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*Further Reflections on Physician-Authors and the Art of Medicine: John Keats, Anton  
Chekov, and Richard Seltzer*

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Further Reflections on Physician-Authors  
and the Art of Medicine: John Keats, Anton  
Chekhov, and Richard Selzer

by  
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Introduction

The study of the history of medicine should concentrate not only on scientific achievements, but also on the development of the art of medicine, as displayed in the doctor-patient relationship and the responses of physicians to the unique demands of their profession. This is best examined through literature, most specifically via an analysis of the thoughts of physician-writers. Literature and medicine share a fundamental concern: the human condition. Writings by doctors can provide valuable insight into the nature of human suffering, death, grief, and frustration.

In an essay awarded Honorable Mention for the 1988 O'Malley Competition, I examined the works of four physician-authors: W. Somerset Maugham, William Carlos Williams, Lewis Thomas, and Samuel Shem. This essay considers the contributions of three other physician-writers, John Keats, Anton Chekhov, and Richard Selzer, to the development of humanistic medicine.<sup>1</sup> Each section presents a brief biography of the writer, followed by an account of how the unique exposure to human nature afforded by his medical training motivated him to write. The works I have chosen to discuss are not necessarily the writer's best nor his most famous; they are, however, my favorites, and they have proven instrumental in my development thus far as a doctor. I do not assert that my interpretations of them are novel or correct: part of their value is that they can be interpreted in many different

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ways.

What I do offer, however, is an approach to these works that highlights their value as teaching tools for physicians at all stages of development. Premedical and medical students can learn much about the travails and triumphs, joys and sorrows which they will experience in their future practices; they can receive advice on dealing with troublesome situations and disturbing feelings. Experienced physicians can also benefit from such advice; they will, moreover, feel a kinship with these writers, a sense of shared awareness. Many of the concerns of yesterday's physicians continue to affect today's physicians, and the observations and advice of each author possess immense value for all who are interested in promoting humanism in medicine.

Through literature, a reader experiences new situations, meets a variety of people, explores philosophies, develops an appreciation of the diversity present in the world, and cultivates an awareness of the uniqueness and worth of all individuals. Good literature, which includes the works to be discussed, involves discovery: the author discovers something about himself and the world and communicates it to the reader, who in turn discovers something about himself and his own world. It is creative and therapeutic. At times it involves a catharsis, a spiritual renewal for both writer and reader. These characteristics -- insight, creativity, therapy, and catharsis -- are the cornerstones of medicine.

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[Note: The appendix at the end of this essay lists some of the many uses of literature in medicine.]

John Keats

John Keats completed a five-year surgical apprenticeship and two years of medical school and became a licensed apothecary (general practitioner) at age 20. After one year as a combined dresser/intern at Guy's Hospital, London, Keats quit medicine to devote his energies entirely to the writing of poetry.

Keats lost his mother, brother, aunt, and grandfather to tuberculosis, the disease to which he too succumbed prematurely at age 25. Nursing his mother and brother and witnessing the demise of tubercular patients on the wards affected him profoundly. In "Ode to a Nightingale," he despairs about his inability to alleviate the suffering he has encountered and desires to "Fade far away, dissolve, and quite forget /.../ The weariness, the fever, and the fret."<sup>2</sup> He describes the world as a place "...where men sit and hear each other groan; / Where palsy shakes a few, sad, last gray hairs, / Where youth grows pale, and spectre-thin, and dies; / Where but to think is to be full of sorrow."<sup>3</sup> Obviously full of sorrow himself, Keats became aloof and withdrawn after the death of his loved ones. He resigned himself to a life of isolation, believing nihilistically that he would "Never have relish in the faery power of love."<sup>4</sup> During most of his short adult life, Keats was subject to recurrent bouts of depression; and in "Ode on Melancholy," he provides a poetic description of that "wakeful anguish of the

soul":

...the melancholy fit shall fall  
Sudden from heaven like a weeping cloud,  
That fosters the droop-headed flowers all,  
And hides the green hill in an April shroud.<sup>5</sup>

In the poem "To Hope," the author begs for the healing "ethereal balm" of "Sweet Hope" to envelope him and soothe his solitary agonies.

Ironically, Keats feared that he would die of the same wasting disease that took the lives of so many of his relatives; he dreaded that his own premature death might prevent him from accomplishing all that his talent promised. In one of his poems, he writes:

"When I have fears that I may cease to be  
Before my pen has gleaned my teeming brain  
....  
...then on the shore  
Of the world I stand alone, and think  
Till love and fame to nothingness do sink."<sup>7</sup>

Still, Keats occasionally longed for death, believing that it could provide a respite from his agonies. In the poem "After Dark Vapours," he writes:

After dark vapours have oppressed our plains  
For a long dreary season, comes a day  
Born of the gentle south, and clears away  
From the sick heavens all unseemly stains.  
The anxious mouth, relieved from its pains,  
Takes as a long-list right the feel of May,  
....  
And calmest thoughts come round us -- as, of...  
...  
...a Poet's death.<sup>4</sup>

In spite of his despair, Keats recognized the positive side of his lamentable psychic traumas. He wrote: "Do you not see how

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necessary a World of Pains and troubles is to school an Intelligence and make it a soul? A Place where the heart must feel and suffer in a thousand diverse ways." Keats utilized the experiences of his medical training, "of exposure to agony, hopelessness, joy, and every imaginable breadth of human experience,"<sup>10</sup> as background for some of his most famous poems. For instance, in "Sleep and Poetry," he surrealistically describes patients in a mental ward as "Shapes of delight, of mystery and fear, / Passing along before a dusky space / .... / Yes, thousands in a thousand different ways / ...flit onward."<sup>11</sup> Keats may have feared that his depression was driving him towards an existence in which he "flitted onward before a dusky space." At the very least, his experiences with mental patients taught Keats that there is a fine line between those deemed sane and those judged insane.

