

## FROM THE EDITOR'S DESK

## Arts, Humanities, Medicine, and Discovery: a Creative Calling



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The poem springs from the half spoken words of the patient.... When asked, how I have for so many years continued an equal interest in medicine and the poem, I reply that they amount for me to nearly the same thing. —William Carlos Williams Humanities and the arts bring beauty aboard the practice of medicine. One may be carried away, even into ecstasy, by a painting or piece of music, by a riveting poem, by a wordless dance. Through such exposures, we experience ourselves not only as completers of instrumental tasks but as contemplative beings awake to the splendor and meaning of our surroundings.

For many medical professionals, creative engagement with the arts helps them discover meaning in their work. An infectious disease fellow tells of a powerful therapeutic relationship that developed when he and his patient shared with one another poems they wrote; he plans to invite this patient to be his co-author in writing their story together. A medical student, a gifted musician, composes a symphony from the sounds of OR and ICU alarms and monitors; it is, he says, the sounds of healing. Clinicians like these choose creative means not just to report on their work but to comprehend it. For it is in the considering, exploring, telling, and composing that they truly begin to comprehend the suffering and the triumphs of their patients. As a dividend, clinicians nurture self-awareness and improve the effectiveness of their care and the personal rewards derived from it.

We from the editorial team of the journal invite creativity as an instrument of clinical care. Through the “Healing Arts” feature, *JGIM* has come to know general internists’ appetite for and commitment to the personal essay, fiction, and poetry as means to work through their experiences as physicians. We read dozens of your submissions per month, learning in depth about the traumas and epiphanies of our tribe. It has been a humbling honor to see up close the depth of our collective

sense of calling, whether in fulfillment or disillusion. Reviewing such work is necessarily subjective, and we receive many more than we can publish. We welcome others to join our team.

Entering into narrative worlds frees us from inflexible injunctions to keep our distance from our patients’ lives lest we lose our clinical judgment.<sup>1</sup> Your words show that we have grown beyond the concerns that knowing our patients as people somehow inhibits us from caring for them well. Your essays and poems scale the heights and sound the depths of healing relationships and help us to accept their consequences, like we do in other important relationships—exaltation at triumphs, satisfaction at successes, sadness at troubles, grief at their passing. Once we experience genuine connection with patients, we find a plethora of new avenues toward accurate diagnosis, adherence, and shared decision-making as well as toward care, comfort, and what we might even call love.

Engagement in the arts and humanities is the foundation for this move toward knowing our patients. Narrative knowledge of how stories work is essential for the clinicians who must interpret patients’ complex accounts of illness. Philosophical inquiry seeks answers to the difficult questions our encounters with patients pose daily: Where or how do we find meaning? What is fairness? What is fulfillment? The ways of knowing of the humanities and the arts, whichever particular branch, help us to appreciate paradox, tolerate uncertainty, and hold many contradictory interpretations of stories in mind at once. What better preparation for the practice of general internal medicine?

As medicine has moved toward these forms of knowing, the field of medical/health humanities has matured. Undergraduate majors in the field multiply, and medical schools have increased the proportion of humanities majors among the students they admit to their classes.<sup>1</sup> The purposes and potentials of medical humanities training are under productive scrutiny.<sup>2</sup> Masters degrees and certificate programs in medical humanities fields are available for physicians who want to specialize in the study of these disciplines and practices.

Narrative medicine is one sub-discipline within the medical humanities.<sup>3</sup> More than a creative corner for doctors who like to

<sup>1</sup><https://www.usnews.com/education/best-graduate-schools/top-medical-schools/slideshows/13-medical-schools-where-humanities-and-social-sciences-majors-often-attend?onepage>

Table 1 Venues for Publishing Medical Humanities

Medical journals	Medical literary journals
Academic Medicine	Abaton
Medicine and the Arts	Ars Medica
Teaching and Learning Moments	Atrium
American Journal of Kidney Disease	Bellevue Literary Review
In a few words	Blood and Thunder
Annals of Internal Medicine	Daedalus
Perspective	The Examined Life
On Being a Doctor	The Healing Muse
On Being a Patient	Hektoen International
British Medical Journal	Hospital Drive
Personal Views	The Intima
Fillers	The Pegasus Review
Canadian Medical Association Journal	The Pharos
Humanities Salon	Pulse
Family Medicine	The Yale Journal of Humanities in Medicine
Narrative Essays	
Health Affairs	
Narrative Essays	
Journal of American Medical Association	
A Piece of My Mind	
Viewpoint	
Poetry and Medicine	
Journal of the American Geriatric Society	
Old Lives Tales	
Journal of General Internal Medicine	
Perspectives	
Healing Arts	
Materia Medica	
Text and Context	
New England Journal of Medicine	
Perspective	
Neurology	

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For another list see: <http://med.stanford.edu/medicineandthemuse/ProgramLinks.html>

write, narrative medicine is founded on the realization that we write in order to discover what we see. It is a rigorous discipline, rooted in the literary study of the complex relationships between doctor and patient, doctor and colleague, doctor and self, doctor and the cosmos. Its aim is not simply to publish individual essays about memorable moments in practice but rather to improve the effectiveness of care by deepening our comprehension of the experience of illness and suffering.

Does it work? A recent systematic review describes multiple specific consequences of narrative medicine teaching, both with medical students and with faculty.<sup>4</sup> Such endpoints as improvements in affiliation with peers and patients, self-awareness, knowledge of specific patients' situations, satisfaction with work, and sense of wellness are achieved. Individual studies assess NM's power to decrease clinician burnout,<sup>5</sup> to increase team cohesion,<sup>6, 7</sup> to improve self-reflection among faculty,<sup>8</sup> and to perform specific interpersonally complex clinical behaviors.<sup>9</sup>

Physicians who are interested in developing their narrative medicine skills should explore these avenues: Read widely in fiction and poetry and non-fiction, especially works by great writers. Find your medical school's medical humanities section—most schools have something to offer in literature, ethics, and visual arts. Find or start a reading group. Find or start a writing workshop group and hire an experienced writing teacher to coach you. Take literature and writing courses at your university or library or bookstore. If you want to make the humanities a significant part of your professional career, enroll in advanced training in a Master's program, certificate program, or something of equal intensity.

Table 1 has a list of clinical (including *JGIM*) and medical literary journals in which you can read narrative medicine work and to which you can consider submitting your own. Know that as you develop skill in writing, you will not only derive great personal pleasure and discovery; your patients will reap the benefits of being seen, being heard, being recognized. And this recognition—with all its components—provides the foundation for connection, and thus the kind of care to which we all aspire.

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