

# A Matter of Perspective

An Examination of the Patient-Physician Relationship

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Daniella Conley titles her carefully orchestrated analysis of the multi-faceted patient-physician relationship “An Unbalanced Understanding,” and takes her epigraph from Anatole Broyard’s classic text in Medical Humanities, “The Patient Examines the Doctor”: “To the typical physician, my illness is a routine incident in his rounds, while for me it’s the crisis of my life.” One of the great strengths of her analysis is precisely the balance she herself maintains in considering this critical relationship from a number of angles: medical student as well as patient and physician; successes in medical communication as well as failures. Her thoughtful, lucidly written essay also adeptly weaves together examples from a range of texts, including some Daniella was led to by her own independent research and intellectual curiosity. The essay is a model of reading across and through disciplinary formations in the rapidly growing interdisciplinary field of literature and health studies.

— Dr. Marjorie Stone

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— Anatole Broyard

**O**wing to technological advancements and increased medical knowledge, patients today have the good fortune, at least theoretically, to receive a much-improved level of healthcare relative to any time in history. Despite immense strides made by humanity in the field of medicine, the modern healthcare

system still fails too many patients, particularly in first-world North American countries. The main problem is the lack of communication between physicians and patients. Often overlooked, this lapse of focus is significant to the healthcare community not only in the way that patients and physicians view and treat one another, but also in how they conceive of illness itself.

In recent years, the genre of medical literature has become progressively more popular and the documentation of multi-faceted patient-physician relationships has substantially increased. The importance of communication in the patient-physician relationship is underscored through a variety of literary works in the genre of medical humanities. These works serve to examine how patient and physician perspectives differ, from the patient's unique personal experience of their illness to the physician's recognition, understanding, and treatment based on training and observation. Miscommunication often results from a failure to reconcile a patient's personal experience of illness with a physician's professional understanding of illness. As these opposing narratives are most often written from the perspective of patients, medical students, and physicians, the accounts gathered here offer both positive and negative views within the healthcare system. Particularly in Vincent Lam's novel *Bloodletting and Miraculous Cures* and in a chapter entitled "The Patient Examines the Doctor" in Anatole Broyard's autobiographical work *Intoxicated by my Illness: And Other Writings on Life and Death*, differences in doctor and patient accounts are wholly grounded in subjectivity.

In *Doctors' Stories: The Narrative Structure of Medical Knowledge*, Kathryn Montgomery Hunter clarifies that there is often a great distinction between what patients and physicians expect from one another. While the patient typically looks to the doctor for answers and aid, physicians seek from their patients a narrative of the cause, symptoms, and suffering in order to distinguish each individual malady. Hunter perspicaciously describes this divergence with a well-reasoned, insightful explanation:

We seek more from a visit to the doctor than the classification of our malady. We want our condition to be understood and treated. Face to face with a patient, physicians can know disease only indirectly. They depend for its identification on their interpretation of the signs they observe and the story of symptoms the patient tells them. (xvii)

As Hunter establishes, there is a clear distinction between recognizing and understanding illness. While physicians decipher the signs and symptoms and *observe* an illness, Hunter acknowledges that they cannot truly *know* illness by simply interpreting their observations. Additionally, as each physician-patient pairing has different goals, situations, and concerns, it is understandable that a wide array of miscommunications may arise. Literary works documenting the contrasting perspectives of patients, medical students, and physicians allow readers to take an objective position regarding physician treatment and patient perspective.

It is unsurprising to read a negative account condemning a doctor and his medical practices as written by a patient. In Anatole Broyard's memoir *Intoxicated by my*

*Illness: And Other Writings on Life and Death*, Broyard makes the admission that he knows “very little about the doctor-patient relationship” (33). However, he relays his own experience with a urologist in Cambridge, Massachusetts, when he is diagnosed with prostate cancer. Broyard disapproves of his doctor’s “bland, hearty, and vague” personality (37). He is also uncomfortable with the way the doctor speaks, the appearance of his office, his deplorable clothing style, and his lack of charisma, stating,

From the beginning I had a negative feeling about this doctor. He was such an innocuous-looking man that he didn’t seem intense enough or willful enough to prevail over something powerful and demonic like illness. (35-36)

Broyard’s judgments, however, are not indicators of this particular doctor’s abilities and skills as a medical professional, but rather Broyard’s personal opinions. Quite fairly, Broyard acknowledges that he cannot critically remark on the doctor in an accurate sense by declaring, “I want to point out that this man was in all likelihood an able, even a talented, doctor. Certainly I’m no judge of his medical competence” (39). While Broyard’s patient account is by and large negative towards his physician, he does admit that the assessment is based purely on the doctor as a person and not a professional.