In a form of reaction formation, Keats spent most of the last five years of his brief but productive life composing works which praise "nature, beauty and truth," revealing in his words "an intense sense of compassion as well as keen powers of observation."<sup>12</sup> Through his poetry and letters, the reader can languish in the depths of physical and emotional defeatism, or relish the beauty of his poetic language, suffused with sensuous imagery. His evocative verse draws us in and permits us to experience vicariously his terrible fear and isolation. Doctors can learn what it means to suffer from anxiety and despair and



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can gain greater sympathy for their often frightened and despondent patients. They can come to appreciate that all men need kindness and understanding and that even the healer at times needs healing. By forcing physicians to acknowledge their humanness, Keats's writings will cause them to increase their humaneness -- in their interactions with their patients and with those to whom they have no professional obligation.

Anton Chekhov

Drawing upon his experiences ministering to the sick, Anton Chekhov created compelling, analytical stories that attacked the social injustices of his day. Though most of his patients were poor and unable to pay, he refused to abandon them to pursue exclusively his career as a writer. Medicine, he said, was his "lawful wife," literature his "mistress."<sup>13</sup>

Highly influential in the formation of Chekhov's character were his observations at the penal colony of Sakhalin, to which he journeyed shortly after medical school to conduct a census of the population. Sympathy for the exiles on the island, most of whom he felt were the product of poor social conditions in Russia, motivated his pilgrimage. At Sakhalin, Chekhov "documented in great detail the profound human misery and degradation he found."<sup>14</sup> He wrote:

Sakhalin is a place of unbearable sufferings, such as only human beings, free or bond, can endure....[W]e have let millions of people rot in prison, destroying them carelessly, thoughtlessly, barbarously; we drove people in chains through the cold across thousands of miles, infected them with syphilis, depraved them, [and] multiplied criminals....[A]ll of us [are to blame], yet [outrageously] this is no concern of ours.<sup>15</sup>

Chekhov returned to his native Moscow "shattered by what he had seen, a spectacle of hell on earth, 'misery, ignorance, and incompetence that can drive you to despair.'<sup>16</sup> Frustrated in his efforts to promote social change, he wrote, "I do not know what should be done."<sup>17</sup> In the end, he decided that philanthropy

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could not be relied upon to improve conditions in Sakhalin, and that the State Treasury should be tapped. His bold but sensitive writings on Sakhalin increased public awareness of the problems there and helped to affect some governmental changes.

Driven by a belief that literature could motivate social change, Chekhov continued to decry poor social conditions in his novella Ward Six. The story is set at a local village hospital, a "desolate, Godforsaken [place]...in an appalling state."<sup>19</sup> The building "stinks of sauerkraut, moldering wicks, bedbugs, and ammonia;"<sup>20</sup> in its corridors litter lies in "jumbled, raddled, moldering heaps"<sup>20</sup> and gives off a stifling odor. "It [is] an infamous institution, highly detrimental to the health of the community"<sup>21</sup> -- and not simply because conditions are unsanitary. Chekhov details negligence among the hospital's pompous doctors, depicts an ancillary staff which robs the patients, and describes a zemstvo (local government) unconcerned with the hospital's state of affairs.

On exposure to such conditions, the story's doctor-hero, Andrew Yefimych, becomes increasingly disillusioned with his chosen profession. Soon he feels that the entire hospital system is based on "theft, wrangling scandal-mongering, favoritism, and gross quackery."<sup>22</sup> Eventually he considers himself as much of a fraud as the other physicians: "If in a given year [I] see 12,000 patients, it means, by simple reckoning, that 12,000 people have been deceived."<sup>23</sup> Yefimych grows weary of "the monotony and

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obvious futility of the work."<sup>24</sup> He begins to brood, cuts back on his hospital duties, and spends most of his time reading and drinking vodka in his study. He receives few visitors.

Then one day, by chance, he meets and talks with Ivan Dmitrich, a paranoid schizophrenic confined to Ward Six, the dilapidated psychiatric annex to the hospital; the novella then begins an insightful exploration of important psychological issues. In his lucid moments, Dmitrich debates and philosophizes with Yefimych. They share a belief that "the atmosphere of [their] town is stifling and dull; the people, all devoid of interests, lead dismal, meaningless lives diversified only by violence, coarse debauchery, and hypocrisy; scoundrels are well-fed and well-dressed, while honest men live from hand to mouth."<sup>25</sup> If the language with which they decry their environment sometimes seems hyperbolic or vengeful, the doctor and the schizophrenic nonetheless highlight many of the evils of their day. As for Yefimych, he cherishes his conversations with Dmitrich, saying of his friend: "In all the time I've been living here, he's the first man I've been able to talk to. He's capable of reasoning, and is interested in just the right things."<sup>26</sup>

While Yefimych realizes that Dmitrich is mad, suffering from an intermittent "persecution mania" which can render him withdrawn or incoherent, he feels that the schizophrenic is his one true friend, and he is willing to be patient with him. Like Dmitrich, Yefimych feels that "the intellect is the only possible

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source of enjoyment;"<sup>27</sup> and so he enters further into his relationship with his friend, visiting Ward Six more and more often. At the same time, his colleagues and acquaintances grow suspicious of his mental status, viewing his constant excursions to the ward as unusual and his diminishing acceptance of clinical responsibilities as unprofessional. Inevitably, they lock him up in Ward Six, where he is beaten by a vicious guard and dies.

