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### A Collaborative and Inclusive Medical Future

Throughout the medical field, communication plays a vital role in connecting medicine to society, though medical professionals are not trained to the extent that they should be. With the majority of focus on mastering scientific knowledge, the saliency of communication is often overlooked though it drives effective treatment of patients. Medicine must be viewed as a holistic practice, treating the “body and the soul.” A lack of education in the humanistic aspects of medicine is often indicated by doctors’ disregard of the patient as a whole aside from their illness, as well as patients’ stigmatized view of the medical world. Recognizing the extensive education and invention behind each advancement in the medical field, “even if it is not accurate in every respect, the fact that it is able to approach close to a standard of infallibility as a result of reasoning, where before there was great ignorance, should command respect for the discoveries of medical science” (*Hippocratic Writings* 77). However, modern perspectives toward medical professionals as a result of glorifying medicine beyond its capabilities reflects an idea that medicine’s main focus must be curative measures concerning all issues in health. Absolute ideals like these further instill the notion within society that medicine serves as a strict, exclusive aspect that reaches beyond the capacity of the general public, idealizing the view of treatment and fictionalizing the view of mortality. As a reflective medium of communication, modern medical humanities, conveyed through literature as an intersection of science and art, possess the ability to detract from the strict conventionality of medicine and instead facilitate a more collaborative and inclusive dynamic not only between the medical field and the general public, but within the medical field as well.

Introducing medicine as an art, *Aristotle’s Poetics* establishes “art as an imitation” and asserts “since the objects of imitation are men in action, and these men must be either of a higher or a lower type (for moral character mainly answers to these divisions, goodness and badness being the distinguishing

marks of moral differences), it follows that we must represent men either as better than in real life, or as worse, or as they are” (*Aristotle’s Poetics*, Part II paragraph 1). **Through poetic tragedies, the concept of art as imitation embodies the didactic nature of literature. Audiences are able to vicariously live through the characters, and ultimately learned lessons as a result.** We imitate those who are better or worse than us, alluding to the similar nuance in the medical world as we idolize experienced physicians and place them on a pedestal, striving to reach their caliber. The exclusive nature of medical knowledge, the idea that “holy things are revealed only to holy men,” is especially depicted not only through the generational passing on of information, but also the nuances established between doctors, in the *Hippocratic Writings* (*Hippocratic Writings* 69). **Aristotle’s humanitarian assertions of imitation can be paralleled to imitation and observation of those in today’s society within the medical world,** which is a concept similarly introduced by the Hippocratic writers. **Medical professionals depend on imitation to learn and enhance their skills based on those who are of higher caliber:**

“Our characters resemble the soil, our masters’ precepts the seed; education is the sowing of the seed in season and the circumstances of teaching resemble the climatic conditions that control the growth of the plants” (*Hippocratic Writings* 68).

Extended metaphors and conceit presented in literature can be further applied to the medical journey, as experienced doctors serve as “the seed” and the character of those grappling with the allure of medicine serves as “the soil,” allowing imitation of medicine through observation to be the “sowing of the seed.” The limited and protected nature of medicine mirrors the specific conditions required to pass on knowledge of medicine, considering the art of medicine was a method used to maintain differences in power, while heightening the status of healers as possessing god-like and “holy men” (*Hippocratic Writings* 69). Yet, “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 it is their ignorance and error which is the ruin of the ship. So it is with the sorry doctors who are the great majority” (*Hippocratic Writings* 75). The Hippocratic writers stress the exclusivity of medicine while elaborating the scarcity of perfection of

**this art as time allowed for the spread of scientific knowledge. “Most doctors” are represented as deceivers as they struggle to appreciate medicine, while those of a higher caliber can truly present this art and be worthy as models. By establishing a nuance between calibers of physicians, medicine is further represented as an art that can be mastered, and the power of science to do more than what meets the eye. This may be what separates the majority of imitators from the true physicians who use their intellect and reason to drive their practice, instead of relying on validation and recognition from those who do not understand medicine.** Due to this exclusivity presented in literature, the privilege and ability to learn medical knowledge overpowers the need for educating medical professionals about personalizing treatment and improving patient interaction even today. The learned detachment and instilled emphasis on a strict scientific basis of practice is what prompts medical professionals to avoid interacting with their feelings and connecting with their patients. The awareness of medicine’s roots in an elitist society and recognition of the growth of medical knowledge and influence can allow society to quash similar illusive views even today and facilitate transparency instead. Certain outdated concepts from works like *Aristotle’s Poetics* and the *Hippocratic Writings* that portray medicine and even science as an elitist construct must be invalidated in order to work towards a future in which medicine can be viewed as a collaborative science between medical professionals and the general public. With this new perspective towards medicine, the stigma around the strict and elitist view of physicians can be broken down to allow not only others to humanize doctors, but also allow for catharsis in doctors.

