, some might say in spite of, its popularity and its use as a dictionary of modern medical slang. It addresses the important issue of how we train physicians in an age in which the art of medicine seems to be losing ground to the science of medicine, at a time when the doctor-patient relationship is undergoing erosion as a result of burgeoning technology and the expanding influence of economic factors on the practice of medicine. Young physicians face intense pressure to learn, yet must spend much time performing chores (such as blood-drawing, finding X-rays, and transporting patients) which teach them nothing.

Today, physician impairment is increasing, and young doctors have substantial rates of alcoholism, drug abuse, cirrhosis of the liver, divorce and suicide.⁵⁷ R.L. Casterline estimated almost 10 years ago that the equivalent of seven entire medical school classes was lost annually to medical practice in the U.S. because of alcoholism, drug addiction and suicide.⁵⁸ Many physicians become disillusioned with and leave medicine.⁵⁹

In light of these distressing facts,

The House of God forces the medical community and the public to acknowledge that only physically and emotionally healthy physicians can provide not only scientifically sound service, but also the love fundamental to good clinical care. Physicians must be encouraged to share their feelings. An "unwritten law among the terns [was] don't tell what you feel, 'cause if you do you'll crack, you'll shatter."⁶⁰ Counseling must be made available to those who need or desire it. The exhausted intern Chuck, looking for understanding from his superiors, pleads, "How can we care for patients if'n nobody cares for us."⁶¹

Both Lewis Thomas and Samuel Shem worked long hours for little monetary reward during their internships. Both dealt with hospital hierarchies and had to reconcile themselves to their inability to cure many of their patients. Yet while Dr. Thomas thoroughly enjoyed his experience, Dr. Shem underwent a destructive change during his.⁶² Their disparate reactions may result from one or more of the following: the larger and more complex scientific base of knowledge that contemporary physicians must master; the changing profile and concerns of the American population; different philosophies of health care delivery in the 1930s and 1970s; the life-prolonging, highly complex technology available in the modern era; the modern obsession with health, described by Dr. Thomas as the "new consensus. . . that we are badly designed, . . . in danger of falling apart at any moment, and therefore always in need of surveillance and propping up;"⁶³ the changing economic structure of medical practice; the present internal fragmentation of medicine; increasing competitiveness in medicine; the differences in support systems available to trainees; or the personalities of the two authors. Nevertheless, Dr. Thomas and Dr. Shem agree that only those physicians who are of sound body

and mind will receive the professional and personal satisfaction that comes from sharing with their fellow human beings moments of ecstatic joy and desperate agony—the satisfaction that comes from giving and receiving love. It is these physicians who will mature throughout their careers, gaining wisdom and satisfaction from their profession as they accumulate a variety of experiences, happy and sad, simple and complex. They will not become inured to suffering and death. They will not come to resent the demands of their patients, but will develop instead a deep appreciation of a close and communicative physician-patient relationship. They will derive immense joy and satisfaction from their careers. Most importantly, they will train future generations of sympathetic, happy and loving healers. □

References

1. Thomas, L. *The Youngest Science: Notes of a Medicine Watcher* Bantam Books, 1983, p. 20.
2. *Ibid.*, p. 16.
3. *Ibid.*, p. 13.
4. *Ibid.*, p. 27.
5. *Ibid.*, p. 29.
6. *Ibid.*, p. 36.
7. *Ibid.*
8. *Ibid.*
9. *Ibid.*, p. 37.
10. *Ibid.*
11. *Ibid.*, p. 40.
12. Thomas, L. "The Hazards of Science," in *The Medusa and the Snail: More Notes of a Biology Watcher* Bantam Books, 1979, p. 58.
13. *Ibid.*
14. Thomas, *The Youngest Science*, p. 54.
15. *Ibid.*, p. 57.
16. *Ibid.*, p. 58.
17. *Ibid.*, p. 56.
18. *Ibid.*, p. 60.
19. *Ibid.*, p. 29-30.
20. *Ibid.*, p. 223.
21. *Ibid.*, p. 232.
22. *Ibid.*, p. 200.
23. *Ibid.*, p. 232.
24. *Ibid.*, p. 220.
25. *Ibid.*, p. 222.
26. *Ibid.*
27. Shem, S. (pseudonym). *The House of God* Dell Publishing Co., Inc., 1978.
28. One of the most detestable private physicians in the book, Bob Putzel, uses "the standard method" to increase his patients hospital bills:
Admit the LOL in NAD (little old lady in no apparent distress), do a test, produce a complication, do a test to diagnose the complication, get another complication, and so on... (p. 69)
29. Known as Double-O-Privates, because they are "licensed to kill."
30. Shem, op. cit., p. 152.
31. Most of the chronically debilitated aged are referred to as gomers, "human beings who have lost what goes into being human beings" (*Ibid.*, p. 38).
32. *Ibid.*, p. 425.
33. Hunter, KM. "The Satiric Image: Healings in *The House of God*," *Literature and Medicine* 1983, 2:138.
34. Shem, op. cit., p. 158.
35. *Ibid.*, p. 233.
36. *Ibid.*, p. 232.
37. *Ibid.*, p. 13.
38. *Ibid.*, p. 41.
39. *Ibid.*, p. 417.
40. *Ibid.*, p. 109.
41. *Ibid.*, p. 420.
42. *Ibid.*, p. 215.
43. A sieve is the opposite of a wall.
44. *Ibid.*, p. 429.
45. *Ibid.*, p. 12.
46. *Ibid.*, p. 159.
47. *Ibid.*, p. 330.
48. *Ibid.*, p. 420.
49. *Ibid.*, p. 175.
50. *Ibid.*, p. 314.
51. *Ibid.*, p. 294.
52. Hunter, op. cit., p. 137.
53. "Correspondence: Attitudes in *The House of God*," *New England Journal of Medicine*; August 13, 1981; 305:411-412, and "Correspondence: More on *The House of God*," *NEJM*; November 19, 1981; 305:1288-89, as quoted in Hunter, op. cit., p. 37.
54. Peschel, RE, and ER Peschel, *When A Doctor Hates a Patient and Other Chapters in a Young Physician's Life* University of California Press, 1986, p. 40.
55. Black, W. "The Marriage of Heaven and Hell," as quoted in *ibid.*, p. 115.
56. Peschel and Peschel, op. cit., p. 107.
Even Somerset Maugham recognized the value of a sense of humor in the practice of medicine. He wrote:
A sense of humor leads you to take pleasure in the discrepancies of nature... You are not angry with people when you laugh at them. Humor teaches tolerance. (Maugham, *The Summoning Up*, as quoted in *The Physician in Literature*, ed. Norman Cousins (Philadelphia: W.B. Saunders Company, 1982), pp. 239-240.
57. Mount, BF. "Dealing With Our Losses," *Journal of Clinical Oncology*, July, 1986, 4(7):1127-1134.
58. Casterline, RL. "Deviant Behavior in Physicians—Read before the 69th Annual Congress on Medical Education of the American Medical Association, Chicago, February 9, 1973," as cited in BH Mawardi, "Satisfactions, Dissatisfactions and Causes of Stress in Medical Practice," *Journal of the American Medical Association*, 1979 241:1483-86.
59. Mount, op. cit.
60. Shem, op. cit., p. 288.
61. *Ibid.*, p. 400.
62. A modern writer who sympathizes with Shem is Dr. David Hilfiker, who, in his book *Healing the Wounds: A Physician Looks at His Work*, describes his "victimization" by the modern system of medical practice.
63. Thomas, L. "The Health Care System," in *The Medusa and The Snail*, p. 38.