Chekhov describes Dmitrich's mental decline with a textbook realism reminiscent of Keats's descriptions of fear, depression, and isolation:

Facts and common sense told him that all [his] fears were absurd and psychopathic, . . . but the more sensibly and logically he reasoned, the more acute and agonizing his inner anxiety became. . . . Realizing at last that it was futile, Ivan Dmitrich gave up reasoning and abandoned himself to terror and despair.<sup>28</sup>

Despite his focus on Dmitrich's mental aberrations, Chekhov nonetheless alerts the reader to the humanity and the desire to function normally which exist in the recesses of this unfortunate character's tormented soul. From behind his mental cloud, Dmitrich cries out for understanding: "There are moments when I am overwhelmed by a thirst for life, and then I am afraid of losing my mind. I want to live, desperately!"<sup>29</sup>

By the end of the novella, there is no doubt that Dmitrich is truly insane; however, Chekhov's description of Yefimych leaves the reader with the disquieting sense that he at least does not belong in an asylum, since his alienation from society was a consciously-chosen meditative withdrawal. Yefimych, in

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fact, seems to develop more insight than any other character in the story. Nonetheless, he resigns himself to his incarceration ("It's all the same to me"<sup>30</sup>), even though he realizes that he doesn't belong there ("It's some sort of misunderstanding"<sup>31</sup>). His ambivalence regarding his predicament produces an ambivalent attitude in the reader: while we sympathize with the doctor's disdain for his society, we fault him for his defeatist attitude. We are left wondering whether or not Yefimych is crazy, and on a broader scale what differentiates the sane from the insane in an unjust world.<sup>32</sup> In the final analysis, we may succumb to the same feeling of futility felt by Dr. Yefimych when, early in the novel, he says to Dmitrich, "There is no morality or logic in the fact that I am a doctor and you are a mental patient - it's pure chance, nothing more."<sup>33</sup> Such words echo the feelings of Nilov and Maxim in Chekhov's "Hydrophobia," who spoke of "the fatal dependence of man's life...on accidents and trifles, seemingly negligible, not worth straws."<sup>34</sup>

Ward Six is valuable for many reasons. It increases our awareness of the unhealthful conditions of late nineteenth century hospitals and of the trials and tribulations faced by the idealistic physicians who staffed them. While describing in vivid detail the process whereby mental illness descends upon a person and captures his psyche in its merciless grip, it points out that even the incomprehensible can yearn for a normal existence. By luring the reader into identifying with Dr.

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Yefimych, it makes him question his own sanity and challenges him to be compassionate to those who, because of chance or unfortunate circumstances, have crossed the fine line separating the "sane" from the "insane." Chekhov's Ward Six encourages all readers to probe their own psyches, and challenges doctors to be open to the subtle workings of their patients minds. It calls upon us to open our eyes and our ears: "We never see nor hear those who are suffering, and all that is appalling in life takes place somewhere off stage."<sup>5</sup>

The notion of private suffering concerned Chekhov in a number of stories. "Grief" tells of an elderly carriage driver's intense but unheard feelings about the death of his son:

It is an immense, illimitable grief. Should his heart break...and the grief pour out, it would flow over the whole earth it seems, and yet no one sees it. It has managed to conceal itself in such an insignificant shell that no one can see it even by day and with a light.<sup>6</sup>

The old man searches desperately for a willing listener to whom he can divulge his story of despair:

It will soon be a week since his son died, and he has not been able to speak about it properly to anyone. One must tell it slowly and carefully; how his son fell ill, how he suffered, what he said before he died, how he died. One must describe every detail of the funeral, and the journey to the hospital to fetch the defunct's clothes. Was it nothing he had to tell? Surely the listener would gasp and sigh, and sympathize with him?<sup>7</sup>

Yet no one does sympathize, no one does sigh or gasp, because no one listens. The man is unsuccessful in his attempts to communicate his pent-up misery to another human being. Eventually his "feelings become too much for [him], and he tells

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[his] horse the whole story."<sup>39</sup> Through this tale, Chekhov thus emphasizes the diagnostic and, especially, the therapeutic value of allowing people the opportunity to express their innermost troubling feelings. He encourages doctors to spend time with their patients, not to rush them, and to develop the skill of empathic listening. In another story, he indicates that physicians require such sympathy themselves.

Chekhov's "An Unpleasantness" explores the feelings of a doctor frustrated with his co-workers and exasperated with his hospital's organization. Doctor Grigory Ivanovich Ovchinnikov works in a zemstvo hospital. His feldscher (medical assistant), an irresponsible alcoholic, is "insolent, untidy, accept[s] bribes from the patients, ...secretly [sells] medicines, ...and treat[s] young men...for unmentionable diseases, using remedies of his own concoction."<sup>40</sup> Behind the doctor's back, this quack "cup[s] and [bleeds] dispensary patients, he assist[s] at operations without having washed his hands, [and] he always examine[s] wounds with a dirty probe....[He] profoundly and completely despise[s] the doctor's medicine with its rules and regulations."<sup>40</sup> One day when the hung-over fool refuses to follow Ovchinnikov's orders, the doctor "[swings] his fist and [hits] the feldscher with all his might."<sup>41</sup> The irresponsibility of a lazy, "mincing, self-infatuated"<sup>42</sup> midwife assistant compounds Ovchinnikov's anger. Pressured by a large patient load, and exasperated with his unqualified aids, the doctor



groans:

God, what people, what people!...They're no help, they just get in the way of the work! I haven't the strength to go on! I can't do it. I'm getting out!"

Brought before the town justice for striking the feldscher,

Ovchinnikov is unable to defuse his frustrated rage. He

complains:

I work day and night, I get no rest. I've made myself sick with work, and what I get instead of gratitude is to have my salary thrown in my teeth....I can't stand it any longer! I haven't the strength....A little more and I'll not only use my fists on people, I'll draw on them!"

He pleads for understanding: "Get it into your head, my nerves aren't made of iron, I'm a human being like you."

