

The Medical Humanities From Multiple Perspectives

The connection between the humanities and medicine is one that is often undervalued and overlooked. Medicine is founded by humans but also for humans, and is therefore strongly influenced by the nature of man. Each of the texts covered in this course contributes a smaller piece to the overall narrative that we refer to as the medical humanities. They encompass the variety of influential factors that shape medicine in unique yet overlapping ways that are crucial to understand when studying the medical humanities. Overall, the texts work to frame humans in the medical field as human beings - patients, medical professionals of all levels, family members, and even outsiders in the context of reality - focusing on *human* limitations, shortcoming, necessities, and hopes.

It seems appropriate to begin with *The Hippocratic Writings* as they form a foundation for the beginning of the medical field and practice. As medicine was developing to be the entity we know it as today, it required a combination of the precision and rigid discovery of information as well as the creative and fluid approach of artistry. The Hippocratic writer recognizes the importance of medicine as a product of simple reasoning accessible to all men simply by “connecting the dots” as well as a difficult science of clearcut information:

And this is a considerable demonstration of the reality and the greatness of the science, when it be realized that even those who do not believe in it are nevertheless saved by it....The failure of remedies too is no less proof of the reality of the science. Remedies are beneficial only through correct applications, but they are harmful when applied wrongly. Where there are procedures which can be right or wrong, a consideration of these must constitute a science....science consists in the discrimination between different procedures. (*The Hippocratic Writings* 141).

One must recognize the role accuracy and precision takes in medicine, for it is utterly unreliable and useless without it. At the same time however, the Hippocratic writer denotes that “the art of

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healing is the most noble of all the arts” (The Hippocratic Writer, 68). The word choice of “art” is very intentional. The job of the medical provider is not simply to heal based on their repertoire of knowledge and intuition, but rather to walk the delicate balance of healing as an emotionally distant, outside party while also treating the patient as another human being and navigating difficult conversation with the family. Finding the appropriate approach is an artform itself. *The Desire to Heal*, which shares Rafael Campo’s experience as a homosexual man of Latin origin in the medical field, gives valuable insight into the experience of others doctors or medical professionals. Campo himself recognizes the presence of creativity and fluidity in medicine in his assertion that “if straight science could not provide the vocabulary [he] needed, perhaps the mysterious and complex human body could explain itself to [him] in its own terms” (Campo 24). Medicine works with something so complex, extraordinary, and bewildering: the body - which doesn’t always follow the rules we develop to explain it. This is where science fails and personal communication and interaction is crucial, for “it is through language, then, that [Campo] found a way to love [his] patients, to desire them and thus put to work one of the most powerful elements of the therapeutic relationship...the love [he] feels for them is in the beating iambic heart of [his] lyrics” (Campo 24). Of course, it makes sense that love, a concept crucial to human existence, would present itself even within such a rigid and sterile context. He very clearly makes the connection between science and the arts, suggesting they cannot exist in isolation without the other. He frames his experience in the medical field through an artistic lens which is extremely effective in portraying his experience to his reader and resultantly teaching the reader in a way they can best understand and learn. Language is not a science, but a complex and imaginative art that plays perhaps the most important role in the science of medicine. Afterall, without it, medical providers, including Campo, would struggle to properly communicate and heal their patients. Campo further attests that communication is perhaps even more important than the raw science itself by saying that “no matter what new technologies may

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deliver unto us in terms of more precise tests and life-prolonging therapies, the work of doctors will always necessarily take place at the intersection of science and language” (Campo 1678). Additionally, the empathy we feel as humans serves as a motivating force to work even harder to attain a patient’s health for those we build personal bonds through continuous communication.

Clearly, there is a fine balance between two opposing ideas of thought that must be properly mixed together in addition to balancing the fine line of right versus wrong that must be adhered to. However, the dangerous assumption here is that doctors are always aware of where exactly this fine line is. As the Hippocratic Writer demonstrates, there is an overall universality of medicine in its application and effect demonstrating the existence of undeniable, natural laws while also presenting certain limitations humans seem to have difficulty accepting.

