

The Pathologist as Poet

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Academic Pathology
 Volume 3: 1–5
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 DOI: 10.1177/2374289516659078
apc.sagepub.com



Abstract

The role of the humanities (eg, philosophy, bioethics, literature, music, theater, religion, anthropology) in medical education has been argued long and hard for decades. It is argued that the study of subjects included in the humanities can enhance critical thinking skills, foster a deeper level of learning and understanding, and help to enhance one's level of compassion, empathy, and moral/ethical reasoning. It is the author's contention that writing and reading poetry (as an example of a personal pursuit in the humanities) can help achieve these goals not only in our contact with patients but also in our contact with other humans and cultures in the world at large.

Keywords

poetry, medical humanities, humanities, literature, ethics, bioethics, professionalism, medical education

Received April 29, 2016. Received revised June 16, 2016. Accepted for publication June 18, 2016.

Does not the ear test words
 as the tongue tastes food?

Job 12:11 (NIV)

Introduction

It is a well-known adage that all poets typically have day jobs because, other than a few exceptions, one usually cannot make a living simply by writing poetry. One could argue that it is a good thing that poets have meaningful employment other than making poems for the reason that poets need to be involved with life in a real way and on a daily basis. Where do poems come from, if not from everyday encounters with life? Such meaningful employment, Neal Bowers contemplates, might provide the inspiration so that “poets might write once more with individual distinction from the strongest urges of their hearts.”¹

Medicine provides many everyday encounters with the “real” world, and as physicians who practice pathology, we are given privilege into the intimate details of many lives. Such intimacy affords many stories not entrusted to most. For William Carlos Williams, medicine “was [his] very food and drink [that] made it possible for [him] to write.” However, such intimacy brings with it a responsibility for professionalism,

confidentiality, and respect. As pathologists, we are taught to look, to examine, and to communicate in a cold, objective, and detached, manner. “This 66 year old male was in his usual state of good health until two days ago when he was found to have hematuria and a renal mass on ultrasound that was biopsied and examined microscopically.” This is partly out of respect for the patient and partly to maintain the proper emotional distance. And this is how it should be if we are to function as professionals. But, when is it okay “to look feelingly” as Edmund Pellegrino noted over 3 decades ago, why would physicians want to and what role does/could poetry play?²

Pellegrino goes on to say that “Medicine without compassion is mere technology, curing without healing; literature without feeling is mere reporting, experience without meaning . . . To look compassionately is the summit of artistry for both medicine and literature; to take part in the struggle is the

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morality they share.”² The postmodernist pathologist is in a daily struggle for meaning, for “the morality,” for the ethic and the virtue, behind the opposing forces of art and science in the practice of medicine. It has been observed, often in a comic context, that young idealistic students enter medicine for humanistic reasons, only to have the art beaten out of them and replaced with science and technology. It is only years later that the aging physician may come full circle to the realization that what patients (and our physician colleagues and resident trainees) often want, and need, are not technological cures and scientific explanations, but compassionate, and empathic healing and understanding.

Recent efforts have tried to keep the humanistic spirit alive and well, as students progress through medical school, through residency training, and into practice. An increasing emphasis on the humanities in medical school, and during residency training, has become a valued component in many medical schools.^{3,4} I refer to this effort as the “maintenance of humanism,” more specifically, the maintenance of those characteristics that not only connect us as human beings, such as compassion, empathy, trust, integrity, altruism, and engaged communication, but those that are also continually held in the forefront as important components of the physician–patient relationship, the teacher–learner/mentor–mentee relationships, and the relationships with our colleagues, that is, professionalism writ large.

It is my contention in this essay that writing and reading poetry (in a mindful way) encourages me to be a better pathologist, educator, friend, and colleague. For others, the same may hold true for another area of the arts and humanities that is similarly practiced in a mindful and serious way.