Ovchinnikov's disillusionment with medicine shares similarities with Dr. Yefimych's dissatisfaction in Ward Six. While Yefimych, brooding in disgust, becomes alienated from medicine and society, Ovchinnikov cannot abandon his practice. He is confused: although he feels shame for his violent act, he believes that it had to be done. He desperately plots ways to absolve himself of his "crime" without inviting public humiliation for himself or his victim. He wants to apologize, but cannot since he feels he was right. Paralyzed emotionally, unable to choose a satisfying course of action, he eventually returns to work under the same conditions as before, assisted by the same feldscher and midwife. He laments the stupidity of the incident and his inability to solve problems due to his severe mental turmoil. He castigates himself for exposing others to his

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childish temper tantrums and continuing indecisiveness.

Ovchinnikov's resumption of his duties directly contrasts with Yefimych's complete neglect of his responsibilities. Nevertheless, Yefimych seems to be more psychologically stable at the end of Ward Six than Ovchinnikov is at the conclusion of "An Unpleasantness." Yefimych knows what he wants from life and makes a semi-conscious, somewhat premeditated withdrawal from a disturbing, disenchanting society. Ovchinnikov, on the other hand, vacillates; he does nothing concrete about his problems. External factors soon force him to return to his job with his difficulties only temporarily resolved, undoubtedly there to plague him both consciously and subconsciously in the future.

Chekhov explores the effect of unconscious factors on a person's behavior in his story, "An Enigmatic Nature." The "pretty lady" of this tale cannot find true love and happiness because of her overpowering urge to marry wealthy old men and thereby achieve "glory, renown, [and] success."<sup>46</sup> "The Man in a Case" features a professor, suffering from a similar psychological derangement, who also displays the symptom of repetition-compulsion. His bizarre rituals are pathological defenses which insulate him from relationships and stifle his emotions. Chekhov describes the man:

[He] displayed a constant and insurmountable impulse to wrap himself in a covering, to make himself, so to speak, a case which would isolate and protect him from external influences. Reality irritated him, frightened him, [and] kept him in continual agitation.<sup>47</sup>

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The characters in "Grief," "An Unpleasantness," "An Enigmatic Nature," and "The Man in a Case" help us to elucidate the complexities of the human mind and the nature of the suffering psyche. They are valuable adjuncts to Ward Six, where we witness a severe mental illness (schizophrenia) in Dmitrich, and a state of heightened perception (degenerating to ambivalence) in Yefimych. They encourage readers to probe beyond the obvious problems and advise physicians to listen intently to what their patients are saying -- not only through their words, but through body movements, tone of voice, and verbal cadences. Only then can doctors accurately comprehend the nature of their patients' problems; only then can they uncover hidden emotions, including anger, uncertainty, fear, and loneliness. The insight gained by careful attention can guide physicians in designing therapies, and can help them improve their patients' psychological well-being. It can improve treatment efficacy, and may reduce the cost of medical care by making certain laboratory and radiological studies unnecessary. Most importantly, attentive concern on the part of physicians can make them close partners with their patients in the struggle for health. Following Chekhov's example, they will then be able to "prescribe" understanding and love, the most powerful "pharmaceuticals" available.

Richard Selzer

Richard Selzer, a contemporary physician-author, describes the sufferings of his individual patients with feeling and insight. Emulating physician-writer William Carlos Williams, who lost himself "in the very properties of [his patients'] minds,"<sup>40</sup> Selzer scans his patients for "the exact location of the soul,"<sup>41</sup> so that he can experience vicariously their pain and grief. He becomes "one" with them on a pilgrimage "in search of health"<sup>50</sup> -- always aware of the needs that they possess, always receptive to what they might teach him.<sup>51</sup> What Selzer learns on his journeys, he imparts when he writes. The creative process provides release for his heightened awareness; it simultaneously makes him more attuned to patients' needs, more observant and empathic:

Writing has made me a better doctor, because it has made me look at my patients with the dilated pupils of a poet, and I have seen many things that other doctors have not seen.<sup>52</sup>

Curiosity about the nature of man inspires Selzer. He philosophizes, "The surgeon knows the landscape of the brain, yet he does not know how a thought is made."<sup>53</sup> Himself a surgeon, Selzer dissects tissues and delves into body cavities, attempting to learn on each anatomical journey something about his patient from the visible pathology, and, through introspection, something about himself. He desires to achieve a communion of souls during an operation, and through this bond to discover the meaning of life:

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In the recesses of the body I search for the philosopher's stone...in the deepest, dampest cul-de-sac. It awaits discovery. To find it would be like the harnessing of fire. It would illuminate the world.<sup>54</sup>

In some of his essays, Selzer meticulously describes the intricate structure and function of various organs. With dramatic embellishment, he sings the praises of bone, liver, and skin, beautiful and perfect creations. Selzer disputes, however, Keats's claim that "Beauty is truth, truth beauty,"<sup>55</sup> writing "Personally, I suspect that truth is more accessible in 'ugliness' than it is in beauty."<sup>56</sup> In fact, Selzer discovers much about his patients by purposely seeking out the ugly. Physicians-in-training could learn much from Selzer's acuity of perception:

The eyes are not the only windows to the soul. I have seen sorrow more fully expressed in a buttocks eaten away by bedsores; fear, in the arching of a neck; supplication in a wrist. Only last week I was informed by a man's kneecaps that he was going to die.<sup>57</sup>

Selzer's great strength as a physician lies in his willingness to observe all that a patient might convey to him. His concerns as a doctor and as a writer are "the singular details of a single human life."<sup>58</sup> Selzer becomes emotionally involved with those under his care and stresses, "You cannot separate passion from pathology any more than you can separate a person's spirit from his body."<sup>59</sup> His philosophy is illustrated in the poignant story, "The Masked Marvel's Last Toehold,"<sup>60</sup> in which he agonizingly amputates the only remaining, gangrenous leg of a diabetic ex-wrestler. Selzer imagines the trauma that the