Despite very early awareness of the fact that medicine is not an infallible practice, as evidenced by the Hippocratic writer’s acknowledgment, this idea is not necessarily commonly accepted:

Thus exactness is difficult to achieve and small errors are bound to occur. I warmly commend the physician who makes small mistakes; infallibility is rarely to be seen. Most doctors seem to me to be in the position of poor navigators. In calm weather they can conceal their mistakes, but when overtaken by a mighty storm or a violent gale, it is evident to all that their ignorance and error which is the ruin of the ship...When doctors make mistakes over such cases, their errors are perceived by the layman, but when they have to treat a serious and dangerous case, a mistake or lack of skill is obvious to all, and vengeance of either error is not long delayed. (*The Hippocratic Writings* 75)

Those involved with this practice are limited by their humanity and that which is not yet known. The metaphor used comparing weather to a doctor’s actions is extremely appropriate and effective in demonstrating one’s willingness to blindly trust medical professionals with

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everything they do, even through small mistakes. However, as consistent with human nature, when things go awry, humans search for someone to blame, and unfortunately the physician often fulfills this role. Aggressive conditions reveal larger mistakes as more is at stake. Weather is changeable and fickle, yet a constant, in the same way that medicine has a certain structure yet one treatment does not fit all. The diction used once again is very particular. "Vengeance" is used to imply an unforgivable and utterly unforeseen mistake by a group who shouldn't *make* mistakes - the physician. Of course, these standards are unreasonably high. As previously discussed, to get to where we are today, so much investigation and rational scientific research was applied to a field that requires both structure, rigidity, and facts, but also the artistic mind and fluid perspective. The strategic use of both inductive and deductive reasoning demonstrate the use of empirical observation and the concept of realism. For what is possible, credible, and visible, must be. However, as the Hippocratic writer recognizes, reasoning is a human behavior, and humans are flawed. Therefore, by the transitive property, sometimes reasoning can be flawed, but this is no reason to doubt such an exact practice. Medicine tends to be elevated to an unattainable standard, and this trend (dating back to the beginning of any healing or treatment methods) continues today. Though mistakes are so heavily criticized among such a worshipped group, they are actually quite critical in advancement and discovery - which are essential for success in the medical field.

Once again, Campo's insight as a medical professional himself aids in understanding this idea. For although society idolizes physicians, physicians also idolize themselves. Upon being called to give an AIDS patient an IV after a nurse had experienced trouble doing so, Campo narrates:

I had selected such a big needle partly to underscore to his coffee-sipping nurse, without having to say a word, how effortless the job would be for someone competent....I marveled at the permission I had to inflict pain, to assault another person with a sharp

object under the pretense that I was actually helping him, but knowing that he would be dead soon, just like the rest....On the third pass with my hands visibly trembling, I finally nailed it....Perhaps it was the pain I knew I caused, but which I so callously, even sadistically, ignored as I focused on my task that prompted [the patient] to react. Before I knew what had happened, he was sitting bolt upright, screaming at the top of his lungs and flailing his arms out in front of him... When the same needle pierced my own skin, my first thought was to deny the literal connection between us...Blood poured out of the hole in his skin so profusely that in seconds the left leg of my scrubs was soaked in it...The rent in my skin was only two or three millimeters in size, though...I finally knew how human I was, I was made acutely aware in one terrible moment that all any of us has in the world is the same body...Perhaps in the mixing of my blood with another person's, I could learn the true meaning of forgiveness, I could understand human failings, I could begin to fathom how we all share original sin. (Campo 56-61)

This revealing incident is very indicative of Campo's "God Complex" and haughty attitude that society often reinforces in medical professionals. Campo is very demeaning towards the "coffee sipping nurse" as a result of the incorrect assumption that he is extremely skilled while she is incompetent. He is fully aware of the power he holds in being able and trusted to hurt his patients while trying to heal them, who are sick while he is healthy. This is yet another manifestation of his excessive pride. He further diminishes his patients by referring to them as an indistinguishable whole that he doesn't bother to differentiate when he says "the rest". Ultimately however, his pride is challenged by his difficulty with such a simple task that causes such a large reaction such as his hands visually trembling. This incident helps to control his arrogance which brings him to an equal level of all other human beings - a level he never truly exceeded. Despite the fact that "the rent in [his] skin was only two or three millimeters", it is

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enough to make him realize his shortcomings and the fact that he is no more superior than anyone else.

