

# Learning humanity

John Launer

Before I became a doctor, I did a degree in English. Although I didn't notice it at the time, the basic assumption among all my literature teachers was that human intelligence and sensibility in Europe had peaked at around the turn of the seventeenth century, and had been bumping steadily downhill ever since. There was an agreement that no-one had ever managed to equal the sophistication of thought and expression shown by Shakespeare and his contemporaries. There was also an implicit acceptance of the link between language and humanity. Few of the lecturers would have taken seriously, for example, the idea that the discovery of penicillin showed as much evidence of human imagination or dignity as *King Lear*, or one of Montaigne's essays. However, they might possibly have conceded their case to some of their classicist colleagues, who felt that things had never been quite as good as they had been in Athens during the time of Plato and Sophocles, or even to their archaeologist friends who looked back longingly at early Mesopotamia.

When I changed direction and went to medical school, I discovered that not everyone thought in this way. In fact, all the people I met there held the opposite assumption—also unexpressed and largely unchallenged. They believed that human progress always moved forward chronologically. They shared a perception that we were terribly lucky to be living in a time of such staggering advances. They had absolute faith that we could look forward to everything getting continually better for the rest of our lives. In some ways I could appreciate their argument. I certainly couldn't deceive myself that I would have enjoyed the hygiene of the Elizabethan age, let alone of ancient Ur. Yet I was concerned that so many doctors seemed indifferent to the humanities. Few of my fellow students seemed to understand that medicine offered only one particular take on the world, and from other points of view it looked like a rather restricted one. Most regarded language as merely a tool for describing what is "out there" and as not a way of discovering and sharing what is within us. Their sense of history often appeared limited to the single idea that everyone in the past had been plain wrong.

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## NEW DISCIPLINE

I was unusually lucky at that time in being able to acquire a grounding in both the humanities and medicine. A generation later, it is good to see that many medical students have more opportunities to do so. Some medical schools now have departments of medical humanities, with the specific aim of bringing non-scientific perspectives into medicine. They run optional courses that allow students to study everything from poems, plays and novels to art, philosophy and ancient or distant cultures. In some places, the emphasis is on material that relates mainly to illness and medicine, but others have an even broader curriculum, including great works of literature—on the principle that any profound depiction of human experience can enlarge our understanding of life and our role as doctors. Some teachers are inviting students to become writers and artists themselves, setting down their own reflections in poetry or prose, or in pictorial form. The whole field is growing, and now has several journals, including one of the *Postgraduate Medical Journal's* sister publications, *Medical Humanities*.

So far the discipline has mainly worked in the classroom. However, there have been clinical contributions too. For example, the American poet Celia Engel Bandman was employed until recently by the Southwestern Vermont Regional Cancer Centre as a member of their multidisciplinary healthcare team.<sup>1</sup> She describes herself as "a medical humanist". In effect, Bandman acted as an interpreter between doctors and their cancer patients, but she wasn't an interpreter in the conventional, literal sense. Rather, she translated medical language into the language of patients, and vice versa, enabling them to talk to each other more openly. After talking to patients, she would make an entry in the medical notes about their perspectives on their illnesses. The doctors would then read these through in order to help improve their own understanding of what their patients were going through. In answer to their question "Why a writer?", she offered the following explanation: "The differences in language used by most physicians and patients can impede communication, a key component of optimal care. A writer understands the impact of words and how language shapes experience."

## LEAVING THIS WORLD

Bandman tells a compelling story of two encounters that she had with a dying patient. On the first of these meetings, she consoled him for his feelings of anguish in the middle of the night by telling him about St John of the Cross, who saw that dark time as one of religious mystery. When the man was reaching the end of his life, she was summoned again, this time by his best friend, who asked if she could now visit him at home. She went without hesitation. "As I stepped over the threshold into his bedroom", Bandman reports, "he opened his eyes and said, 'Goodbye'. Before taking another step I asked, 'Do you want me to leave or are you leaving this world?' 'I'm leaving this world and I wanted to say goodbye to you'."

This time Bandman had brought him a poem by St John of the Cross, and she describes how the patient closed his eyes and listened while she read it aloud:

"I entered into unknowing  
And there I received unknowing  
Transcending all knowledge..."

She hugged him as they said goodbye, and then helped him decide how to say goodbye to others too. She explained how the word goodbye itself originated in the expression "God be with you". Later, looking at her record of the visit, the patient's oncologist commented wryly: "No doctor would ask 'Are you leaving this world?'."

The story is a beautiful illustration of how the humanities can enrich medicine. It shows how our lives, and the lives of patients, are never encompassed just by the narrow reach of medicine and its necessary but limited grasp on the truth. It brings into view the sources of comfort that so many people prefer over medicine: poetry, religion, philosophy and wisdom from the past. It demonstrates how medicine can—perhaps inevitably must—become locked within its own words, its own discourse, its own narratives, and how easy it is for us to become unconscious of that fact unless we make the effort to face up to it. Few of us will have the benefit of a resident poet or writer working alongside us to pay attention to the words that our patients want to use, but cannot or dare not. But, as doctors, we can all draw on the same sources of understanding and humanity that poets do.

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## REFERENCES

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