Upon my realization that even I partake in the illusive view of physicians as the epitome of perfection and excellence, I found that even in my own experiences as a patient in the medical world, I have indeed come across health professionals that are thoughtful and experienced, as well as those who are simply “poor navigators.” Dr. Thomas was my favorite. Even after she left West Morris Pediatrics to pursue more in the medical field, every pediatrician after her was never the same. It was the way her face seemed to light up as she greeted me in the waiting room, as if she had been looking forward to seeing me all day. I only saw her maybe two or three times a year, but I somehow felt like I was her favorite patient. Even my mom loved her; and trust me, my mom’s standards are extremely high.

“So, what’s been going on?” Dr. Thomas asks me, looking up from her keyboard. Being a shy 10-year-old, I immediately look at my mother, urging her to reply. Though I was the patient, I found it difficult to relay my symptoms and feelings.

“Well, yesterday she ha—” my mom begins.

“Sorry, Mom. Riya, I want *you* to tell me how you’ve been feeling” Dr. Thomas abruptly added.

I cleared my throat and began reciting my symptoms as she looked at me thoughtfully and began loudly typing on her keyboard, glancing between her keyboard and me, nodding along the whole time.

Once I said my part, she went on to explain exactly and precisely what illness I had to both my mother and me. Over the years, I recognized her interest in my family’s life, not just mine or my brother’s. Each time I visited Dr. Thomas, she would start by asking how we are doing overall and how my brother and dad were doing, and my mom would fill her in with the latest happenings. Only after a few laughs were exchanged would she ask what brought me into the office that day.

After Dr. Thomas left, I was given the care of Dr. Patashny, who was quite the opposite of Dr. Thomas. The way she loudly called my name in the waiting room, no change in tone or smile or welcoming gesture, like she was taking a roll call. But I stood up with the widest grin on my face, hoping she would reciprocate. All I got was a quick, fake smile, as if it pained her to at least pretend she was happy to see me. We entered the room and she got right into it. After reciting and reviewing my medical history from my chart, Dr. Patashny asked what brought me in that day, and my mother replied.

Looking back, I can finally pinpoint what exactly I despised about Dr. Patashny. It was not because she lacked emotion or that she spoke loudly, it was her unforgiving condescension towards my mother and me. She constantly interrupted and loudly patronized my mom, who would explain her efforts and different methods to improve and maintain my health. My mother, who became increasingly health-conscious over the years, came with a list of questions of what she can do better to improve my immune system and whether certain of my current habits were effective, and after each question, was faced with derision from Dr. Patashny. Needless to say, Dr. Patashny was not my mom’s favorite.

Though my own experiences only touch the surface of patient-doctor dynamics, the works of Atul Gawande, Rafael Campo, and Sarah Manguso are reflective of the influence that medical literature has on the dynamic nature of the medical world, and explicate in-depth experiences of doctors and patients, illuminating the gap in traditional patient-doctor relationships. Atul Gawande's *Being Mortal* delves into the treatment of elderly and the perspective on death by medical professionals, as well as society's innate perception of mortality. Not only does Gawande attempt to alleviate the stigma towards death from medical perspectives, but he also delivers a cogent literary piece by establishing himself as a credible source and utilizing personal anecdotes to appeal to individual emotions of the reader. Medicine, being a fundamentally rigorous and detached profession, is often viewed as a cure to illness, while death is often seen as a failure of medicine. "Death, of course, is not a failure. Death is normal. Death may be the enemy, but it is also the natural order of things" (Gawande 8). However, the inherent teachings in medical school generalize death to be a failure in treatment, furthering the emphasis placed on treatment of the illness over treatment of the patient overall. This lack of distinction and emphasis on personalized treatment and treating the patient holistically is mirrored through "our reluctance to honestly examine the experience of aging and dying," which "has increased the harm we inflict on people and denied them the basic comforts they most need" (Gawande 9). The lack of training in terms of coping and addressing death and its implications has resulted in health professionals' tendency to dehumanize or separate individuals from their illnesses. The relatively complex management and perspective on death and the elderly should be altered to further allow the focus of medicine to drift from curing and treatment to providing for overall well-being and ability to provide service/treatment that is specific to the patient, even if it does not abide with the traditional goal of curing an illness. Increased ambiguity in the source of ailments in the elderly drives medical professionals to neglect treatment of the elderly in terms of comfort and appealing to the personalized needs of elderly since "our elderly are left with a controlled and supervised institutional existence, a medically designed answer to unfixable problems, a life designed to be safe but empty of anything they care about" (Gawande 109). Gawande admittedly contends that those in medicine are

