Listening for stories

By Dr. Joseph O’Donnell

We first learn about stories when we’re children, from our families. The tales they tell us and read to us take us to new worlds and stoke our imaginations. Stories are important in medicine, too. They help form our values and aspirations, including the aspirations to make a life in medicine. Stories can also help those of us in medicine to become better caregivers. As Dr. Rachel Naomi Remen, who wrote Kitchen Table Wisdom and My Grandfather’s Blessings, says: “We must listen for our patient’s stories” and “everyone is a story.”

I owe my own love of stories in part to the profound influence of my friend and mentor Dr. Robert Coles, a Pulitzer Prize-winning author and great teacher of literature in medicine. He opened my geeky, unidimensional, science- and math-oriented mind to the beauty, joy, and wonder of the medical humanities. His books The Call of Stories: Teaching and the Moral Imagination and The Call of Service: A Witness to Idealism helped form my values as I grew as a professional, teacher, and healer. He urges doing as a part of learning and taking time to reflect in action. His latest book, Handing One Another Along, describes his acclaimed Harvard course, Literature and Social Reflection. In the book’s appendix is a reading list from that course—a reading list for life, worth tackling for us all.

I find now that when I get the medical journals I read regularly, I am pulled toward the pages that have stories—like the poetry and “A Piece of My Mind” section in the Journal of the American Medical Association, or the “Images in Clinical Medicine” section in the New England Journal of Medicine. I especially love what the late, great DMS alumus Dr. Ted Harris created in the way of stories, poems, images, and other aspects of the art of medicine in The Phare, the journal of the Alpha Omega Alpha medical honor society.

One of my current favorite journal sections is “Medicine and the Arts” in Academic Medicine. I was especially moved by a piece that appeared there in May 2007. An excerpt from a short story by Barbara Lopez called “Winter Count 1973: Geese, They Flew Over in a Storm,” it described an old Native American teacher of history who had been invited to give a talk in New Orleans. He spoke about a great primary-care clinic in an inner-city neighborhood in Washington, D.C. Masson recounted that the clinic staff had their own winter counts, recorded not on buffalo hides but in annual reports. These reports contained the definitive numbers—income, expenditures, other facts. However, the reports also included stories, poems, sketches, and photographs—the personal views of the staff about the past year. Upon Masson’s retirement, the numbers became much less important to her. What really mattered were the stories—those were the things that held the clinic together, she realized—the stories and compassion.

For those of us who work in medicine, our lives are filled with winter counts—from our premed studies through medical school and training and beyond. Grades, MCAT scores, applications, interviews, tests, productivity measures, promotions, committee materials, CVs, grants, on-call schedules, and such things seem to be of the utmost importance. But if one thinks more deeply, it seems to me that it is our stories that bind us together—our stories and our compassion.

I once heard a friend of mine, Dr. Thomas Inui, a great primary-care internist and guru of the relationship-centered care initiative at Indiana University, say: “The world isn’t made of atoms; it’s made of stories.” I couldn’t agree more. I’ve learned that the better we’re able to read and listen carefully to stories, the more successful we physicians can be in reading our patients, and we all can be in crafting the stories that will be the winter counts of our lives.

O’Donnell, a 1971 graduate of DMS, is a professor of medicine and the senior advising dean at Dartmouth Medical School. His clinical practice is in oncology, at the Dartmouth-Hitchcock Medical Center in White River Junction, Vt.
I was a voracious reader as a child. Books are my escape and keep me engaged, renewed, and reminded that there is a bigger view of the world than the clinic and the hospital.

I have always enjoyed books, and I have always worked with me to read books outside of medicine. I remember reading The Man of La Mancha while memorizing Gray’s Anatomy of the Human Body, perhaps hoping to retain a portion of Don Quixote’s romantic vision as well as the practical viewpoint of Sancho Panza! As a child, I have enjoyed hun- dreds of books, if not more, by authors ranging from Russian novelists to modern writers like Malcolm Gladwell and Abraham Lincoln. For me, it is a poem that has affected my practice of medicine more than any other nonmedical text.

As a wheelchair-bound physician, I have con- tinued to pull myself upright and overcome myriad obstacles. My spinal cord injury occurred because of my love of living life to the fullest. This is a powerful tale of human suffering and beauty.

I was a voracious reader as a child—lots of sci- ence fiction. I felt empowered by such books. Books opened my eyes to outdoor surroundings. It is a powerful tale of hu-

The Man of La Mancha

A song from the musical

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Perhaps hearing a book in my life are works of young-adult fiction, and I feel vaguely con-

Dr. Jane E. Green | Obstetrics Professor | Dartmouth-Hitchcock

T he singular novel All the King’s Men by Robert Penn Warren portrays the broad canvas of hu-

I have grand ambitions: I do the work I do because I want to change the world. And yet, even on my best days, I inspire change only one patient, one conversation at a time. Sometimes, at the end of the day, I read the (bad) daily news and feel as if I’m trying to empty the ocean with a teaspoon. So it’s wonderful that Paul Loeb’s The Impossible

A physician needs an intimate understanding of the human condition, and Robert Penn Warren is a guide like no other for that endeavor.

