

This inaugural section presents two very different articles that nevertheless are intimately linked through the thread of medical humanities<sup>1</sup>.

The essay by Larry Zaroff is a first-person, no-holds-barred reflection on aspects of his career as a cardiac surgeon. In it, he admits to embodying the purely mechanistic approach favored by many of his fellow surgeons. The heart is a pump, he asserts, and in his surgeon's mind, that seems to be the long and the short of it. Dr. Zaroff is baffled, and somewhat annoyed, when a patient whom he expects to be grateful to him for saving his life, complains of impotence. Go see a urologist, the surgeon curtly advises. It is only in retrospect that the pump metaphor seems rather limited, as he contemplates the extraordinary symbolism that saturates turns of phrase involving the heart. Can any of these richly meaningful literary connotations surrounding the heart make their way into the operating room – or at least into the sensibilities of the surgeon? Tantalizingly, Dr. Zaroff suggests that they can. In his concluding paragraph, he elliptically notes his epiphany that “the heart connects to the soul” and credits the “great writers” for teaching him to appreciate the intricacies of the human spirit as much as those of the human body.

But how does this process of enlarging one's understanding of the human condition happen for most physicians? Must we rely on a

serendipitous affinity for great books or great art? Increasingly, the answer is no. We learn from Anjali Dhurandhar's article that, in contemporary medical education, the humanities and arts are incorporated into students' training on a regular basis with a variety of goals in mind – for example, to encourage empathy and compassion toward patients (Hatem & Ferrara, 2001), to stimulate critical inquiry (Wear & Altman, 2007), to develop narrative competence<sup>2</sup> (Charon, 2006). Dr. Dhurandhar describes an approach known as point-of-view writing, developed for the purpose of promoting empathy in learners and helping them to enter into the patient's (and others') perspectives. An especially interesting aspect of the project described here is the recognition that, although the physician-patient relationship is usually conceptualized as a dyadic one, in fact, multiple others are implicated, including both family members and other health professionals. Dr. Dhurandhar points out that it is not only the writing, but the sharing of such stories among the students that result in positive changes in students' (self-perceived) empathy.

The title of Dhurandhar's article references the concept of othering (Shapiro, 2008, Poirier, 2009), an all too common sociological phenomenon of creating emotional distance from those who appear different and whom we fear; and at its most invidious, blaming and shaming them. We can see aspects of this phenomenon at work as Dr.

Zaroff describes his perceptions of, and interactions with, his patient. In his depiction, the patient is reduced to some extent to an object, a “thing” to be fixed, rather than as another human being whom the physician encounters in a multifaceted, complex I-Thou relationship. Dhurandhar’s article offers one example of a structured, systematic method that medical students can incorporate in their training and beyond to explore and reflect on the concerns and perspectives of patients and others. What Dr. Zaroff came to on his own and late in his career (although still in time to benefit his own medical students!), we see is slowly making its way into the medical school curriculum as well. The result, we hope, may be a generation of physicians more aware of, and attuned to, the multiplicity of perspectives, emotions, agendas, and desires generated in response to the circumstances of a single patient, each of whom must be treated with respect and compassion.

### Endnotes

1. For the purposes of this section, we are defining medical humanities as the integration of the arts and literature into medical education.
2. Charon defines this term as the cognitive and emotional understanding of and appreciation for the narrative elements of the patient’s history, such as plot, character, and time.

### References

Charon, R. (2006). *Narrative medicine: Honoring the stories of illness*. Oxford; University of Oxford Press.

Hatem, D., & Ferrara, E. (2001). Becoming a doctor: Fostering humane caregivers through creative writing. *Patient Education & Counseling*, 45 (1),13–22

Poirier, S.(2009). *Doctors in the making: Memoirs and medical education*. Iowa City, IA: University of Iowa Press.

Shapiro, J. (2008). Walking a mile in their patients' shoes: empathy and othering in medical students' education. *Philosophy, Ethics, & Humanities in Medicine*, 3, 10. doi: 10.1186/1747-5341-3-10.

Wear, D., & Aultman, J.M. (2007). Creating difficulties everywhere. *Perspectives in Biology & Medicine*, 50(3), 348-62.