

What began as one physician's epiphany about the relationship between literary narrative and the practice of medicine has burgeoned into three college courses and a comprehensive DVD for physicians and medical students.

BY DEBRA LEVY MARTINELLI

Photos by Robert Taylor



Medicine and Literature

Jerry Vannatta was having difficulty connecting with his patient.

The elderly African American woman, who came to his office after a recent hospitalization, said she was having trouble getting her medications. As they talked, he realized they were not really communicating about the crux of her problem.

“It makes me uncomfortable when I’m not connecting with a patient, so I backed up and asked her about her life,” recalls Vannatta, John Flack Burton Professor of Humanities in Medicine, professor of internal medicine and David Röss Boyd Professor at the OU Health Sciences Center. The woman told him she had grown up in east Texas where, when she was 15 years old, her sharecropper father made her marry a 21-year-old man against her will. She was in love with a 16-year-old, but her father insisted the older suitor could better provide for her.

“She said her husband wasn’t very good at making a living, but he was sure good at making babies, and she had 17 of them,” Vannatta recalls. “And I thought, ‘My goodness! That could have rolled right out of a wonderful novel.’ She went on to tell me that often, to make ends meet, she walked two miles to a white man’s house to do domestic work and that sometimes the white man gave her a dozen eggs or a two-gallon pail of milk to carry back to her family. Then she looked at me and asked, ‘Doctor, have you ever carried a two-gallon pail of milk two miles?’”

Indeed, Vannatta had done just that on many occasions, growing up on a farm in the Oklahoma panhandle. “I can remember carrying those galvanized pails of water around the farm to the chickens, and I could just see that wire handle burying and cutting into her hand. But more importantly, I was seeing her carrying this pail of milk on a dusty, rocky road, probably with not very good shoes. I began to think of Toni Morrison’s novel, *Beloved*, which I had read a few months earlier. The protagonist, Sethe, is running from slavery. She’s pregnant and trying to escape; she’s tired and about to deliver her baby and is hiding under a bush when a little white girl finds her. One of the things that struck me about that scene is Sethe’s swollen, bleeding, infected feet.

“That image, and the emotions I felt when I read that scene, came back to me in a flood and were available to me so I could



Jerry Vannatta, M.D., (left) and Ron Schleifer, Ph.D., listen as students discuss topics for an upcoming essay in the Honors College section of “Medicine and Literature,” a course the two began team-teaching in 1998.

connect with my patient. She was telling me a story about her economic enslavement; the two stories joined. It was a dramatic experience for me. From that point on, we began to make a more meaningful bond and rapidly solved her problem about her ability to buy her medications.”

As they stood up at the end of the visit, Vannatta and his patient embraced—a rare occurrence in his practice, he says—and both knew a wonderful relationship had begun.

That experience confirmed an idea that had been bouncing around in his head: While biology, chemistry, physics, mathematics and other hard sciences were clearly the core of a solid medical education, a broad-based liberal arts education is an important background for being a doctor.

“My experience with that African American lady and with reading *Beloved* was empirical data for me,” he explains, “and it was strong enough that I thought it must be generalizable.”

He began to pull other books off his shelves that evoked similar emotional responses: Cormac McCarthy’s *All the Pretty Horses*, Dorothy Allison’s *Bastard Out of Carolina*, Roddy Doyle’s *The Woman Who Walked into Doors*. At the same time, he noticed that such mainstream medical journals as the *Journal of*

the American Medical Association and *Annals of Internal Medicine* were publishing articles about the link between literature and medicine. “This discussion had been going on for a while, but I’d not been paying attention to those articles because I wasn’t clued in,” Vannatta remembers. He read about others who were teaching courses in literature and medicine and wanted to try his hand at it.

The first step was to write a curriculum and find someone to help him teach it.

Because medical school is jam-packed with intensive required course and clinical work, Vannatta, who was dean of the OU College of Medicine at the time, figured an undergraduate college would be a better forum in which to introduce the course. He approached Ronald Schleifer, George Lynn Cross Research Professor of English on OU’s Norman campus, who was eager to collaborate. The two revised Vannatta’s preliminary curriculum and in 1998 began team-teaching “Literature and Medicine” through the Honors College.