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man will experience upon realizing his disfigurement and disability. He feels for him and he loves him. Developing such affection for many of his patients, Selzer channels his pathos into his clinical tales. Critic Tony Miksanek writes:

"[Selzer's] stories always affirm the essentiality of human love."<sup>1</sup> Miksanek paraphrases Selzer's notion of the doctor-patient interaction:

In the exchange between doctor and patient, something exceptional, almost mystic happens, which has the potential to improve the participants not only physically, but emotionally as well.<sup>2</sup>

Selzer chronicles many of his elevating experiences with those under his care; he highlights his patients' courage and the concern of their families. At the same time, his outrage with the many evils that he has witnessed forces him to attack what he finds disgraceful in human beings. In "The Hartford Girl," Selzer reads a newspaper report of a crowd's shocking response to a young girl's suicide attempt:

A sixteen-year-old girl slashed her wrists and arms and then rushed to the steps of a Roman Catholic church poking a razor to her throat while a crowd of three hundred persons cheered and screamed, 'Do your thing, sister'.... Each time [she cut her arms with the razor] the crowd applauded.<sup>3</sup>

Selzer transcends this matter-of-fact description of this event in his commentary. He cannot disguise his repulsion for the spectators. Incredulous that human beings could respond so cruelly to a disturbed adolescent's suffering, he writes both to alert man to his inhumanity and to alleviate some of his own personal upset.

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Like William Carlos Williams, Selzer achieves a catharsis through his stories; his personally therapeutic essays deal not only with suffering and death, but also with anger, frustration, and disillusionment, especially as it relates to his career as a physician. In "Brute" he chronicles his attempts to suture the lacerated forehead of a large, combative drunk. Selzer is tired, and when he is spat at and told to "fuckin' hold still"<sup>64</sup> by the behemoth, he sews the man's ears to the stretcher and warns him that by moving he will rip them off. Flashing a triumphant grin, the doctor then orders the helpless inebriate, "Now you fuckin' hold still."<sup>65</sup> Ashamed and regretful, Selzer laments his behavior with the words, "Sorry I will always be;"<sup>66</sup> but he learns from the episode and warns other physicians, "Never...set your anger upon a patient."<sup>67</sup>

Perhaps a more difficult lesson for physicians to learn is not to overextend themselves when dealing with the many sick persons about whom they deeply care. Selzer advises doctors: "The way to heal the world is to take it in for repairs. One on one. One at a time."<sup>68</sup> He cautions young physicians to realistically assess their patients' conditions, so that they will not grow despondent from their apparent failures or blame patients who do not respond to their interventions. He also advises doctors to evaluate their own performance frequently and to continually examine their careers and career-goals. Such self-analysis, he argues, will help doctors to maintain a healthy

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attitude towards both their patients and their profession, and will improve their approach to the sick. Selzer agrees with Ronald Carson, who says: "Knowing oneself -- one's limits, one's strengths, one's feelings about misery and death -- is essential to healing."<sup>6</sup>

Acquired self-awareness can prove especially valuable when it comes to dealing with the terminally ill. Selzer reminds us of the words of the poet Rainer Maria Rilke, "Each man bears Death within himself, just as a fruit enfolds a stone."<sup>70</sup> Taking this wisdom to heart, a physician who accepts his own mortality and does not avoid thinking about the mystery of death will cope better with his patients' deaths and offer more comfort to surviving loved ones. If a doctor refuses or is unwilling to face death with his patients, to reflect upon it, grieve, and express (rather than repress) his feelings, then he may develop into the isolated and insecure physician described by Selzer in "The Exact Location of the Soul":

After a lifetime of grand gestures and mighty deeds, he comes upon the knowledge that he has done no more than meddle in the lives of his fellows, and that he has done at least as much harm as good. Yet he may continue to pretend, at least, that there is nothing to fear, that death will not come so long as people depend on his authority. Later, after his patients have left, he may closet himself in his darkened office, sweating and afraid.<sup>71</sup>

Selzer suggests that doctors be as open and honest with themselves as they are with their patients. His advice to physicians to work with their patients through the dying process, up until the very end, reminds us of Frankl's aphorism, "A single



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moment can retroactively flood an entire life with meaning."<sup>72</sup> Selzer quotes the great thinker Montaigne, who said, "To learn philosophy is to learn to die."<sup>73</sup> The physician agrees with the statement and its converse. In "learning to die" with one's patients, he argues, a doctor can learn philosophy, that is, he can increase his understanding of, and develop a deeper appreciation of, the transitory wonders of life. Following Selzer's advice, physicians will mature into wise, empathic, and humane healers.

### Conclusion

This essay has examined the thoughts of three physician-authors from three different centuries on the practice of medicine. It has touched upon the motivations of these doctor-authors and the special insights into human nature they gain through their medical training. Each of the writers discussed offers unique insights to lay people, medical students, and physicians at all stages of training.

The concerns of doctor-authors have changed relatively little over time. Suffering, death, and stress always have been fundamental aspects of the practice of medicine and realities faced by doctors and non-doctors alike. As a result of their peculiar experiences, physician-authors speak with a privileged perspective on these issues. While they have much to teach all readers, they offer special wisdom regarding medicine and life which can be of particular value to physician-readers. Their advice to doctors can contribute in a unique way to the development of empathic healers. Larry R. Churchill writes:

Suffering, depression, alienation, chronic disease, disability and death are non-technical solution problems - problems of the human condition. They call less for the mastery of quantifiable factors in formal knowledge than for depth of insight, acuity of perception, and skills in communication, namely, the sort of expertise which is traditionally associated with literature.<sup>74</sup>

Literature possesses immense value in helping physicians to "appreciate the beauty and complexity of the multiple levels of

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human interaction."<sup>75</sup> It advises doctors to come to a better understanding of their patients' feelings, to probe more intensely their patients' psyches for unspoken fears and concerns. It provides a medium through which doctors can empathize with other doctors who have faced similar problems and setbacks. It serves as a focal point for physicians' reflections upon their lives as members of a complex society and as mortal human beings. Finally, it encourages us all to examine the ethical dilemmas created by medical science and the economics of health care delivery.