“good at addressing specific, individual problems: colon cancer, high blood pressure, arthritic knees. Give us a disease and we can do something about it. But give us an elderly woman with high blood pressure, arthritic knees, and various other ailments besides—an elderly woman at risk of losing the life she enjoys—and we hardly know what to do and often only make matters worse” (Gawande 44).

With an inability to effectively treat elderly in terms of fully curing illnesses, medical professionals tend to feel that their death is indicative of the failure to successfully treat the elderly, disregarding the notion that mortality is inevitable. Not only does this perspective reject treating elderly to provide the most comfort and protect the desired life of the patient, but it also instills the concept that medicine’s goal is to first and foremost cure to avoid death. Gawande even asserts that most physicians reflect that “the purpose of medical schooling was to teach how to save lives, not how to tend to their demise” (Gawande 1). With a change in perspective, the traditional view of medicine as cure-focused can be altered to be personalized treatment-focused. Not only will doctors be better equipped with treating a wider range of patients, but the focus on the individual and their preferences will allow medicine to foster more transparency and communication.

Moreover, allowing more honest interactions between doctors and patients, though may involve facing a harsher reality, will drive communication to inspire understanding and diminish distrust within the dynamic. “Patients tend to be optimists, even if that makes them prefer doctors who are more likely to be wrong” (Gawande 199). Gawande underlines the prevalence of dishonest communication of information, perhaps for the sake of the patient’s comfort or for the doctor’s reluctance towards explaining complex medical explanations to the patient. Either way, patients tend to prefer physicians who provide the best news, idealizing medicine as an infallible fix to all health concerns. Not only does this practice raise the dilemma of withheld information and false hope, but it also broadens the gap and eliminates any transparency between the patients and the doctor. As a result, Gawande introduces two types of physicians in modern healthcare: “informative” physicians and “interpretive” physicians. Informative physicians will “tell you the facts and figures. The rest is up to you...[they] tend to drive

[doctors] to become ever more specialized. We know less and less about our patients but more and more about our science” (Gawande 200). Interpretive physicians come into play when “the doctor’s role is to help patients determine what they want...shared decision making...a kind of counselor and contractor” (Gawande 201). As medicine progresses, the ideal physician must take aspects of both types to create the ideal, personalized treatment for the patient. By combining the salient facts while considering the individual’s preferences and goals, an appropriate treatment plan can be created, which will allow the focus to be on treating the person versus treating the illness. Gawande’s implementation of anecdotes and ability to narrate as a doctor, though appealing to the general public, embodies the goal of medical humanities -- to join the utility of medicine and the emotional, imaginative aspects of the individual. Throughout his nonfiction piece, Gawande implements case studies, direct quotes, and extensive research in order to formulate a coherent depiction of mortality in medicine, especially one that can be understood and reflected upon by the general public. Gawande skillfully separates his identity as a surgeon to appeal to his readers as a fellow member of society, insinuating that the lessons of mortality are for everyone, not just medical professionals and patients. His experiences with his father’s affliction with cancer allowed for the separation of his identity, and further illustrated the importance for patients to get what they “cared about, which was finding a path with the best chance of maintaining a life [they’d] find worthwhile” (Gawande 218). As a surgeon himself, Gawande’s father strived to make the most of his time living in the moment and continuing to practice medicine for as long as he could, though time would be sacrificed. Not only did Gawande’s experiences as a medical professional provide a doctor’s perspective, but his experience with his father as a patient connected him to the public and further established a sense of transparency and understanding of both sides of the patient-doctor dynamic. By fostering hard conversations and shedding light on topics like death, Gawande skillfully increases communication between the medical world and general public even with the presence of distance. As a vital component in medical humanities, works like Gawande’s serve to connect doctors within the medical field, as well as the public to encourage transparency and chip away at the strict rigor of the medical world.