The course examines the relationship of the humanistic study of literature and language with the art and science of medicine through literary and non-literary descriptions and narratives and examines somatic, psychological, scientific and social conceptions of illness and health. The reading list includes Arthur Conan Doyle’s *Resident Patient*, Edgar Allan Poe’s *Murder in the Rue Morgue*, Ernest Hemingway’s *Indian Camp* and *Hills Like White Elephants*, and Anton Chekhov’s *A Doctor’s Visit*, as well as works by Alice Walker, Joyce Carol Oates, Sigmund Freud, William Carlos Williams, Dylan Thomas and Albert Camus. And, of course, Morrison’s *Beloved*.

The course is not just about reading, however. There is a lot of composition, too. Assignments include writing a description of the student’s worst illness, an essay on empathy and its relationship to fictional literature and one about the differences between “narrative knowledge” and “biomedical knowledge.” It includes reading Leo Tolstoy’s *The Death of Ivan Ilyich* and writing an essay on someone the student has known who has died, and culminates with a term paper designed to encompass the interdisciplinary nature of the course.

Vannatta and Schleifer currently teach three versions of the course: one for undergraduate honors students on the Norman campus and at the Health Sciences Center in Oklahoma City; one for students who have completed their first year of medical school; and a third for senior medical school students. The three are similar except for the specific readings assigned.

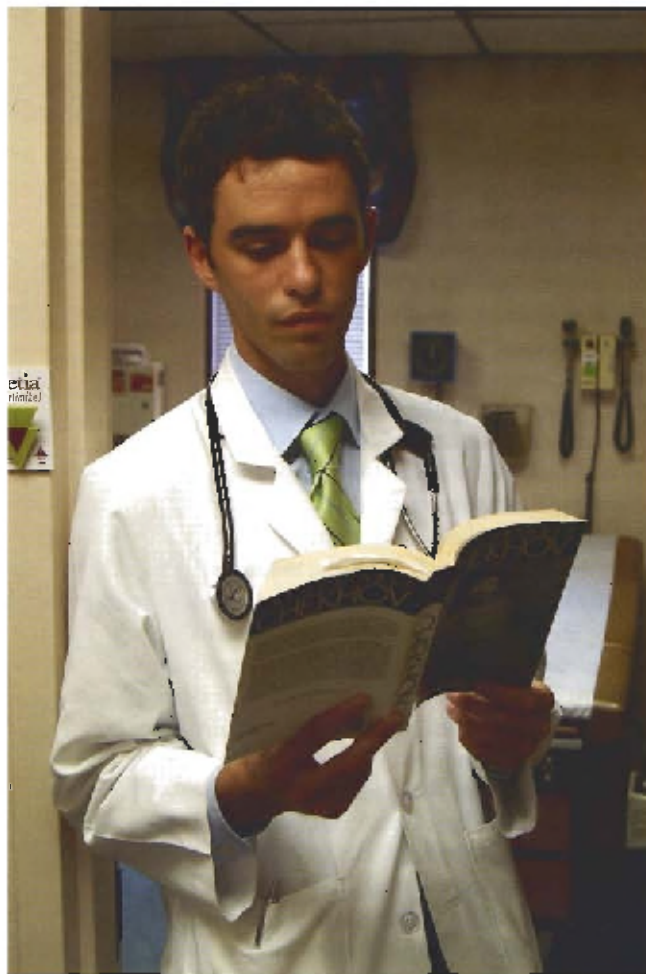
Defining literary narrative for the non-literary set is not easy, even for Schleifer, whose academic career has spanned three decades. “It’s like grammar,” he says. “Everybody knows it, but nobody thinks about it.” To get students thinking about it, he and Vannatta encourage them to practice reading and writing narrative and take time to reflect, which Schleifer says, makes them sensitive to things they might not otherwise be.

For Stacie Elfrink, a May 2005 graduate of the OU College of Medicine who earned her bachelor’s degree in English from

OU, the field is a combination of two passions. “Medicine and literature have a lot to give each other,” says Elfrink, who took both medical school courses after writing a narrative and medicine honors thesis as an undergraduate, with Schleifer as her adviser.

“For me, literature does several things: It’s refreshing and helps keep a balance in my mind. It’s fun and enjoyable. But more than that, I think it really intensifies what medicine is. Reading literature allows me to think more deeply about the human aspect of my actions as a physician and about experiences that, in my 26 years of life, I haven’t had yet. It gives examples of how to live and helps me understand people. I think that literature helped me learn the science aspect of medicine because I was more passionate about what I was going to use it for to help people.