The humanistic physician M.J. Sole advises his colleagues, "Caught up in the burdens imposed by scientific knowledge, we should remind ourselves to stop, on occasion, so that we can look about and appreciate the human drama around us."<sup>76</sup> The works of doctor-authors help us to appreciate that drama. By reading literature, physicians can become more empathic, more compassionate, more humane individuals;<sup>77</sup> writing can provide the same benefits. Obviously, not every student or physician can compose with the mellifluous descriptiveness of Keats, the psychological insight of Chekhov, or the dramatic flair of Selzer. But writing can provide all its adherents with a medium for introspective reflection and personal growth; at its best, it can be a useful form of communication among doctors, and between doctors and the public. Sandra Bertman writes:

Art communicates with a poignancy that touches but does not wound. Reading of [suffering and death] is sad, yet at the

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same time soothing -- somehow, even affirming. Art ennobles human experience....The expressive form of literature, as well as all forms of art, is life-enhancing.'<sup>6</sup>

M.D. Morris affirms these feelings:

[Literature,] like medicine at its best - [is] a discipline of understanding and vision, which recognizes in mute, inexplicable pain the possibilities of knowledge, healing and beauty.'<sup>7</sup>

Guided by the instructive powers of literature, and through their own writings, doctors can adhere more closely to the principal doctrine of the medical profession, as defined by the American Medical Association: "to render service to humanity with full respect for the dignity of man."<sup>8</sup> Furthermore, they can recognize and endeavour to achieve in their daily ministrations the goal of healers stated by Richard Selzer: "Out of the resonance between the sick man and the one who tends him there [should] spring ... Love."<sup>9</sup>

Appendix I

The Many Uses of Literature in Medicine

Today literature is employed throughout medicine for both instructional and therapeutic purposes. Courses in literature and medicine for medical students and residents have been well received.<sup>1</sup> Physical diagnosis<sup>2</sup>, psychoanalysis<sup>3</sup>, and medical ethics<sup>4</sup> are taught through poetry and prose. Poetry, creative writing, haiku, drama, essays, short stories and novels have been utilized with much success in the care of patients with terminal illness<sup>5</sup>, intractable pain<sup>6</sup>, cancer<sup>7</sup>, and depression and schizophrenia.<sup>8</sup> These media have been employed to foster greater communication among staff members<sup>9</sup> and between physicians and patients<sup>10</sup> or grieving loved ones<sup>11</sup>; to improve physicians<sup>12</sup> and psychoanalysts<sup>13</sup> adeptness at writing clear and descriptive histories<sup>14</sup>; as a vehicle for delving into deeply-rooted emotions and for uncovering the repressed causes of anxiety during psychoanalytic therapy<sup>15</sup>; to follow the progress of patients with neurological disorders<sup>16</sup>; to increase patient compliance and alter negative attitudes towards hospitals and health care professionals<sup>17</sup>; to promote productive relationships between hospitalized adolescents<sup>18</sup>; to improve body image in disfigured individuals<sup>19</sup>; to encourage adaptive behaviors among the physically handicapped<sup>20</sup>; to counsel shy or emotionally-disturbed adolescents<sup>21</sup>; to provide deaf children with a sense

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of the beauty of language<sup>103</sup>; as a catharsis for the hibakusha, atomic bomb survivors from Japan<sup>104</sup>; to help the elderly adjust to growing old<sup>105</sup>; to restore creativity to dying patients<sup>106</sup>; and to teach healers about the experiences of pregnancy<sup>107</sup>, childbirth<sup>108</sup>, illness<sup>109</sup>, the aging process<sup>110</sup>, and suffering and death<sup>111</sup>, and thereby promote humanism and empathy in the practice of medicine. In an interesting program initiated by Rita Charon at Columbia University's College of Physicians and Surgeons, students attempt to identify more closely with their patients by writing fictional case histories from the patient's point of view.<sup>112</sup>

1. Both essays consist of portions of my Honors Thesis in Psychiatry, entitled Reflections of Physician-Authors on the Art of Medicine, which is available upon request.
2. John Keats, "Ode to a Nightingale," in The Norton Anthology of Poetry, Revised Edition, eds. Allison et. al. (New York: W.W. Norton and Company, 1975), pp. 711-713.
3. Ibid.
4. John Keats, "When I Have Fears," in *ibid.*, p. 700.
5. John Keats, "Ode on Melancholy," in *ibid.*, pp. 713-714.
6. John Keats, "To Hope," in Goellnicht, *op. cit.*, p. 174.
7. John Keats, "When I Have Fears," in The Norton Anthology, p. 700.
8. John Keats, "After Dark Vapours," in ed. Norman Cousins, The Physician in Literature (Philadelphia: W.B. Saunders Company, 1982), p. 384.
9. The Letters of John Keats 2:102, ed. Hyder Edward Rollins, as quoted in Goellnicht, *op. cit.*, p. 225.
10. Robert P. Laborde, "The Poet-Physician: Medicine's Impact on the Lives and Works of John Keats and Robert Bridges," The Pharos, Winter, 1986, pp. 8-11.
11. John Keats, Sleep and Poetry, excerpted in Goellnicht, *op. cit.*, pp. 166-167.
12. Laborde, *op. cit.*, p. 11.
13. Peter A. Young, "Anton Chekhov: Medicine as Wife, Literature as Mistress," M.D. Medical Newsmagazine, July, 1982, pp. 69-76.
14. *Ibid.*, p. 75.
15. Anton Chekhov, Letter to A.S. Suvorin, March 9, 1890, as quoted in Cousins, *op. cit.*, pp. 279-280.
16. Peter A. Young, *op. cit.*, p. 75.
17. Anton Chekhov, Letter to A.F. Koni, January 26, 1891, as quoted in Cousins, *op. cit.*, pp. 293-295.
18. Anton Chekhov, Ward Six, in ed. Joseph Ceccio, Medicine in Literature (New York: Longman Inc., 1978), p. 134.

