

The Mighty Pen



Upstate's literary journal provides a creative outlet for healthcare providers and patients on issues of caregiving, illness, and suffering.

ON THE OPENING DAY OF REUNION 2006, a dozen physicians sat in a Weiskotten Hall classroom grappling with an unlikely assignment—describing their medical specialty in 17 syllables.

These Upstate Medical University alumni were writing haiku, Japanese poetry that consists of three short lines.

"I think they found it challenging, but like any creative exercise, relaxing and liberating," says Deirdre Neilen, associate professor of Bioethics and Humanities at Upstate, who conducted the workshop on creative writing for physicians.

Providing that creative outlet from the stress of the healing environment is just the point.

Neilen is editor of *The Healing Muse*, an annual journal of literary and visual arts published by SUNY Upstate Medical University's Center for Bioethics and Humanities (which itself is funded in part through a generous endowment from the Medical Alumni Association).

"There is an underlying belief here in the connection between the humanities and the practice of humane medicine," says Neilen.

The Healing Muse was founded in 2001, the brainchild of Bonnie A. St. Andrews, Distinguished Teaching Professor of Bioethics and Humanities at SUNY Upstate Medical University, and also a respected poet whose work appeared in the *New Yorker*, *Paris Review* and *JAMA*.

Originally an "in-house" publication for those within the Upstate community, the journal has expanded dramatically, both among contributors and readers. Volume 6, which debuted October 11, 2006, features more than 40 writers and visual artists from Upstate, across the nation, and as far away as France and Israel. Contributors include physicians, nurses, patients and social workers. "Anyone who's been on some line of the health-care system," says Neilen, who has

edited *The Healing Muse* since Dr. St. Andrews' death from a brain tumor in 2003.

"Our journal is a very fertile ground for discussion of how medicine is working or not working," she says.

In addition to advertising for submissions in *Poets & Writers*, the journal sponsors two writing competitions. The first is the Bruce Dearing Writing Award, given in honor of Upstate's first professor of medical humanities. This award, which began in 1985, is presented annually for the best essay, short story, or poem written by Upstate students and by Upstate faculty or employees. Although the competition predates *The Healing Muse*, all submissions for the contest now receive consideration for publication in the journal.

Since 2004, the Center for Bioethics and Humanities has also sponsored the Medical Alumni Writing Award, open to all Upstate Medical University alumni. Each year,

the winners are announced at reunion and are published in *The Healing Muse*.

For 2006, alumni were asked to write a letter to a young doctor. Winners Deborah Young Bradshaw, MD '84, and Ronald Pies, MD '78, read their letters during Reunion Weekend.

"Their peers were quite moved by what they had said," says Neilen. "This journal offers people a real chance to hear how

physicians and nurses struggle with their chosen professions, as well as with issues of prognosis and diagnosis," Neilen says. "It's the ideal publication for physicians to put in their waiting rooms."

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Deirdre Neilen, PhD



Letter to a Young Doctor

For the 2006 Medical Alumni Writing Award, alumni were asked to write a letter to a young doctor, sharing the wisdom of their years of experience.

Here we share the two winning letters.

My Dear Friend and Colleague,

I was well into my internship before the real challenge of doctoring showed itself to me, like a quiet, dark figure hunched at the rear of the bus. It was one that no one had warned me of. It was one that no one had prepared me for. I knew about the hard work. I knew about the responsibility. I knew about the long years of preparation. All these were nothing to me but cheerful, chattering companions on an otherwise solitary journey into professional life. The real adversary, however, was never mentioned. Not then, and, I warrant, it is not mentioned to doctors in training now. Even in mid-life it eludes me. It taps me on the shoulder, but in turning I see only the reproach of a receding shadow.

The real challenge of medicine is loneliness. In so many ways, you will never again be allowed to be yourself. And the role you play separates you from both yourself and from everyone else in your life. You are already and will be forever set apart. Indeed, you cannot serve without being set apart.

The isolation imposed by medicine has several origins. First, your knowledge separates you. This process begins early, when you distinguish yourself in high school and then, to a greater degree, in college. As a premedical student, you are something of a pariah. You are a bit uppity, very neurotic. Perhaps you over-estimate your ability. Your solace is a sense of superiority and the honest feeling that you will be able to serve the greater good.



Deborah Young Bradshaw, MD '84

"The real challenge of medicine is loneliness. In so many ways, you will never again be allowed to be yourself."