Dr. Margit Berman | Psychiatry Assistant Professor | Dartmouth-Hitchcock

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The first book that comes to mind for me is Flann O’Connor’s "The Flight tospace". His writing is about humor, respect, and compassion, he presents his characters and their situations in complex ways, while conveying that he—and we—can see into others only dimly, that human life remains mysterious, and that progress can be at once real and illusive.

R eading and listening to the words of individuals, beyond the boundaries of medicine and science, has been a tremendous lesson to me than reading within those lines. The civil rights movement of the 1960s taught me the importance of social justice. The civil rights movement of the 1960s taught me the importance of social justice. The civil rights movement of the 1960s taught me the importance of social justice. The civil rights movement of the 1960s taught me the importance of social justice.

As for contemporary works, I have many favorites, but Anton Chekhov (in English translation) is probably the writer I feel closest to. With humor, respect, and compassion, he presents his characters and their situations in complex ways, while conveying that he—and we—can see into others only dimly, that human life remains mysterious, and that progress can be at once real and illusive.

The book that has influenced me the most is "The Sound and the Fury" by William Faulkner. As for contemporary works, I have many favorites, but Anton Chekhov (in English translation) is probably the writer I feel closest to. With humor, respect, and compassion, he presents his characters and their situations in complex ways, while conveying that he—and we—can see into others only dimly, that human life remains mysterious, and that progress can be at once real and illusive.

Whether I’m coaching an individual patient toward better health, or guiding students to some new understanding, one thing remains the same: to improve local systems of care, the process of change is inevitably messy, inherently unpredictable. Will there be those who see the importance of social justice, the civil rights movement of the 1960s taught me the importance of social justice, the civil rights movement of the 1960s taught me the importance of social justice, the civil rights movement of the 1960s taught me the importance of social justice.

If you have any questions, please feel free to ask. Whether I’m coaching an individual patient toward better health, or guiding students to some new understanding, one thing remains the same: to improve local systems of care, the process of change is inevitably messy, inherently unpredictable. Will there be those who see the importance of social justice, the civil rights movement of the 1960s taught me the importance of social justice, the civil rights movement of the 1960s taught me the importance of social justice, the civil rights movement of the 1960s taught me the importance of social justice.
Creating space for human connections

A frequent complaint about modern medicine is that it moves so quickly there is little time for meaningful interactions between patients and caregivers. The same holds true among those who work in health care. Conversations among caregivers are often limited to the exchange of essential information about patients, schedules, treatment regimens, and hospital policies. So perhaps that’s why the Literature & Medicine program—a sort of book club for caregivers—generates such enthusiasm from participants.

“As a therapist, I listen and listen,” reads one participant’s evaluation of a 2009 session at the Dartmouth-affiliated VA Medical Center in White River Junction, Vt. But, the evaluation goes on, at the Literature & Medicine session, “I talk. I get back to seeing how I think and feel. That’s refreshing. . . . good antidote to burnout.”

This hospital-based, scholar-led reading and discussion program is officially called Literature & Medicine: Humanities at the Heart of Health Care. Since its creation in 1997 by the Maine Humanities Council, it has spread to 24 states with support from the National Endowment for the Humanities. DHMC has a Literature & Medicine program that’s run in collaboration with the New Hampshire Humanities Council. The Vermont Humanities Council oversees the program at the White River Junction VA, which helped pilot the program within the VA system. 14 VA centers nationwide now run the program, and its success is evident in the enthusiasm of its participants.

The program offers “a safe way to talk about things that are happening in the workplace,” says Mark Fitzsimmons, director of community programs for the Vermont Humanities Council. “There’s something important about all sorts of things that . . . are having an impact on you” as a caregiver. But “those issues will find their way into the conversation when one is talking about . . . literature.”

That’s exactly what happened during an evening session at the White River VA in early November, when about 15 caregivers met to discuss Broken for You by Stephanie Kallos. Scholar Suzanne Brown, a Dartmouth English professor who has also facilitated Literature & Medicine sessions at DHMC, led the group in a discussion of the novel’s characters and their resistance to change.

“You see that here in patients all the time,” said one participant, an oncology nurse. “They won’t budge. They won’t budge. But then, all of the sudden, they see you budge. Then they start to grow and thrive.”

Helping health-care professionals grow and thrive, personally and professionally, is a specific aim of the Literature & Medicine program. “The program is particularly successful at creating space for those human connections between caregivers and providers to be made,” says Fitzsimmons. According to feedback gathered by the program, “the empathy that participants have for each other is also translated into their work with patients,” he said.

Fitzsimmons admits that the effects of the Literature & Medicine programs on patient care and professional satisfaction may not be directly measurable. “I guess getting to the heart is not necessarily an efficient enterprise,” he says. But the program works because, as he puts it, “it’s really human interactions that keep people going.” Human interactions, and well-told stories.

Jennifer Durgin

[Tinsley has herself written two books. See dartmed.dartmouth.edu/w08/f03 for an excerpt from her most recent one, Patient in Low, Loss, Hope, and Healing from a Doctor’s Practice.]