19. Ibid.
20. Ibid.
21. Ibid., p. 142.
22. Ibid., p. 148.
23. Ibid.
24. Ibid., p. 143.
25. Ibid., p. 137.
26. Ibid., p. 153.
27. Ibid., p. 146.

The belief of Yefimych and Dmitrich that "the intellect is the only possible source of enjoyment" equates them with the wise title figure of Chekhov's "The Black Monk," who opined, "The object of eternal life is the same as all life -- enjoyment. True enjoyment is in knowledge." [Anton Chekhov, "The Black Monk," in The Abnormal Personality Through Literature, eds. Alan A. Stone and Sue Smart Stone (New Jersey: Prentice Hall, Inc., 1966), pp. 131-136.]

28. Chekhov, Ward Six, in Ceccio, op. cit., p. 139.
29. Ibid., p. 152.
30. Ibid., p. 170.
31. Ibid.
32. Emily Dickinson develops this theme further. She feels that sanity is something which is defined by the majority, regardless of whether the majority is wise or foolish, just or corrupt:

Much madness is divinest sense  
To a discerning eye;  
Much sense the starkest madness.  
'Tis the majority  
In this, as all, prevails.  
Assent, and you are sane;  
Demur, - you're straightaway dangerous  
And handled with a chain. (Stone and Stone, op. cit.,  
frontispiece)



33. Chekhov, Ward Six, in Ceccio, op. cit., p. 151.
34. Anton Chekhov, "Hydrophobia," in trans. Avram Yarmolinsky, The Unknown Chekhov: Stories and Other Writings (London: Minerva Press, 1954), p. 97.
35. Peter A. Young, op. cit., p. 75.
36. Anton Chekhov, "Grief," in Stone and Stone, op. cit., p. 366.
37. Ibid., p. 367.
38. Ibid.
39. Anton Chekhov, "An Unpleasantness," in Yarmolinsky, op. cit., pp. 141-142.
40. Ibid., p. 142.
41. Ibid., p. 140.
42. Ibid., p. 141.
43. Ibid.
44. Ibid., p. 154.
45. Ibid.
46. Anton Chekhov, "An Enigmatic Nature," in Stone and Stone, op. cit., p. 220.
47. Anton Chekhov, "The Man in a Case," in Stone and Stone, op. cit., p. 273.
48. William Carlos Williams, "The Practice," from Williams's Autobiography, as excerpted in The Doctor Stories (New York: New Directions Books, 1984), p. 119.
49. Richard Selzer, "The Exact Location of the Soul," in Mortal Lessons: Notes on the Art of Surgery (New York: Simon and Schuster, 1976), p. 19.
50. Ibid.
51. Selzer appreciates the opportunity which his profession provides him for making that worthy pilgrimage. He writes "A doctor/writer is especially blessed in that he walks about all day in the middle of a short story." [Richard Selzer, Taking the World in for Repairs, as quoted in Tony Miksanek, "Book Review of

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Taking the World in for Repairs", Journal of the American Medical Association, (June 17, 1988), 259(23):3485-3486]

52. K. Beppu and M.T. Tavormina, "The Healer's Art: An Interview with Richard Selzer," Centennial Review, (1981), 25:20-40, as quoted in Louis Borgenicht, Richard Selzer and the Problem of Detached Concern," Annals of Internal Medicine, (1984), 100:923-934.

53. Selzer, "The Surgeon as Priest," in Mortal Lessons, p. 30.

54. Selzer, "The Exact Location of the Soul," in Mortal Lessons, p. 16.

55. Keats, "Ode on a Grecian Urn," The Norton Anthology, pp. 714-715.

56. Selzer, "Textbook," in Letters to a Young Doctor, p. 15.

57. Ibid., p. 14.

58. Selzer, Taking the World in for Repairs, in Miksanek, op. cit., p. 3486.

59. Richard Selzer, "Textbook," in Letters to a Young Doctor (New York: Simon and Schuster, 1982), p. 14.

60. Richard Selzer, "The Masked Marvel's Last Toehold," in Confessions of a Knife (New York: Simon and Schuster, 1979), pp. 149-158.

61. Miksanek, op. cit., p. 3485.

62. Ibid., p. 3486.

63. Selzer, "The Hartford Girl," in Confessions of a Knife, p. 206.

64. Selzer, "Brute," in Letters to a Young Doctor, p. 61.

65. Ibid., p. 62.

66. Ibid., p. 63.

67. Ibid., p. 59.

68. Selzer, "Taking the World in for Repairs," in Taking the World in for Repairs, (New York: William Morrow and Company, Inc., 1986), p. 239.