From a doctor's perspective, Gawande skillfully presents the humanistic side of physicians while recognizing the flaws of medical professionals in their contribution to the distance between doctors and patients. Sarah Manguso's *The Two Kinds of Decay* further emphasizes the distance within the patient-doctor dynamic through the perspective of the patient. Manguso presents a personal narrative as a patient suffering a rare illness, illuminating the fallibility in doctors to treat her effectively, as well as her own struggles in coping with her illness. She reflects on the flaws in viewing doctors through a glorifying lens, especially having been present among doctors for several years of her life. Poor communication and lack of recognition on the doctors' part to acknowledge and recognize Manguso's symptoms as relevant and significant contribute to the increasing gap dividing the two worlds of medicine and the public.

Physicians, at least those portrayed in Manguso's work, often assume that medical knowledge should only be limited to those who practice medicine, furthering the notion that patients and the public are not worthy enough to understand the gravity of their own medical conditions. Manguso mentions how one of her neurologists reacted to her worsening conditions:

“And so he interpreted my symptoms as a bump in the metaphorical road towards wellness...I was sitting in my neurologist's office with symptoms I knew were worse than they'd been the day before, and which I knew beyond reasonable doubt were the beginning of another relapse, and after he said *bump in the road* again, looking cheerful and bored, I knew I was in trouble”

(Manguso 87).

The presumptuous nature of whether certain medical information should be shared is what precisely fosters the lack of honest communication between medical professionals and their patients. Physicians, failing to acknowledge the saliency of this knowledge and its role in the autonomy of the patient, assume that their interpretations override those of the patient. In Manguso's case, her “symptoms weren't treated because they were unlikely enough to be virtually impossible. [Her] reports of them were their only observable evidence. [Her] symptoms were so unlikely, by the book, that despite my reports of them, they were assumed not to exist” (Manguso 30). The view that physicians tend to have toward illnesses as problems to be solved or fixed based on facts is the underlying cause of distance between doctors and



their patients. Though Manguso's symptoms were not previously documented or understood as characteristic symptoms of her illness, they were disregarded and viewed as redundant. Manguso's rare illness establishes the notion that medicine is not always black and white—there are indeed gray areas in which a holistic view of the patient must be considered when determining treatment. While medical ethics are enforced throughout practices, the lack of honest and open conversation prohibits the spread of medical knowledge, acting as a barrier to reaching an inclusive and collaborative dynamic between the medical world and the public.

Alongside the mental implications of illnesses on patients, Manguso introduces the notion of detachment of medical professionals and nurses from themselves as they worked: “Like all good nurses, she understood that inserting a bullet of hardened gel into someone's rectum was just another things that had to be done, no more or less willingly than picking up a dropped rubber glove or stripping a bed after someone died in it” (Manguso 44). Though communication is a two-way street, especially in terms of the patient and doctor relationship, both entities often detach themselves in order to preserve emotions like pity and fear. The desensitization to commonly difficult feelings experienced by doctors, as well as patients, encompasses the problem that results in detachment and lack of communication to a point where emotion is regarded as weak as Manguso overheard one of her doctors saying she was “*the kind of patient who took things very hard*” (Manguso 71). To combat this detachment and solidarity, work like Manguso's serves to narrate the experiences of patients, as well as doctors, to further broaden the scope of the treatment and medical knowledge. Her ability to clearly and vividly describe her emotions and pain illuminate experiences of the patient, especially in the case when her feelings and statements were not heard by others. Not only does Manguso's piece serve as a record for her treatment, but its organization reflects the impact that these experiences had on her overall health. The fragmentary nature of the text portrays her detachment from herself as she finds it difficult to compose a coherent narrative.