We see the same theme in *The Epic of Gilgamesh*. The “fall” of a hero represents our universal subjectiveness to natural laws. In the battle between fate and free will, fate will always win. Despite being part God, Gilgamesh falls prey to the same conditions as all humans: vulnerable to universal laws. As a result of Gilgamesh’s hubris, the Gods decide to create Enkidu in order to invoke Gilgamesh’s humanity. After Gilgamesh and Enkidu depart on their journey, they battle the guardian of the Cedar Forest Humbaba together. When analyzing the death of Humbaba, for example, the distance or proximity the action is placed in relative to the rest of the plot is crucial. By isolating this action, it appears as if Gilgamesh possesses total control and has accomplished his goal; however, this illusion of freewill is shattered by the context of the story. By looking at this action as a piece of the whole, it becomes clear that it indirectly brings about Enkidu’s death as punishment. His hubris and desire for fame blinds him - for he is unable to see that each expression of freewill ironically brings him closer to fate (Enkidu’s death in this case). Every step he takes simply plays further into the hands of the Gods’ will. Thus, free will can be considered a less powerful assisting agent to fate. Additionally, Gilgamesh would never have regained his humanity had it not been for this outside intervention. Even key aspects of Gilgamesh’s personality are controlled by external forces. Of course, this fictional epic is representative of real life concepts. Particularly in regards to the medical humanities, humans fall prey to the illusion that health can be controlled at the hands of humans and that medical intervention is perfect.

Clearly, as previously discussed, medicine and doctors are not a controlling mechanism for life. Universal laws such as mortality are the ultimate source of power. Elisabeth Tova Bailey’s *The Sound of a Wild Snail Eating* beautifully demonstrates this concept through her telling of experience with her own health complications from the perspective of a patient. Her

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revelations are extremely eye opening and raw, giving meaningful insight as to what it is like to be a patient as well as what it is like for others to know someone who is ill. For instance, Bailey verbalizes her perspective on energy and its value as something the common man often takes for granted. Despite being closed off in a metaphorical shell of her own, her friends do visit from time to time. In one instance, she describes her friend's fidgeting and purposeless movements "as if they didn't know what to do with their energy. They were so *careless* with it. There were spontaneous gestures of their arms, the toss of a head, a sudden bend into a full body stretch as if it were nothing at all...Those of us with illness are the holders of the silent fears of those with good health" (Bailey 39). The idea of energy as something we need to protect or be careful with is novel to most readers and definitely makes them more sympathetic towards incapacitated patients whose body's are drained from an never ending battle with themselves. Overall, Bailey teaches the reader that health is a *privilege*. She takes the extra step to share the perspective of her friends as well, for seeing a loved one sick has its own unique impact that stems more from fear. Bailey goes on to create a pitiful tone through demonstrating how the outside world is practically tantalizing her as "[they windows] brought me light each day" but "the world they framed was beyond my reach...I felt trapped inside a stark white box" (Bailey 13). The outside world is so close yet unattainable. The feelings Bailey is able to evoke in the reader are so impressive, for she relies on the reader's humanity to invoke a meaningful response of pity and understanding. The personification of the window "bringing" her light diminishes Bailey even more as she is incapable of getting it or seeing it herself. In the same way that the light beyond the window taunts her, even something as seemingly positive and human emotion, comes back to torture her in yet another way. Bailey admits that "we are all hostages of time. We each have the same number of minutes and hours to live within a day, yet to [Bailey] it didn't feel equally doled out" (Bailey, 38). As a manipulative force that teases us with unrealistic dreams. Hope is also personified as it "hovers" within her, pervading her body with unrealistic

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expectations. And the worst part is, she's aware of its torturous effect, and *still* cannot rid herself of it. Conventionally, hope is a positive force, which of course it is still, but this perspective is eye opening. By personifying inanimate and intangible things, Bailey is able to highlight just how powerless humans are in comparison to the natural world. Ultimately, a common theme seems to be that it is at one's weakest or most vulnerable, in sickness or loss for example, that one comes to recognize their own limitations and the simplicities of life that are too often taken for granted. Furthermore, Bailey's personification of time is just as significant:

