



The Left Atrium

The balance of healing

Between physicians and patients: the changing balance of power

Lilian R. Furst

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"Pompous pedants, medical monsters and humane healers"

Linda Hutcheon and Michael Hutcheon

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When I went to the scientific doctor
I realized what a lust there was in him
To wreak his so called science on me
And reduce me to the level of a thing
So I said: Good morning! And I left him.

D.H. Lawrence, "The Scientific Doctor"

“What’s wrong with you?”
“Don’t ask me, you’re the doctor.” This patient’s reply is time-honoured and revealing. It implies a belief that the doctor has the knowledge and thus the power in the encounter, and that the patient’s side of the story has little authority. This unfortunate situation is often blamed on the emphasis given to the science of medicine. True, if one wants to cure a disease, therapies based in scientific fact are the surest route to the goal. But patients will feel better and the outcomes of medical practice will be improved if doctors communicate well with their patients. And this means listening as much as it does talking. We need to teach physicians to attach more importance to the patient’s viewpoint.

For help in this we can turn to the arts. Pellegrino,¹ reflecting on the affinity between literature and medicine, quotes Santayana: “[O]nly literature can describe experience for the excellent reason that the terms of experience are moral and literary.” They can also be operatic. Lilian R. Furst’s *Between Physicians and Patients* turns to literature to illustrate how the experience of the doctor-patient relationship has changed over the past two centuries.

Similarly, Linda Hutcheon and her husband Michael use operatic arias to illustrate the same theme in their lecture “Pompous Pedants, Medical Monsters and Humane Healers.”

Both Furst and the Hutcheons describe the emergence of three crucial and interrelated changes in medical practice. Although these changes improved medical care, they had the effect of undermining patients’ confidence in physicians. The first change was the burial of holistic humoral medicine by the work of Morgagni, who in 1761 established pathology as the route to understanding disease. With the autopsy began the belief that how the patient felt was simply an expression of a disordered organ or tissue. This doctrine reached fruition with Bichat (1777–1802), who advised, “Open up a few corpses; you will dissipate at once the darkness that observation alone could not dissipate.” The second change was the introduction of percussion by Auenbrügger in 1761 and of auscultation by Laënnec in 1819. These innovations helped physicians to identify diseased organs, but more by listening *into* than *to* their patients. The third development was the greater emphasis in hospitals (where, as Bichat said, “death and disease offer great lessons,”) on medical education than on the care of patients.



Fred Sebastian

These trends are well exemplified in George Eliot’s *Middlemarch* (1872). Her flawed hero, Dr. Lydgate, has received the new-style education, including auscultation, and is not accepted by his colleagues. He embroils himself in the politics of staff appointments to the hospital where he hopes to do research and handicaps his practice with an ambition to study the tissues in the manner of Bichat. The landlady Mrs. Dollop fears “that Doctor Lydgate meant to let the people die in hospital ... for the sake ... of cutting them up.” In Berg’s opera *Wozzeck* (1925), the Doctor’s aria, in which he recounts his autopsy experiences, is another powerful illustration of the danger that physicians may be more interested in one’s organs than in one-self. The anonymity of *Wozzeck*’s Doctor reinforces the impersonal image of doctors who work in a hospital setting.

Furst comments that “[t]he weakening of the patient’s voice may in part account for the puzzling dearth of literary portrayals of hospital medicine in the nineteenth century,” and adds that the statistical method that was applied to the study of disease resulted in further reification of the patient. Sinclair Lewis’s *Arrowsmith* (1925) describes the 20th-century world of clinical science: one that raised

patients’ expectations along with the doctor’s temptation to exploit patients. The tug of war between the hope of the patient and the objectivity of the clinical scientist is expressed by Martin Arrowsmith’s comment, “I’m not a sentimentalist; I’m a scientist.” Lewis also addresses the hubris of research success and the financial gains possible. The characterizations may be overdrawn, but they do have their counterparts in today’s academic centres.



The loss of empathy that these works depict was counterbalanced at the end of the 19th century by the appearance of a more redemptive medicine as practised by women. Apart from Henry James's Dr. Prance in *The Bostonians* (1886), American literature of that

period portrays women physicians as feminine and more communicative. Unfortunately, opera is destitute of doctor divas to confirm this. Only Mozart's imposter Despina, in *Così fan tutte* (1790), appears as a physician and then in a trouser role.

Where do we stand today? Both Furst and the Hutcheons turn to Oliver Sacks, whose biographical case stories provide us with a voyeuristic perspective of patients' needs. Furst draws attention to Sacks's "attitude of positive and respectful attentiveness fundamental to ... establishing a relationship with his patients." On the other hand, the Hutcheons choose an aria from Nyman's chamber opera *The Man who Mistook his Wife for a Hat* (1987) to focus on Sack's interest in agnosia and a preoccupation with deficits in the patient.

Furst points out that "doctors' therapeutic behavior includes advice, explanation, discussion, and listening, but listening as such is not an integral part of medical training." But all is not bleak. Communication skills are now a major part of Canadian medical school curricula, and the strong presence of family medicine complements the hi-tech tertiary care hospital milieu by providing a person-centred rather than disease-centred approach to the management of illness. And those who specialize and work in the scientific atmosphere of hospitals are helped by their colleagues the nurses, who balance the therapeutic relationship. Above all, physicians must follow the aphorism of Oliver Wendell Holmes: "It is the province of knowledge to speak and it is the privilege of wisdom to listen."³

Do read Furst's book, preferably on the way to a conference at which the Hutcheons have been invited to speak.

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References

1. Pellegrino ED. Foreword. In: Peschel ER, editor. *Literature and medicine*. New York: Neale Watson Academic Publications; 1980.
2. Bichat X. *Anatomie générale*. Cited in: Foucault M. *The birth of the clinic: an archaeology of medical perception* [Translated by Smith AMS]. New York: Vintage Books; 1994.
3. Holmes OW. *The poet at the breakfast table*. Boston: Houghton Mifflin; 1902. ch. 10, p. 264.

The sad ballad of the ICU

I'm dying, doctor
you told me so last week,
not exactly that, but we
understood each other.
Is that why you've
dropped by to visit only
once, your face protected with
a cautious frown, because
I'm no longer alive,
because I annoy you when
I smile at your frown, when
I have no business smiling
in my condition?

Neither of us knows
how many Johnny Walkers
we have left, maybe I should
mask the cautious frown, next
time you pour.
I suspect we die
with a slap of apprehension
if not sooner,
programmed for death
at the moment of conception.

I am tied in
an umbilical knot
to IV lines,
transducers, EKG monitors,
PO₂ finger gauges and
a blood-gas console.
You've insisted on these
electronic tombstones to
keep me alive,
their ruby digital displays
frown at me, the
PEEP ventilator that
squeezes my blood oxygen to
orgasmic pink will
BEEP if I blue-out at sea level,
colliding the nurses round
the machine, frowning

because I have the audacity
to breathe for myself.

An electronic defibrillator
hovers over me
on knobby jointed
legs, a tarantula
waiting to zap my heart
back into iambic metre
if death tries to win
a race
with my pulse's wild
erratic sprints.

You can retrieve me from the brink,
perhaps even a few steps beyond,
who knows how far I could go
before your magnets pulled
my molecules
from that gilded sedan-chair
shouldered by bleached skeletons
in cloud-white toga shrouds
solemnly descending
on the lonely downhill of the sun
back to this Lysol mausoleum.

But doctor, what
if your heart should
stop or
your brain arteries
clog with clots
when two miles
up in your Piper Apache;
without those shiny
magnets there, can
the Head Nurse shove
you back?

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