The Importance of Poetry

Despite the contributions of some physician-poets over the centuries and despite the efforts of a few medical journals to publish poetry, I surmise that most of the “medically oriented” poetry being published today is being written by poets outside of the health-care profession and that physicians are also not writing or reading much poetry.⁵ I would also venture that this is true for nonmedical poems as well. In other words, patients, the friends and family of patients, and others are writing the poems. This may be the case because those physicians who write poetry are less concerned about publishing their efforts for general readership (this would make for an interesting and enlightening survey). Or, if physicians want to tell a story perhaps, they are more likely to write a narrative rather than a poem.^{6,7}

The poet William Stafford does not feel that skill (in the literary sense) has much to do with his ability to write poems.⁸ He feels that writers are “simply engaged” with the language and goes on to note that for “the person who follows with trust and forgiveness what occurs to him then the possibility exists that a whole unseen human dimension will be opened up.”⁸

Octavio Paz refers to poetry as “the other voice,” the “voice of passions and visions.”⁹ He says that all poets “hear the other voice” whether it is their own, someone else’s, or no one’s. Paz goes on to point out that poets come from all walks of life and occupations, and a random look at some of the memorable poets of the past century will confirm the presence of businessmen, physicians, lawyers, diplomats, executives, and criminals. The important thing is that they all listened inside of themselves for “the other voice.”

Sam Hamill, poet and publisher of poetry, says that “Language—and thus knowledge—begins with listening . . . To listen is to know . . . and to see . . . First we listen. And then we name . . . poetry is a commerce of the spirit.”¹⁰ Or, as another poet, Hayden Carruth said, “[The poem] is authentic because I know the place and time I am writing about, and I know myself . . . Intensity is what counts . . . intensity of perception, intensity of experience. To see, to hear, to feel.”¹¹ Isn’t this what physicians and pathologists are trained to do—to listen, to see, to name? But “to look feelingly” is typically not taught in medical schools and residency training programs. Instead, students and residents are taught to think and see objectively, to place more value on technologically and scientifically based diagnostic tools and curricula.

Can poetry help practicing pathologists, and our residents, feel more compassion, empathy, or to be better listeners? Hamill goes on to say that “The poem is a door leading to an interior landscape, it defines that which is in the heart and mind, realizing the unity of one with the other.”¹⁰ In other words, the poem gives voice to universal feelings and experience and allows both the poet and the reader to achieve a deeper level of learning and understanding that had been missing before the poem existed. Poetry is illumination because the language is “at its most intense and potentially fulfilling.”¹² Or, as the poet Denise Levertov said “. . . the poem is a temple; epiphanies and communion take place within it.”¹³

The assumption that I am making is that poetry can affect, and potentially alter, both the poet’s and the reader’s insight into learning, knowing, and seeing—and ultimately—naming. Because how we “name” the objects, experiences, illnesses, our patients, our colleagues, and our trainees is all important.^{14,15} Through stimulation of one’s emotions, sensibilities, and imagination, poetry can work to enhance one’s sense of compassion, empathy, and moral/ethical reasoning. By listening to “the other voice,” the engagement with poetry, as Octavio Paz states, “. . . exercis[es] our imagination, [and] teaches us to recognize differences and discover similarities . . .”⁹ Or, as the physician, Abraham Verghese stated, “To hear the voice of the patient preserves our capacity to imagine the suffering of the patient.”¹⁶

As pathologists, we are confronted daily with epiphanic episodes in the lives of our patients, colleagues, and trainees. The parents dealing with the death of a child, a patient, or colleague with a newly discovered lump in her breast, the mother with a stillborn baby, the physician who made a diagnostic or therapeutic error, and so on. As Hawkins says, “Whether the epiphany is a moment of inspiration, or a sudden

new perspective on a person or a situation, or a new sense of direction and purpose, or the terrible admission of error, failure, and guilt, these are experiences that influence our decisions, shape our lives, and deepen our interactions with others. They are crucial elements in the narrative of our life experience. The ethic that ignores them is not only impoverished, but also unreal.¹⁵ Making poetry out of these epiphanies, I believe, can only serve to ultimately make us better physicians and pathologists.