69. Ronald A. Carson, "Literature and Medicine," in Rabuzzi op. cit., pp. 44-46.
70. Rainer Maria Rilke, as quoted in Selzer, "In Praise of Senescence," in Confessions of a Knife, p. 101.
71. Selzer, "The Exact Location of the Soul," in Mortal Lessons, p. 18.
72. V. Frankl, The Doctor and the Soul, as quoted in Sandra Bertman, "Lingering Terminal Illness and the Family: Insights from Literature," Family Process, (December, 1980), 19:341-348.
73. Montaigne, as quoted in Selzer, "Love Sick," in Confessions of a Knife, p. 109.
74. Larry R. Churchill, "Why Literature and Medicine?" Literature and Medicine (1982), 1:34.
75. W.W. Spradlin, "Drama as an Adjunct to Teaching Human Behavior," Journal of Medical Education (1966), 41:379-380.
76. M.J. Sole, "Medicine and the Two Cultures: Science and Humanism in Medicine," Clinical Investigations in Medicine (1987), 10(1):39-45.
77. Poet-physician John Stone writes:  
Literature will help lead a doctor to the proper sensitivity; it will help to find the proper words for the proper moment; even to place the doctor, vicariously, in the patient's hospital bed. (John Stone, "Listening to the Patient," The New York Times Magazine, June 12, 1988, pp. 108-109.)
78. Sandra L. Bertman, "Lingering Terminal Illness and The Family: Insights from Literature," Family Processes (December, 1980), 19:348.
79. M.D. Morris, "Beauty and Pain: Notes on the Art of Richard Selzer," as quoted in Louis Borgenicht, "Richard Selzer and the Problem of Detached Concern," Annals of Internal Medicine (1984), 100:923-934.
80. Rodney H. Falk, "The Death of Death with Dignity," The American Journal of Medicine (November, 1984), 77(5):776.
81. Selzer, "Lessons from the Art," in Mortal Lessons, p. 48.

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82. Steven M. Radwany and Bernard H. Adelson, "The Use of Literary Classics in Teaching Medical Ethics to Physicians," Journal of the American Medical Association (March 27, 1987), 257(12):1629-1631.

83. Donalee Moulton-Barrett, "Teaching Diagnosis Through Prose and Poetry," Canadian Medical Association Journal (April 1, 1984), 130:928-929;

and

James S. Terry and Edward L. Gogel, "Poems and Patients: The Balance of Interpretation," Literature and Medicine (1987), 6:43-53;

and

James G. Brueggemann, "Haiku and the Art of Clinical Practice," Minnesota Medicine, July 1984, pp. 387-388.

Great literature contains the earliest clinical descriptions of many diseases - for example, leprosy in The Bible, venereal disease in The Canterbury Tales, schizophrenia in some of Shakespeare's plays, and the Pickwickian Syndrome in Charles Dickens' The Pickwick Papers.

84. Albert D. Hutter, "Literature, Writing, and Psychoanalysis: A Reciprocity of Influence," in Theory in the Classroom, ed. Cary Nelson (Chicago: University of Illinois Press, 1985);

and

Albert D. Hutter, "Poetry in Psychoanalysis: Hopkins, Rosetti, Winnicott," International Review of Psychoanalysis (1982), 9:303-316.

85. Radwany and Adelson, op. cit.

86. Adele D. Hofmann and Nancy R. Lewis, "The Needle of Caring, The Thread of Love: Creative Writing on an Adolescent Medical Ward," in Creative Writing (Chicago: The University of Chicago, 1981), p. 98

and

Bertman, op. cit.

87. Ibid., pp. 98-99;

and

Spross, op. cit.

88. Spross, ibid.

89. Morris R. Morrison, "Poetry as Therapy," in Current Psychiatric Therapies: 1986.

90. Hofmann and Lewis, op. cit., pp. 97-98.

91. Most of the works cited in this thesis address this issue.
92. Bertman, op. cit.
93. James G. Brueggemann, "Poetry and Medicine," Perspectives in Biology and Medicine (Spring, 1985), 28(3):370-373.
94. Hutter, "Literature, Writing, and Psychoanalysis," op. cit.
95. G.S. Rousseau, "Literature and Medicine: Towards a Simultaneity of Theory and Practice," Literature and Medicine, (1986), 5:152-181;  
and  
E.D. Pellegrino, op. cit.

The goal is "to encourage the doctor to read [and then transcribe] his or her text [ie., patient] more subtly" (Rousseau). Pellegrino reminds us, "the physician's major diagnostic tool, ...the clinical history, ...is [also] the physician's most neglected skill, simply because it is so often taken for granted."

96. Hutter, "Poetry in Psychoanalysis," op. cit.;  
and  
J.K.W. Morrice, "Poetry as Therapy," British Journal of Medical Psychology (1983), 56:367-370.
97. Albert D. Anderson, "A Collection of Poetry by a Physician with a Progressive Neurological Disease," Journal of Chronic Diseases, (1984), 37(11):863-868.

In another article, the progress of an Alzheimer's Disease patient is examined through sequential analysis of his paintings (Jeffrey L. Cummings and Judy M. Zarit, "Probable Alzheimer's Disease in an Artist," Journal of the American Medical Association, (November 20, 1987), 258(19):2731-2734).

98. Hofmann and Lewis, op. cit., pp. 97-98.
99. Ibid., pp. 104-106.
100. Ibid., pp. 102-103.
101. Angela Belli, "The Impact of Literature Upon Health: Some Varieties of Cathartic Response," Literature and Medicine, (1986), 5:90-108.
102. Ibid.
103. Ibid.

104. Ibid.

105. Judy A. Taylor, "Haiku: A Form To Air Feelings About Aging," Geriatric Nursing, March/April, 1985, pp. 81-82.

106. David R. Frampton, "Restoring Creativity to the Dying Patient," British Medical Journal (December 20-27, 1986), 293:1593-1595.

107. Judith M. Treistman, "Teaching Nursing Care Through Poetry," Nursing Outlook, (March/April, 1986), 34(2):83-87.

108. Ibid.

109. Pellegrino, op. cit.;  
and

Barbara Mazie and Robert Eidus, "Understanding Chronic Illness: A Curriculum Using Nonmedical Literature," Family Medicine, (May/June, 1986), 18(3):160-162;

and

Hofmann and Lewis, op. cit., pp. 103-104.

110. Ibid.

111. Most of the works cited in this essay discuss this issue.

112. Rita Charon, "To Render the Lives of Patients," Literature and Medicine, (1986), 5:58-74.