“We read works by physicians, patients and family members, and through them we realized how important it is to try to understand the patient in all of his or her complexity and not just



Breck Thrash, a fourth-year medical student from Felt, Oklahoma, catches up on his reading between rounds on the OUHSC campus. Anton Chekhov’s *A Doctor’s Visit* is one of several novels students read during the course.

through the presenting problem. We learned about mistakes that physicians make—we're all human—and that if you do make mistakes, how to address them in an appropriate way. It's OK to say I'm sorry; it's OK to try to help the patient work through that and come to a good outcome."

The courses also helped Elfrink, who began an OB/GYN residence at the OU Medical Center in June, come to terms with certain stereotypes and prejudices. "I grew up in a pretty well-to-do family. My dad was a physician, so I lived that upper-middle-class lifestyle, part of which is automatically to go to college. But my patients aren't always from that background, and I have to understand their perspective. Reading stories about teenage pregnancy, menopause, hysterectomies and other women's health issues help me relate better to patients in my practice."

Sheila Crow, assistant professor of pediatrics and interim director in the College of Medicine's Office of Educational Development, has worked closely with Vannatta and Schleifer, organizing a series of programs for students and faculty in the medical humanities at the OU Health Sciences Center.

Crow stresses the importance of balancing the science of medicine with the art of medicine. "Literature is a great platform from which to do that, especially to teach and discuss the unquantifiable concepts of tolerance, empathy and suffering," she explains. "It doesn't take very long for students to warm up to this idea and start opening up and talking about what the short stories and poems mean."

Schleifer says teaching the course, regardless of whether the students are aspiring physicians, is possibly the most rewarding experience of his teaching career. "Every now and then you run across a student who says, 'This class changed my life,'" he says. "But *every semester* we teach this course, someone says that. They've discovered ways of thinking about things that they hadn't thought of before."

After three years of teaching the courses, Vannatta and Schleifer, joined by Crow, developed the idea of putting their experience into book form. Schleifer is co-editor of a new experimental series of DVDs on interdisciplinary subjects published by the University of Pennsylvania Press and, with Vannatta and Crow, convinced its director and editors that the DVD format would lend itself nicely to a medicine and narrative project. The result was *Medicine and Humanistic Understanding*:



Jerry Vannatta (center) combines his passion for literature with his profession in internal medicine. The David Ross Boyd Professor believes a background in humanities brings greater empathy and communication between doctors and their patients.

The Significance of Narrative in Medical Practice, which examines the patient-physician relationship, experience of patients, changing nature of illness in the 21st century and practice of everyday medicine—all through narrative, roundtable discussion, simulations and vignettes.

The first chapter, for example, tackles such themes as the patient as child, power and paternalism, grace and arrogance. To illustrate the ways patients often are treated like children, the authors draw upon the portrayal of Paula, the young protagonist of *The Woman Who Walked into Doors*, who is frequently beaten by her husband, with this introduction: "Following particularly severe beatings, [her husband] often takes her to the emergency

OPPOSITE PAGE—Top: Sheila Crow and Ron Schleifer work together to develop humanities programs for OU medical students and faculty. **Below:** Crow and Editor-in-Chief Crystal Nava Sparling (left) showcase recent covers of *Blood and Thunder*, the College of Medicine's annual literary journal, which began as an off-shoot of the "Medicine and Literature" course.



department of the local hospital to be examined . . . The physicians and nurses treat her with a paternalistic attitude, leaving her to play the role of a child insofar as they do not expect her to have anything of importance to say about her condition.”

The introduction is followed by a vignette from the novel in which Paula narrates: “Someone once told me that we never remember pain. Once it’s gone it’s gone. A nurse. She told me just before the doctor put my arm back in its socket. She was being nice. She’d seen me before. . . .”

Elsewhere on the DVD, the works of René Descartes, James Joyce, F. Scott Fitzgerald and Susan Sontag illustrate the myriad of topics and subtopics discussed by renowned experts from all over the country.

Soon after publication, the DVD received a highly favorable review in the British medical publication *The Lancet* and even now—only months after publication—it is garnering widespread interest throughout the medical profession.

“Most of what we’ve written has come out of our experience in the classroom teaching this connection and reading the many things that have been written over the past 20 years on this subject,” Vannatta explains. “Because we went around the country interviewing these experts, we read a tremendous amount of material they had written. The process of gathering up our own experience, interviewing these experts and reading what they had written gave us a very broad understanding of this connection between literature and medicine.

“There’s no huge revelation in all of this, except that narrative structure—the way knowledge is imbedded in the narrative—is different from the way knowledge is imbedded in the sciences,” he adds. “To allow yourself the time and effort to access the knowledge embedded in narrative is to agree to become reflective about your life in medicine. If there is an overarching rule here, that’s it.”

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