—Deborah Young Bradshaw, MD '84

The divide widens during medical school, beginning with the baptismal ritual of dissecting a dead human being. Few of us ever after use the knowledge gained from that experience, but gross anatomy forms a bridge across which you pass into a wholly new, hallowed, untouchable, and often resented state of being.

As you learn, you leave your family and the rest of society behind. They begin to look up to you; as you climb, they will never treat you the same. The older brother who used to tease you won't feel quite so comfortable doing that any longer. When your aunt talks to you about her arthritis or her palpitations, she is not thinking of the little girl with the

upturned nose who played in the twilight for hours and came inside laughing and lit up, asking for cookies. That little girl is gone. When your father looks at you now, it is with a new kind of formality and deference. The greater your knowledge, the more remote you become. The distinctions offered by medicine leave you alone.

You may say that you still have your colleagues, that while you are distinguished from society at large, you can still enjoy the companionship of your peers in medicine. For me, this never really seemed to work. In school,

there is the competition. After school, you are moved about the hospital chess board according to other people's needs—patients, departments, practice groups—and according to your ability to perform functions for others. Of course anyone who works serves the organization. But there is something uniquely isolating about medicine. No doubt you have already felt its keen knife-edge. My question is, "Did you cry out?"

The loneliness has its real origin in the general agreement in society and in organized medicine itself that physicians are not allowed to feel anything other than compassion. Exhaustion, rage, revulsion, fear. Nearly every

day of your work you will feel these things. Yet your profession requires not just that you deny it but that you not feel it in the first place. What would people say if they knew that their doctor was frightened? I was frightened most days of my residency to varying degrees. You will be frightened too, when you are the first to respond to an emergency or when a long call night looms before you bringing who knows what disaster to your feet. You will be frightened, and you will be excruciatingly, utterly alone. And you won't be allowed to tell anyone.

When you begin practice you will spend hours listening to patients drone their stories in irrelevant and disorganized fashion. The information you need from them could be conveyed in five or six phrases. But instead of answering your questions, they will answer another question, one posed by their own anxieties. Sometimes, you will have to ask the question three or four times, but you cannot show impatience or annoyance. That would indeed be unprofessional. And the power you wield is enormous, so that a frown or clipped phrase has the capacity to devastate.

All of these "shoulds" relentlessly divide you from your own nature. You will be tempted to defend yourself with cynicism. This is the natural callus that develops to protect you from repeated injury. It develops frequently during residency and is probably necessary for your survival. Do what you must to protect yourself. Beware, however, that the callus will separate you further from your feelings and from other people, patients, friends, and family.

Physicians have been likened to priests. There is merit to this analogy. It illuminates both the privilege and the loneliness of medical practice. Physicians and persons of the cloth are held to a higher standard of behavior, and they should be. Both professions require some sacrifice of the family. The priest and the physician both pay a high price to belong to these sacred orders.



Ronald Pies, MD '78

What advice can I give you? Only advice that I have not followed. It is: Tell someone. Don't jump off the roof. Tell someone. Admit that you are afraid or uncertain or whatever you feel. Don't deride yourself silently for your fear or uncertainty or nauseating impatience. These feelings are normal and natural, and most students and young physicians feel them too. Find someone you can trust, preferably a peer or a mentor, and tell them. The chances are very good that they will know what you are talking about and be relieved to hear you say it out loud. I say be wary of anyone who says they have never felt fear, rage, contempt, or impatience in the conduct of their profession. That person is deeply divided from his or her humanity. Most would not want such a physician.

The irony in all of this is that patients want doctors who feel things. They want emotional connections, however brief, with their healer. Such encounters have tremendous healing power in both directions: healer to patient and patient to healer. In truth, some of your patients will be your healers. For you will find yourself sealed into that lonely place where your first duty is to know what is wrong with the patient, know what to do about it, and act in the best interest of the patient, regardless of how much agony you may be in at the moment. Often, only your patients can reach you through that barrier of professionalism. They can see your sacrifice and suffering and their gratitude will rise and crest, then break over you. Briefly, the barriers will be washed away. When you feel that grace,

remember that you did not reach that place by learning and knowing alone, but by sacrifice that hurt you and likely hurt others near you. You can arrive there only if you care more for your patients than for your own ease. It is a steep and rocky path. But there is no other path to the real honor and privilege of medicine.

Yours truly,

Deborah Young Bradshaw, MD '84
Residency Program Director
Upstate Department of Neurology

"In order to succeed at being a physician, you must learn to fail."