Similar to Manguso's plain-spoken approach to explicating her experiences as a patient, Rafael Campo's narrative *The Poetry of Healing* and other collections of poetry effectively shed light on the goal of utilizing medical narratives and literature to eliminate the stigma of medicine and emphasize the

saliency of a patient's perspective. Campo's use of nontraditional poetry in order to debrief his experiences as doctor, as well as the irony and honest approach, is the epitome of medical literature contributing to the propagation and destigmatization of medical experiences. Considering medicine as an art, medical humanities examine the literary and artistic intersections with medicine and allow for medical jargon and knowledge to be presented in relatable and universal terms. Though critics refuse to accept Campo's poetry as traditional, it effectively serves its purpose as a medium through which patients, doctors, and the general public can communicate. The lack of ambiguity and metaphors, as well as ironic and honest tones, further allow others to better interpret the literature and begin to understand the dynamics within the medical world without requiring readers to decipher layers of figurative language to interpret literature:

Emphathase

“Indicated for the reduction of / despair associated with the loss / of compassion. Hopeless romantics and / hand-wringing, bleeding-heart individuals liberals may / also see some improvement with chronic / use” (*Alternative Medicine*: Campo 43)

Though the blunt nature of Campo's work lacks recognition as traditional poetry, it detracts from the strict conventionality of the medical field. In Campo's *The Poetry of Healing*, his ability to point out his own flaws and speak self-critically emphasizes the strength in his ethics, as well as credibility to be able to discuss a physician's perspective on the humanistic side of medicine. He claims “[he] marveled at the permission [he] had to inflict pain, to assault another person with a sharp object under the pretense that [he] was actually helping him, but knowing that he would be dead soon, just like the rest” (Campo 57). Campo, admittedly violating the principle of beneficence embodies the humanity present within medical professionals, precisely feelings of anger and sadness. Though he watches “with detachment at the end of so many lives, as unmoved and bored as if [he] were taking out the garbage,” Campo's consistent reflection of his practice of medicine on his internal dilemmas highlight the need for catharsis for medical professionals (Campo 52). Having a demanding profession that requires a certain extent of detachment, Campo's often inability to cope with his feelings further strengthens the need for medical discourse to be

more transparent. Establishing anecdotal evidence as focal to medical literature, Campo also asserts the importance of anecdotes in understanding medicine and treating patients. **Though medical professionals are desensitized and tend to utilize “objective, dispassionate observation,” the “imagination and invention” brought up by narratives can be essential to the understanding of complex science and medicine for those outside of the medical world (“Anecdotal Evidence” 1678).** Campo’s inclusion of anecdotes within his text explaining why anecdotes are crucial further disprove the assertion that anecdotes fail to contribute to medical treatment as he establishes that **“dynamic constructs of narrative...animate the static concepts that perhaps frustrated more rigidly linear thinkers” (“Anecdotal Evidence” 1677).** Even through the perspective of the patient, Campo depicts through his several works that the ability of the patient to personalize their illness and tell their own story allows for the shift from illness as a concept only medical professionals understand to something that the general public and those suffering from the illness can also speak on, further eliminating the pedestal that physicians are often placed on. Campo further emphasizes the requirement to focus on patients’ stories and combat the believed inherent nature of medicine as objective and rigorous. Though science provides the knowledge, the humanities provide effective treatment so that when “a patient in distress may speak to us across a chasm so vast...what we can hear is [not] terribly distorted - by our professional distance, by our own most unprofessional fears and misapprehensions, and by society’s attitudes which inescapably contextualize our every action” (“Anecdotal Evidence” 1678). This inherent view of distance as “professional” and fear as “unprofessional” represents the underlying cause for the “chasm so vast.” The growth and spread of medical humanities can work to combat preconceived notions of medical professionals, and even communicate to those in the medical field that fear, and flaws are part of humanity, especially considering that more distance between the patient and doctor will only encourage idolized view of medical professionals and put more pressure on their abilities as humans.

Throughout history, this gap in patient-doctor dynamics has been sustained especially from distrust between those of the general public and those who exploit the naivety of the public to exploit individuals for medical purposes. Rebecca Skloot’s *The Immortal Life of Henrietta Lacks* demonstrates