Given the ease with which health infuses life with meaning and purpose, it is shocking how swiftly illness steals away those certainties. It was all I could do to get through each moment, and each moment felt like an endless hour, yet days slipped silently past. Time unused and only endured still vanishes, as if time itself is starving, and each day is swallowed whole, leaving no crumbs, no memory, no trace at all. (Bailey 5-6)

Bailey's diction is truly remarkable: the word "ease" paints such an insightful picture into the point of view of those struggling with illness. Once again, health truly is a privilege we take for granted. It makes life "easy" in a way that nothing else can. The personification of illness demonstrates its violent and disruptive impact on life - almost as if it is *declaring* its power over humans. Time is painted as a mysterious sinister force that tortures us. It is haunting - to imagine how time can control us and our perspective. After all, "we are all hostages of time. We each have the same number of minutes and hours to live within a day, yet to [Bailey] it didn't feel equally doled out" (Bailey 38). Of course, the reader cannot help but pity her. She juxtaposes the difficulty of having an abundance of time as well as losing so much time while being in her state of sickness. Once again, we see the interplay of universal constants such as time, and the importance of things that we cannot control no matter how hard we try. This reinforces humanity's weakness and limitations.

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While Campo's *The Desire to Heal* deals primarily with the physician's point of view, and Bailey's *The Sound of a Wild Snail Eating* deals primarily with the patient's point of view, Atul Gawande's *Being Mortal* takes into account both perspectives - particularly as they relate to death and dying. As previously discussed, the medical field and medical providers are often viewed as all knowing, all powerful, and incapable of mistakes. Gawande's text challenges this idea and suggests that it is medical providers who make the worst mistakes of all. Most of which seem to lie in lack of communication and projection of their own thoughts and feelings on others due to a sort of "God Complex" they may not even be aware of. This may be attributed to an overly-scientific approach to medicine. Humans are essentially conditioned to feel invincible - they're at the top of the food chain, control many aspects of the natural world such as other animals, and have access to extremely powerful technology, but this can be problematic, for:

Being mortal is about the struggle to cope with the constraints of our biology, with the limits set by genes and cells and flesh and bone. Medical science has given us remarkable power to push against these limits, and the potential value of this power was a central reason [Gawande] became a doctor. But again and again, [he] has seen the damage we in medicine do when we fail to acknowledge that such power is finite and always will be. We've been wrong about what our job is in medicine. We think our job is to ensure health and survival. But really it is larger than that. It is to enable well-being. And well-being is about the reasons one wishes to be alive. (Gawande 259)

One of the shortcomings of humans is the tendency to form patterns and habits, and stick to them. Though this can be productive and efficient, it often leads humans to get stuck, and ultimately makes humans resistant to change. It seems as if medical providers get accustomed to "saving" people and don't see failure as an option. With all of the technology available today, this can be an easy mindset to fall into. It is also the product of simple thinking, for even Gawande recognizes that "the simple view is that medicine exists to fight death and

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disease, and that is of course, its most basic task. Death is the enemy....Eventually it wins. And in a war that you cannot win, you don't want a general who fights to the point of total annihilation" (Gawande 187). The problem stems from not being able to accept this loss. Not doing everything possible to avoid pain, sickness, or death goes against one's humanitarian complex and morals, however when treating a patient, Gawande wants to remind the reader that the actions taken should be on the *patient's* feelings rather than the family, physician, or anyone else. Instead of pushing relentlessly such as Generals Custer or Lee, Gawande suggests we need "generals" that say, "you let me know when you want to stop...a train you can get off at any time" (Gawande 187). The metaphor is beyond powerful as it juxtaposes a general leading his troops into battle with a physician guiding a patient through their illness. A good physician not only leads, but they listen too. Sometimes, pursuing treatment can be more exhausting and taxing on a patient than palliative care. This seems to go against our very nature, as hope is such an integral part of being human, however perhaps acceptance of death and life expectancy can be just as rewarding at a certain point in life. Gawande's point brings me back to the original definition of health which encompasses physical, mental, and social well being, among others, that cannot all be fulfilled by medical treatment. Humans were not meant to live forever - we're not immortal, and thinking that we are or approaching life and treatment thinking that we do can be extremely detrimental. This is a perfect example in which the patient knows best, their opinion trumps the years of medical schooling of physicians in some cases. Ultimately, "our most cruel failure in how we treat the sick and aged is the failure to recognize that they have priorities beyond merely being safe and living longer" (Gawande 243). This point is consistent with Bailey's perspective:

There were times when I wished my viral invader had claimed me completely. How much better to live an exuberant life and then leave as one exits a party, simply opening a door and stepping out. Instead, the virus took me to the edge of life and then left me trapped in its

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pernicious shadow, with symptoms that, barely tolerable one day, became too severe the next, and with injustices of unexpected relapses, that overnight, erased years of gradual improvement. (Bailey 131)

Gawande summarizes the point of view that Bailey makes the reader live. Her colorful and descriptive language is moving and allows the reader to understand something that is not intrinsically logical to a healthy human. Once again, the personification of the virus *taking* her to the edge of life and trapping her there is haunting and demonstrates her powerlessness. She takes the time to highlight the exhausting nature of such an ordeal, which also supports Gawande's point. Clearly, the role of personal stories and anecdotes is extremely persuasive and influential. Authors such as Gawande, Campo, and Bailey each make use of this concept. Gawande continues to bridge the gap between patient and physician by making conclusions based on patient's opinions. Gawande writes, "it is not death that the very old tell me they fear. It is what happens short of death -- losing their hearing, their memory, their best friends, their way of life. As Felix put it to me, 'Old age is a continuous series of losses.' Felix put it more bitterly in his novel *Everyman*: 'Old age is not a battle. Old age is a massacre.'" (Gawande 55). This idea of fear, the fear of the unknown, how something will feel, or what exactly will happen can be debilitating and brutal. The use of parallelism in Felix's last statement is especially powerful, for a battle seems bad enough but a massacre has a much more powerful connotation. First of all, it is absolutely haunting, but also implying an unfairness to the situation, that the patient doesn't even stand a chance. This can be difficult to accept for medical providers and family members given the extent of today's medical knowledge and technology however, this is unfortunately the reality at times. Lacking adequate knowledge and understanding is what often leads to mistakes in the medical field when it comes to treating patients.

Upon further consideration of the fallibility of physicians in a world in which sometimes an unreasonable amount of trust is placed, it is relevant to recognize the history of this issue,

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especially as it pertains to minority populations. The blatant disregard for consent and informing we have seen in the past is off-putting and wrong. Rebecca Skloot's *The Immortal Life of Henrietta Lack* tells the story in which a common woman's cervical cancer cells became the center of the scientific community. More importantly however, she shares the family's perspective. All of the texts share a different point of view and all together complete the picture, giving a credible account of the medical humanities. Lacks and her family, as African Americans, were subject to unfair treatment, and if she had any hopes of receiving medical treatment, she had no other options than to accept any treatment offered. Of course, this is not ideal, and sheds light on an important issue - equality of medical treatment. Henrietta Lacks was consistently under informed and treated as incompetent. Skloot shares that Lacks grew up in a poor family with her grandfather, and as an African American women, medical professionals consistently treated her as inferior. Upon receiving treatment, "there's no indication that Henrietta questioned him; like most patients in the 1950s, she deferred to anything her doctor's said. This was a time when "benevolent deception" was a common practice - "doctors often withheld information from patients...They believed it was best not to confuse or upset patients with frightening term they might not understand..." (Skloot 63). Diction such as "upset", "confuse", or "frightening" demonstrates how medical professionals perceived their patients - inferior people who didn't have the mental capacity to understand. Skloot seems to highlight this problem in the medical field, which *should* be working on educating and including those who it was designed to help in the first place. Ironically, the word choice makes it seem as if keeping patients in the dark was a favor - which it was clearly not. Henrietta Lacks practically had no choice other than to trust the medical professionals who took advantage of her position. White physicians clearly suffered from a superiority complex, which ultimately made them worse medical providers. Overall, this is simply further evidence of physician malpractice as a result of faults in human nature.

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It is crucial to recognize the role of universal laws and nature as they relate to the medical humanities. For after considering the point of view of the patient, physician, and outsiders, it is clear that patients are at the mercy of the physician. To give any singular group of humans such power can be problematic as demonstrated by the texts, however the prospect of treatment is worth the risk due to another very human tendency: hope in the face of hopelessness.

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