Toward an Ethic of Poetry

Some have argued that poetry is decidedly ethical in nature because of the relationship it demands between the poet and the reader.^{17,18} Unlike narrative prose, poetry demands that the reader enter into a direct relationship with the poet as speaker (this could be the topic of an entire separate study). As in discursive speech with another human being, where emotional engagement is sought, the character of the poet (and hence the poem) is all-important if we are to be persuaded or directed. As Wayne Booth contemplates in *The Company We Keep: An Ethics of Fiction*, we are interested in the ethical encounter of the (poet as) storyteller with that of the reader or listener, and what effect this encounter has on both the individual character and on society as a whole.¹⁸ We conduct our daily business in stories, and the stories we tell each other have ethical value.

Wendell Berry has noted that poetry “concerns the values of the spirit” and “the moral imperative” for the concern of poets to focus on the external world rather than exclusively on the internal self.¹⁹ He goes on to say that storytelling has become estranged from poetry and that this “weakening of the narrative in poetry” is indicative of a lack of “responsible” action.¹⁹ This responsibility of the narrative in poetry includes not only the aspects of remembering and preserving the stories but also to seek, detail, and clarify truth and responsible action. For Carl Dennis, the argument of the first-person poem, the poem spoken as “I,” is an ethical argument with unlimited possibilities and unlimited ways of seeing and knowing.¹⁷ The virtuous poet, in Dennis’s view, must be able to show that she cares about what is being said in the poem and that it is true for her, that she has explored various positions, and that there is a greater connection, or engagement, between the subject of the poem and other aspects of life or actions.¹⁷ The poet who can balance these virtues in his poetry can exhibit a freedom of expression, and a level of confidence and significance, in the discovery of the universal about mankind. Wallace Stevens said that “Poetry is the imagination of life. A poem is a particular of life thought of for so long that one’s thought has become an inseparable part of it or a particular of life so intensely felt that the feeling has entered into it.”²⁰ Poetry takes these seemingly disparate, random particulars of life and seeks to unite the virtuous, universal aspects looking for the possibilities, the truth.

Poetry can serve the poet and the reader in contributing to a narrative ethic in medicine, to illuminate the moral reasoning process, and to serve to clarify responsible and professional

behavior (action).^{17,21} As the physician-poet William Carlos Williams noted about the interaction of medicine and poetry, “. . . one occupation complements the other . . . they are two parts of a whole.” And, “. . . the difficulty is to catch the evasive life of the thing [i.e., “some moving detail of life”] . . . [that] will yield a moment of insight.”²²

A “moment of insight,” “the other voice,” “a commerce of the spirit,” an epiphany. Poetry strives to lend voice to what is seen and felt, to name the inner vision, to form an ethic as part of the “maintenance of humanism.” The poet identifies the circumstances and experiences and then puts down the words that truly express a depth of feeling.

Casuistry is a case comparison or case-based approach used in bioethics to exemplify or reach moral/ethical conclusions. Casuistry comes from a Latin word meaning “event, occasion, and occurrence.”²³ In this regard, poetry can bring a casuistic approach to our relationships by bringing individual stories into a focused perspective and insight and by examining the particulars. This focused insight might be an attempt to address a moral or ethical dilemma, or to attempt to make sense of suffering, or to celebrate a joyous occasion, or to appreciate a moment of humor or levity. Poetry as casuistry implies that any particular situation can be approached and examined in a unique way by applying the techniques, concentration, and insight of making a poem.

Personal Thoughts on Writing Poetry

I have never thought of myself as a physician/pathologist-poet but more as a pathologist who happens to write and read poetry. For some of the reasons noted above, writing poetry is a way to engage and connect with the world around me and at the same time to plumb my own depths. In the process, I hope that I have made something of value and that I have achieved some level of enlightenment or insight either about myself or about the things that are happening around me.