that the disconnect and distrust between the public and the medical world is justified due to historically unjust practices in medicine, specifically the dehumanization of patients and lack of honest and full communication. The unjust and unfair treatment of Henrietta and her cells are the epitome of what the modern medical society should advance away from, and instead instill effective and clear communication, adherence to guidelines and ethics, and an emphasis on personalized patient treatment. The dehumanization of Henrietta as a patient began as soon as her treatment began. Though she consented “to the staff of The Johns Hopkins Hospital to perform any operative procedures...that they deem necessary,” her doctors exploited her consent to extend what they “deemed necessary” (Skloot 31). Though not relevant and necessary to the treatment of Henrietta’s cervical cancer, “no one had told Henrietta that TeLinde was collecting samples or asked if she wanted to be a donor -- Wharton picked up a sharp knife and shaved two dime-sized pieces of tissue from Henrietta’s cervix” (Skloot 33). Not only was Henrietta not informed about the use of her cancer cells for research, she was also not informed of the side effects of her medical procedure since “toward the end of her treatments, Henrietta asked her doctors when she’d be better so she could have another child. Until that moment, Henrietta didn’t know that the treatment had left her infertile” (Skloot 47). “This was a time when “benevolent deception” was a common practice -- doctors often withheld even the most fundamental information from their patients, sometimes not giving them any diagnosis at all. They believed it was best not to confuse or upset patients with frightening terms they might not understand, like *cancer*” (Skloot 63). By outlining the injustices with regard to patient rights and respect, Skloot depicts the historical basis as to why several people, especially those who are disadvantaged and have been wronged by medical research in the past, fail to trust even modern healthcare. Skloot’s depiction of the story of Henrietta Lacks encompasses not only the flaws in medicine with regard to detachment, but also a history of dehumanization and violation of the Hippocratic Oath and rights on the doctors’ part. This distrust that has fostered and grown in society has decreased as more guidelines and regulations have been enforced throughout the years, but the aspect of detachment still remains, which warrants even the current distrust in patient treatment.

Similar to Manguso's doctors' dismissal of her symptoms, Henrietta's doctors failed to acknowledge the saliency of her symptoms, so "a few weeks after the doctor told her she was fine, she went back to Hopkins saying that the 'discomfort' she'd complained about last time was now an 'ache' in both sides. But the doctor's entry was identical to the one weeks earlier: 'No evidence of recurrence. Return in one month'" (Skloot 64). This disregard and lack of recognition and respect of the patients further exemplified through the medical fields' dehumanization of Henrietta's HeLa cells. "Scientists don't like to think of HeLa cells as being little bits of Henrietta because it's much easier to do science when you disassociate your materials from the people they come from" (Skloot 216). Aligning with the several instances of detachment shown through other pieces of medical literature, scientists who became involved with HeLa cells imitated this dehumanization and lack of recognition of Henrietta as an individual, reinforcing scientists view of her as "such a famous *thing*" (Skloot 189). Aside from the clear racial injustices against Henrietta Lacks (a black woman), the violation of informed consent and acts that are immorally utilizing patients for research breeds ignorance and disregard for individuals, which are still seen in modern medicine. Skloot conveys her specialized knowledge to the reader and bridges the information of science and history to the experiences and story of the individual in order to demonstrate how medical humanities can produce a more collaborative and inclusive dynamic between the medical world and the general public, as well as within the medical field. With common diction instead of medical jargon and relatable metaphors to allow the universal and general public to understand the information, Skloot is able to effectively present her information, which precisely represents the goals of a more collaborative dynamic. Skloot begins by metaphorically describing scientific terms: "Under the microscope, a cell looks a lot like a fried egg: It has a white (the *cytoplasm*) that's full of water and proteins to keep it fed, and a yolk (the *nucleus*) that holds all the genetic information that makes you *you*" (Skloot 3). As a science journalist, Skloot extends her audience by writing for those who are part of the medical field, as well as those without medical knowledge, further facilitating transparency. By alternating scientific/informational chapters and anecdotal chapters, readers are able to contextualize Henrietta's story within the context of the goals of the medical field, as well as within the terms of social

injustice. Skloot additionally breaks the second wall in writing to ensure that the readers are able to grasp the information, not only for the sake of the general public, but especially members of the Lacks family, who never fully understood the science, uses, and depth of injustice behind the exploitation of Henrietta's cells. As a member of both the medical world and the general public, Skloot possesses the ability to join the two worlds, aiming to facilitate the spread of medical knowledge to the general public.

I am no exception to those who glorify and place medical professionals on a pedestal. As an aspiring health professional, one who has not yet undergone the rigorous training to become one, not only do I comprehend the need for a certain extent of detachment and recognize the competitive nature of the medical field that emphasizes knowledge over patient comfort, but I also tend to glorify physicians in order to justify the lack of communication and comfort felt as a patient. However, with the aid of medical humanities, society can strive towards a future of collaboration, understanding, and individual-based treatment between the medical world and the general public in order to establish a new dynamic in which both sides look beyond either the patient or the doctor to interact on the individual level.

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