—Ronald Pies, MD '78

Dear Joseph,

I hope the early spring finds you well. Since you have asked me for my thoughts on entering medical practice, I feel obliged to respond, though with some reluctance. I wouldn't want to dampen your enthusiasm for a career that is still "in the bud." At the same time, I feel I owe you an honest attempt at answering your question.

You ask me, "What is it I most need to learn as a young physician?" Well, dear friend, from my perspective of 25 years in practice, my answer may surprise you. In order to succeed at being a physician, you must learn to fail. In fact, the more ways you learn to fail—and to "fail better"—the more likely you are to succeed as a doctor.

I can picture you furrowing your brow, Joseph—wondering if I'm presenting you with some clever, New Age koan, along the lines of, "What is the sound of one hand clapping?" But I assure you, I'm being anything but clever. I'm speaking to you from the butt-end of failure. I'm speaking to you from the

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mess of missed diagnoses, botched interventions, and thoughtless responses that I've made, these 25 years—which is not to deny that I've also done some good.

I recall the time, during my internship, when I was working up an elderly man who had just been admitted to the medical floor with a “fever of unknown origin.” The man seemed quite calm as I examined him, even joking at times—what we would describe as “in no acute distress.” His supine blood pressure was on the low side—about 100/75—but otherwise, he seemed fine. Of course, I had neglected to check for orthostasis. When my resident did so, the old man's pressure dropped like a lodestone thrown into a magnetic well. A few minutes later, he was admitted with the diagnosis of “acute sepsis.” My resident accosted me in the hallway and literally pushed me up against the wall. “You almost killed this guy!” he growled, just a few inches from my face. “Sorry,” I said feebly. “Apologize to the patient!” my resident replied, shooting me a look that might have felled Medusa.

Joseph, I replay that scene in my nightmares even to this day. But I never again failed to check for orthostatic hypotension.

My friend, I could regale you with a hundred such errors, oversights, and mundane stupidities. But this would miss the point.

You will find, Joseph, that with each failure in your career, you receive a gift. It may be the gift of discovering what you are really made of: sterner stuff than your errors. It may be the gift of forgiveness, as when a patient says to you, “Hey, Doc, it's OK—we all make mistakes.” And with some failures, you may receive the gift of human wisdom. Perhaps this will come when you discover that with all our antidotes and algorithms, all our pills and poultices, we are no match for Death. That dark grin will greet you at every turn, despite your best efforts, Joseph—and Death will ultimately have the last laugh.

And yet, and yet . . . every time you place your hand in healing, every time you ease a child in pain, every time you offer hope in the face of overshadowing gloom, you will find that you are immersed in something larger than yourself. I hesitate to call it love—after all, you will not love most of your patients, nor will most of them love you—but it is luminous in the way that love is. It will envelop and comfort you, even as you comfort your patients.

Yes, there will be times when your science fails you, and only your heart sees you through. And there will be times when your heart misleads you, and only your science pulls you toward true north. But you will serve your patients well if you can fail with humility and grace. And in the end, you'll

need to pick yourself up off the hospital floor, dust off that vaunted white coat, and get back to the hard work of imperfect healing. Your patients will need that, and they will expect nothing less from you. In the end, Joseph, it will be your patients who help you gather the sparks of light within each husk of failure.

It's spring, my friend. It's time to set out in the warmth of the new sun.

Yours truly,

Ronald Pies, MD '78

Clinical Professor of Psychiatry

Tufts University Medical Center

SUNY UPSTATE'S

The Healing Muse—

A journal of stories, poems, and art about illness and healing can be purchased for \$10 by sending a check made payable to *The Healing Muse* to:

The Healing Muse
SUNY Upstate Medical University
Center for Bioethics and Humanities
725 Irving Ave, Suite 406
Syracuse, NY 13210

For detailed submission guidelines for the 2007 Medical Alumni Writing Awards, please visit our web site, www.thehealingmuse.org, or contact us at hlgmuse@upstate.edu.



The Medical Alumni Foundation and Office of Student Affairs cordially invites you to a *Career Advisory Networking Dinner*

MONDAY, JANUARY 8, 2007

6:00pm – 8:00pm • Ninth Floor Dining Room, Weiskotten Hall

The purpose of this networking event is to give our second and third-year students an opportunity to meet and network with alumni willing to share their expertise and experiences within each of their specialties. This is a great opportunity to engage with current students and help guide them on their career paths.

RSVP requested by January 2, 2007

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