**Literature and the Arts in Medical Education**

**Johanna Shapiro, PhD**  
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.

**Only Connect: Musings on the Relationship Between Literature and Medicine**

**Helle Mathiasen, PhD; Joseph S. Alpert, MD**

In the late 1960s, while in graduate school (English and American Literature) and medical school, respectively, we began a discussion that continues today: how can one know the truth? Was truth only discoverable by means of controlled experiments, or was there truth contained in a Shakespearean sonnet or a Mozart concerto?

This debate, carried on over many months, led to the formulation of a course on literature and medicine that we have taught continuously on three campuses for the last 22 years. The philosophy underlying this educational venture is that both medicine and literature are humanistic arts. They resemble each other in their objects, effects, and aims. The object of medicine is the study of human life. In the laboratory, the medical scientist uses the abstract symbols of science to pinpoint the laws governing the human organism. By the patient’s bedside, the practicing physician translates these abstract symbols to fit the case of human need before him/her. In one way, workers in medicine seek to expand the limits of human self-knowledge. Literature, too, has the human being for its object. The poet, using words as tools, demonstrates and communicates the individual’s awareness of the complexity of his or her situation. Like the physician, the poet tries first to grasp, then to control, the reality of the human predicament. The effect of medicine when applied is to confer pleasure by relieving pain. The poet, too, gives pleasure to those enjoying poetic art. Finally, the aim of both disciplines is victory, however temporary, over death, the enemy of humankind. Both the poet and the physician expend extraordinary amounts of time and energy to ward off and thus transcend death.

The objective of our course in literature and medicine is to interest members of the health professions and university undergraduates in literature and to inspire them to increase their nonprofessional reading. We use literary masterworks as a springboard for discussions of the human issues involved in the study and practice of medicine. We teach this course at the undergraduate level and at the medical school.

The relationship between medicine and literature is seen through selected works of fiction. In our discussion of each work, we comment on the literary and medical context...
of the period to which that work belongs. Then, we consider the ethical, social, and political aspects of the work as these issues relate to the study and practice of medicine, the experience of illness, death, and the dying process.

Certain works of literature, especially those written by physicians or patients, offer insight into those aspects of the art of medicine not dealt with in medical textbooks. For instance, Anton Chekhov’s *Ward 6*, a novella written by a Russian doctor, shows the impossibility of medical progress, even of effective medical care, in an environment of pettiness, corruption, and ignorance. Solzhenitsyn’s novel *Cancer Ward*, a fictionalized account of the author’s own experience as a patient in a cancer hospital in Russia, dramatizes the terror and helplessness felt by the patient with a corrosive disease. In a lighter vein, Jules Romain’s *Doctor Knock*, a French comedy, portrays the country doctor as a confidence man, using the gullibility of his community to build himself a position of money and power. Finally, Dea Trier Moerch’s novel *Winter’s Child*, depicts the feelings of a group of high-risk, pregnant women in a Danish maternity ward.

These literary works, along with others by Camus, de Beauvoir, Sontag, Molliere, Defoe, Ibsen, Plath, and many additional authors have served as the basis for our course over the years. Some of our best-known authors were also physicians who recognized the value of medical practice as a rich source of material for writing. Examples include Arthur Conan Doyle, Anton Chekhov, and William Carlos Williams.

Selected examples of topics dealt with are:

1. **Changing attitudes toward physicians and their therapeutic endeavors from the Renaissance to the present.** Representative authors such as Molliere, Romain, and Solzhenitsyn ridicule, criticize, or reflect on the medical profession. Suggested reading—Alexander Solzhenitsyn: *Cancer Ward*. This novel is based on the author’s own experience as a patient in a Russian cancer ward. The role of politics, emotional states, and interpersonal relationships in the daily life of the cancer hospital are clearly delineated.

2. **The patient experiences illness.** What changes occur in one’s self-image due to illness? How does the patient cope with paternalism on the part of the medical profession and with feelings of powerlessness and dependence? Denial, hostility, and regression in the patient will sometimes be followed by acceptance of illness and reassessment of values. What is a “good” patient? A “bad” one? What is the distinction between pain and suffering? Readings—Leo Tolstoy: “The Death of Ivan Ilych.” This long short story or short novella describes the personal experience of Ivan Ilych (Russian for John Doe or Everyman) as he slowly dies of cancer. Ivan Ilych’s isolation, even in the midst of his own family, is emphasized.

3. **Doctor-patient relationships.** How do doctors and patients relate on a human level? By virtue of being human, doctors can find it difficult to maintain their professional distance from the patient. How and when do such breakdowns in professionalism occur, and what positive or negative consequences do they have for the doctor-patient relationship? Should the doctor tell the truth to a dying patient? Readings—Anton Chekhov: “Ward No. Six.” This short story by the world’s best known physician-writer describes an intellectually lazy physician at a provincial Russian county hospital. Eventually, the wheel comes full circle, and the physician, Dr Reagin, finds himself a patient in his hospital’s psychiatric ward. Only then does he truly empathize with the patient’s experience.

4. **Medical ethics within the profession.** The pros and cons of loyalty within the medical profession. What happens when doctors disagree about diagnosis or treatment? What’s the definition of a “good” or an “evil” doctor? To what extent should a physician profit from the misfortune of his/her fellow creatures? Readings—Robert Lewis Stevenson: *Doctor Jekyll and Mr Hyde*. This short novel is one of the best known works of literature in the world. Important questions are raised, such as what constitutes an ethical experiment, and what kinds of scientific questions are worth asking?

5. **Medical ethics outside the profession.** What is the physician’s moral obligation to society and to individual patients? What happens when the physician’s conscience urges a plan of action that conflicts with the law? How far does “Do unto others as you would have them do unto you” apply in medical practice and/or research? Where do the doctor’s rights end and the patient’s rights begin? What moral and ethical issues surround the use of patients and live animals in medical research? Readings—Henrik Ibsen: *An Enemy of the People*. Ibsen and Chekhov are the cofounders of the modern theater. This play asks a simple question: “What should the individual do when faced with a serious ethical dilemma, ie, should the good of the community take precedence over the good of the individual?*

6. **Physicians as literary artists.** How do physician/writers manage to pursue their dual professions as writers and doctors? How do the two professions impinge on each other? How can each profession benefit from the other? Readings—William Carlos Williams: Selected poetry and prose. William Carlos Williams was one of the marvels of our profession during the 20th century. He had two full-time careers as a practicing physician and a writer/artist. He wrote novels, poems,
and short stories and was a painter as well. He won a Pulitzer Prize for his poetry. The themes for many of his poems and short stories are taken from his experience as a physician during the great depression.

(7) Literature inspired by disease. Bubonic plague, above all other diseases known to us, has captured the imagination of writers, from Boccaccio to Camus. Plague epidemics have changed the course of history. In addition, leprosy, syphilis, tuberculosis, typhoid, and typhus have played important roles in art and history. Readings—Albert Camus: The Plague. This work is a personal favorite. Dr Rieux battles insurmountable odds as an epidemic of bubonic plague devastates his city, Oran in colonial French Algeria. His response to this catastrophe is “to do his job as it ought to be done.”

In conclusion, the course on literature and medicine has provided an important forum for students and physicians to learn firsthand about the interaction of human values and scientific achievement. Many of our students and physician participants have felt that this intellectual exercise had an important and enlightening effect on their lives and on their careers.

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