Discussion Guide: An introduction to The Healing Muse* for readers and educators

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The Healing Muse creates a unique starting point for discussion about illness, medicine, and the body by contextualizing these themes in narratives of prose, short stories, and poetry. This approach can help people who are experiencing illness, as well as their friends, family, and health care providers, to understand the personal, social, professional, and institutional complexities of healing. To help both readers and educators become better acquainted with the insights offered in the tenth volume of The Healing Muse, we offer this Discussion Guide for use in classrooms, book clubs, support groups, or simply for your own exploration.

ETHICAL TREATMENT OF PRISONERS
“Full Arrest” by Holly Kuman (p. 67)
1. Kuman’s poem describes the unfortunate death of a young female inmate. The nurse had the opportunity to address the medical needs of the inmate; did she also have the ethical duty to do so? What rights to prisoners have? What responsibilities do their clinicians have? Is the nurse morally responsible for the death of the prisoner?
2. Would your reading of the poem be different if you found out that the inmate was compliant or even innocent? How does the poem’s title echo throughout the poem?

CANCER, PREGNANCY, AND MEDICAL ETHICS
“The Cost of Life” by Mona de Vestel (p. 62)
3. De Vestel’s narrative gives us insight into her past experience of pregnancy and termination when she remarks, “I was a foolish twenty-five-year-old who knew nothing about the world, or opportunities or how sometimes when a gift comes you have to seize it because it may never come again” (p. 64). Do you agree with de Vestel’s choice to try to conceive before finding out her diagnosis of cancer? If the narrator had become pregnant, what ethical issues and/or conflicts would arise between maternal therapy and fetal well being?
4. What biological, societal, or familial pressures do women face if they choose to delay pregnancy or decide not to have children? Are there circumstances (health, age, economics, etc.) that should discourage a woman from trying to conceive?
5. What lessons did de Vestel learn about herself and her body despite not being able to have children?

THE PHYSICIAN-PATIENT RELATIONSHIP

“The Other Side of Diagnosis” by Shelley A. Gilroy (p. 7)

6. After Dr. Gilroy calls her mother to tell her the “bad news,” her mother responds, “That is not what the doctor told us...He is not going to die.” Did her mother’s response indicate her denial, her lack of information, and/or her hope for her husband? What role do you think the physician played in the mother’s response?

7. If we are in an age of autonomy and informed patient decision-making, why do patients still say, “Whatever the doctor wants?” Why do you think an end-of-life discussion was never held with Dr. Gilroy’s mother and father? Who should initiate the conversation— the physician or patient?

8. How did the journey toward her father’s death change the physician, both as daughter and doctor?

CULTURE AND MEDICINE

“5TH Son of Roidah” by Marilyn R. Mumford (P. 43)

9. Cultural and family beliefs can affect patients’ interactions with medicine. Traditional beliefs can persist despite what we know are the facts of a particular disease. For example, many people still think cracking one’s knuckles causes arthritis or that you can catch poison ivy from someone who has it. What other common misconceptions do we believe about disease and its management?

10. Physician-patient communication can be hindered or enhanced by medical interpreters. Both Dr. Will and Dr. Rosie were dependent on their nurse translator to help Roidah understand her and her son’s medical condition. What are some of the ethical and social issues surrounding the use of medical translators? What other ethical issues does the story raise? Do you find Dr. Will and Dr. Josie’s treatment of Roidah and her son troubling in any way?

“Revolution in Thailand” by Dominick Maggio (P. 80)

11. Maggio’s exclamation, “These were refugees!” suggests that he had preconceived ideas about the patient population he wanted to volunteer for. What cultural assumptions does the story seem to refute?

12. What are the advantages and disadvantages both for volunteers and clinics during short-term medical volunteer missions?

IDENTITY AND DISEASE

“Post-op Blues” by Leota McCown-Hoover (P. 29)

13. “The women I’d just met spoke a common language—Breast Cancer Survivor language—my new language,” (p. 33). In 1935, Alcoholic Anonymous helped launched a program that encouraged alcoholics to meet together as a fellowship. After WWII, group psychotherapy “support groups” started to evolve so that participants didn’t feel alone. What does McCown-Hoover gain by joining the group? Should healthcare facilities connect patients with support groups?

14. McCown-Hoover states that, “I’ve never been a joiner of groups...I was more than my breasts. I was more than breast cancer,” (p. 30). Are there ways in which one’s disease can become one’s identity? What are the dangers of this for both patient and clinician?
THE DIFFICULT PATIENT

“Appointment at the Doctor’s” by Howard F. Stein (p. 115)

15. Discuss Howard Stein’s poem, “Appointment at the Doctor’s” from the patient’s point of view.
16. Should the physician and staff know at least some of the patient’s biography as revealed in the opening lines?
17. Have you ever been scolded by health care professionals or accused of being a “difficult” patient?
18. Is compassion a necessary component of a nurse, physician, or other health care professional?

IMAGERY AND METAPHOR IN MEDICINE

“The Limits of Swallows and Seals” by Judith Hannan (p. 35)
“Seasons” Lyzette Wanzer (p. 118)

19. Both “The Limit of Swallows and Seals” and “Seasons” use nature to portray different aspects of illness/recovery and mourning/recovery from the caretaker’s perspective. How is the imagery used specifically in each piece? Does the narrator in each piece find a measure of control in using seasonal images?

ETHICAL ISSUES IN THE CARE OF THE ELDERLY

“An Old Hip Fractured Required a Good Young Bone Doc” by Gregory Eastwood (p. 76)

20. The speaker wonders how to take care of his 95-year old mother after a hip fracture. He remarks, “Crewcut orthoped / Easy to stereotype / Until we listened.” What stereotype does the physician overturn when he presents his plan to the son and daughter?
21. Eastwood’s conclusion, “A lesson relearned,” reminds the reader that the elderly still deserve care that maintains a good quality of life. How can patients, families, and health care professionals recognize when ageism is occurring in the health care setting?
22. What would have happened had the physician not suggested a partial replacement of the hip? What added responsibility do geriatric health care professionals have to both the patient and their families during health care decision-making? What responsibility do health care proxies have in regard to their elderly charges who like Eastwood’s mother may not have the capacity to join in the health care decision making?