

## Literature and the Arts in Medical Education

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Feature Editor

*Editor's Note:* In this column, teachers who are currently using literary and artistic materials as part of their curricula will briefly summarize specific works, delineate their purposes and goals in using these media, describe their audience and teaching strategies, discuss their methods of evaluation, and speculate about the impact of these teaching tools on learners (and teachers).

Submissions should be three to five double-spaced pages with a minimum of references. Send your submissions to me at University of California, Irvine, Department of Family Medicine, 101 City Drive South, Building 200, Room 512, Route 81, Orange, CA 92868-3298. 949-824-3748. Fax: 714-456-7984. jfshapir@uci.edu.

### Different Houses, Different Laws

Mark R. Marnocha, PhD

Our family medicine residency preserves Tuesday afternoons for didactic conferences, which include Humanities and Balint Group, among several other curriculum tracks. During a Tuesday several seasons ago, the Humanities conference topic had been physicians' first-person accounts of medicine. One of the physician faculty presented "Laws of the House of God," from Samuel Shem's satirical novel<sup>1</sup> about internship in a major medical center. After its publication, Shem's book was decried for its condescending and irresponsible attitudes<sup>2</sup> but also praised as effective caricature.<sup>3</sup> Shem's work may be, perhaps, an apt illustration of how young physicians use humor and emotional detachment to resist a hostile environment<sup>4</sup> and still serves as a caution about pitfalls on the way to medical caring.<sup>5</sup>

Medical students spend 6 to 8 years honing intellectual skills,

competing obsessively, and internalizing nearly impossible expectations. Pre-med studies have small space for consideration of humanities or of the emotional and relational components within healing. Medical school curricula must emphasize the knowledge essential to avoid disaster, rarely allowing time or energy for humanistic care or for self nurturance. The triumphs and the limits of medical school preparation are not fully evident until the intern year and beyond—on internal medicine, obstetrics, and pediatrics rotations, the academic arcana become alive and practical, but some patients dwindle and die despite all the correct answers. The young physician may even realize that relationships and meaningful choices influence healing as much as do technical interventions. After a year or two of residency, the powerful flow of individual and family life cycles can be discerned in a specific patient, within a family, and throughout the course of a chronic illness. This is potent learning but an unfamiliar and threatening domain for the perfectionistic student

of science, pressed to become one's own person while uncovering the risks and limits inherent in care and caring.

Small wonder, then, that learners in such crisis need humor, distance, and laws. Family medicine residents start the emotional learning process promptly, and even that brief half day of office per week quickly dispels the detached heroics characteristic of medicine in *The House of God*. The Balint group that followed our Humanities session touched emotions arising from difficult patients, untoward outcomes, and one's own limitations. Midway through our Balint session, a participant pronounced a rule, and more laws emerged, deliberately enough that I could transcribe as they came forth.

"Remember to eat," reminded a senior resident to his juniors.

"You will never know enough (it's OK to not know . . .)" was intoned as an axiom and its corollary by faculty.

"Sleep is good," was intoned by residents only recently off in-house call.

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(Fam Med 2004;36(3):170-1.)

“Defecate,” with its tradition of universal humor, represents one of several life functions not to be denied if one is to remain centered.

“Know the Dead Man’s Float, strive for neutral buoyancy, find your toes, and don’t thrash” all surfaced as lessons from kayakers and scuba divers in the group, intrigued as they are with the transition between worlds, from air to water (and back again) or from logic to emotion, done smoothly so as not to alert sharks. They know well the beginner’s challenge to become comfortable and remain oriented in an unfamiliar world, not diving too far or surfacing too quickly, focusing awareness for effective actions.

“Beware the Undertoad” came later in the recitation, drawn from John Irving’s novel *The World According to Garp*,<sup>6</sup> whose son spoke of the “undertoad” at the beach, felt by Garp as the underwater current of life that can remove what one loves.

“Chocolate and pop PRN” and “Go Pack” (Green Bay Packers) suggest self-indulgence and play as necessities, third-year residents reminding other classes to maintain appetites and lives outside medicine, and enjoying football and other enthusiastic loyalties in the nonmedical world.

Finally, “Care for the black chicken” came from the shared symbolism among several faculty of chicken totems, the black chicken standing for that bitterness and hopelessness that only grows if it is not attended to and cared for.

I wrote down the laws as the group presented them—all given in a spirit of attention and reflection. The laws came from our residency community members, from personal sources as diverse as favorite

literature, four generations of precious Packers season tickets, kayaking in cold and clear lakes, reef diving in the Caribbean, rural practices up north and on a reservation, the humility of a senior faculty member, and even the most recent night of call. What persistently intrigues me are the universal themes that materialized, and continue to do so, from this and similar sessions—honor the body’s and the mind’s needs and limits, practice skills of transition between worlds, know how to survive those transitions, recognize and befriend one’s limitations and negative emotions, ground oneself in life outside medicine. From ancient wisdom to mindful practice, the same rules are articulated in many voices but with similar intents.

Shem later wrote about his psychiatric training in *Mount Misery*,<sup>7</sup> a sequel to his experiences in *The House of God*. He proclaimed another set of laws, more in tune with family medicine’s relational dimension. When I read some of those laws after our memorable Balint session, I heard in Shem’s voice the same intent as in our group:

“Medical school is a liability in becoming a psychotherapist” [or a family physician], a reminder that the role of the family doctor extends far beyond the formal training of medical school and combines elements of teacher, mentor, confessor, and shaman.

“Therapy is part of life and vice versa,” just as being present to listen and feel illuminates both professional and personal lives of the physician, sometimes simultaneously.

“The delivery of psychiatric (and other kinds of patient) care is to know as little as possible, and to

understand as much as possible, about living through sorrow with others,”<sup>7</sup> a law taught most firmly by those patients whose pain can be shared and understood but not cured or denied.

And finally, with a nod to my colleagues who dive, float, and do not thrash in spite of storm and rapids, “You can learn everything about a person by the way he or she plays a sport.”<sup>7</sup>

Humanities teaching succeeds when it finds doors to the wisdom and humor within a community of caregivers, whether via shared readings, artistic expressions, sharing of poetry, creative writing, or the spontaneous discovery of laws for residency survival. Build a proper space within a community of learners, and insights will come. In the meantime, I look forward to our annual canoe trip for new residents, and I expect the Packers will have a wonderful season this year, as always.

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