Carl Dennis states that “The central experience of reading [and writing] a poem . . . is that of making contact with a whole human being, not only with arguments and opinions but with a complex of emotional, ethical, and aesthetic attitudes expressed with the kind of directness and openness that we experience in the frank speech of a friend.”¹⁷ In writing poetry, William Stafford says that he found himself taking “principled stands” in such areas as religion, responsibility, peace, and so on. And, that his poems ended up being “respectful of religion, people, and ideas that were different.”²⁴

I do not feel that my work as a poet needs to be directed to, or necessarily intertwined with, my work as a pathologist or that my poems must be medically oriented (most of them are not). I feel that the 2 vocations can be separate and pursued independently. Poetry and medicine are related only in the same sense that I am also a father, a husband, a spiritual being, or a member of the community. Epiphanies can come from anywhere and can have universal meaning and insight applicable to my whole being—to the maintenance of humanism.

Thus, the fact that I am a pathologist sometimes finds its way into my poetry.

Does writing (and reading) poetry serve to make me a better pathologist? Can poetry help to make me more compassionate, more empathetic, or a better listener in my contact with patients or other human beings? I think poetry has the power to do these things. “To look feelingly” because the particulars of human interactions must be responsibly examined and named. Thus, not only does poetry help to make me a more compassionate and empathic physician but also a more compassionate and empathic member of the world at large—and, is there really any difference?

Octavio Paz said, “Poetry exercis[es] our imagination, teaches us to recognize differences and discover similarities . . . as creators of images and as images of their creations . . . If human beings forget poetry, they will forget themselves.”⁹ Poetry allows us “to hear [or “sing”] the voice” of the universal, of humanity, of life, and “preserves our capacity to imagine” the depth and meaning of all that is around us. And, if we lose the ear to listen to “the other voice” then we have lost something deep and profound for medicine, for ourselves, and for humanity.

When I write a poem about death, or a medical event, or about my father, or about a beautiful autumn day with the wild geese honking and flying south, or something as mundane sounding as hanging out at a neighborhood bar—or of any subject—how can I not be changed, or forced to listen more closely, or pushed to be more compassionate and empathic, when to be true to the poem, I must express how I truly feel and see? Or, as the physician and internationally known ethicist Edmund Pellegrino said, “In every experience, the poet’s vision, sharpened by the doctor’s probing eye, lets the hidden light emerge from the most trivial or tragic events . . . and lead[s] us deeper into the human soul and condition.”²⁵

To be clear, while I have chosen to focus this article on my particular creative endeavors in writing and reading poetry, I feel strongly that any serious engagement (whether for public or private consumption) in other areas of the arts and humanities could help to make us more compassionate, empathetic, better critical thinkers, and better listeners—not only in our contact with patients and colleagues—but also in our contact with other humans and cultures in the world at large.

I close with a short poem that I wrote when a dear friend was about to undergo surgery.²⁶

Natural History
(for M.B.)

We walked through the Pharaoh’s tomb
brought to Chicago three thousand
years after masons cut the massive
stone blocks out of the earth.
Next to his two mummified children
we talked of the burden of being
part-time fathers and felt the weight
of disagreeable compromises.
In the Hall of Mammals we sat

on a wooden bench and spoke
about your upcoming surgery
and the relief it might bring while
the two man-eating lions of Tsavo
stuffed and posed glared
from glass enclosed natural splendor.

Author’s Note

The editors of *Academic Pathology* would welcome additional submissions on the role the arts and humanities (broadly defined) have played in others’ personal and professional lives; or, how the arts and humanities have been incorporated into residency education or faculty development. Scholarly articles as well as more personal vignettes will be considered. This article is based on an article written by the author and previously published in the *International Journal of Health Care and Humanities*, and on a TEDxYoungstown (Ohio) talk given by the author in January 2015.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

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