Although Hunter states that “patients are the texts to be examined and studied and understood by the physician” (8), medical treatment towards patients goes further than merely diagnosing them. While Broyard does not thoroughly examine his urologist’s practices, he establishes

that a doctor's "bedside manner" and overall demeanor influence the patient equally as much as his or her actual medical endeavours when he writes,

Since so many patients have been psychoanalyzed, or have undergone psychotherapy of some kind, I wonder whether they shouldn't bring to the specialist a brief summation of these findings, too, so that this new doctor knows *whose* body he's treating and what its spiritual composition is. How can a doctor presume to cure a patient if he knows nothing about his soul, his personality, his character disorders? It's all part of it. (47)

A physician can more effectively treat a patient by getting to know and understand each person who depends on him or her for medical aid. By not taking the time to connect with each person, the physician is ultimately failing the patient. A physician's ability to form a relationship and interact with sympathy towards the patient is of the utmost importance, as Broyard effectively proves with his narrative.

While Broyard's account is quite telling, there are many other narratives from the patient perspective in which doctors are portrayed in a positive light. Raymond Carver provides a somber poem of a patient receiving a terminal diagnosis in "What the Doctor Said." Although the physician has just informed the man of his impending death due to illness, the patient thanks him for being both honest and understanding, saying, "I jumped up and shook hands with this man who'd just given me something no one else on earth had ever given me" (154). Throughout the poem, Carver depicts the physician as a sensitive,

sympathetic, and supportive individual. The ease with which this physician interacts with his patient counteracts the image of the apathetic, bland physician described in Broyard's memoir.

Carver's poem is not the only representation in medical literature where patients hold a positive view of their physicians. One of these is Hart Crane's poem "Episode of Hands," in which the patient feels both relaxed and comforted by his doctor. The act of holding another's hand has long been an important demonstration of gentleness, reassurance and, in this case, compassionate healing. Crane writes that the patient "seemed to forget the pain, consented, and held out one finger from the other" (59), demonstrating that the patient is comfortable with his physician. Furthermore, it is evident that the patient feels safe with his physician and trusts him, something that cannot be claimed by Broyard. "Episode of Hands" is a gentle poem that supports doctors with a positive portrayal, countering Broyard's negative experience.

Although Anatole Broyard's is perhaps one of the most illuminating tales, negative accounts concerning doctor care do not derive solely from patients who have had bad experiences. For instance, the viewpoint of a medical student proves to be equally effective in conveying the superficiality of focused medical care demonstrated by physicians in Constance Meyd's short story "The Knee." The anecdote accurately portrays how the female patient is treated in social terms by medical attendings, residents, and students who are learning how to examine a knee. Meyd's phrasing indicates to readers that the patient is an

extraneous factor to the students' training experience by simply stating, "[t]he knee is attached to a woman" (167). Writing that the knee is *attached* to the woman, rather than "it is the woman's knee," Meyd places the reader firmly into the medical student's formal, detached, and indifferent thoughts.

Meyd's writing is candid as the student recounts the patient's negative medical experience. She dramatically writes about the incident, stating:

All eyes are on the knee; no one meets her eyes as she answers. The maneuvers begin - abduction, adduction, flexion, extension, rotation. She continues to tell her story, furtively pushing her clothing between her legs. Her endeavors are hopeless, for the full range of knee motion must be demonstrated. The door is open. Her embarrassment and helplessness are evident [...] She asks a question. No one notices [...] She gives up. (167)

The doctors do not look at her, nor do they listen to her, as they focus exclusively on her knee, how it moves, and what may be wrong with it. Furthermore, Meyd repeats the statement "[t]he door is open" several times throughout the story, illustrating that the patient is not being treated with privacy, consideration, or respect. Her questions go unanswered and her feelings of embarrassment demonstrate that she is not at all comfortable with the care she is receiving and that her personal rights are being violated in the interest of education. Meyd closes the story boldly by declaring, "[s]he is irrelevant" (167). This powerful conclusion heightens the idea that, while the medical care may be

impeccable, a doctor's interaction with the patient is an equally critical element in the healing paradigm and in the healthcare system.

This notion is furthered by an anonymously written story entitled "Pleasantly Plump," where a third year medical student witnesses morbid and grotesque humour exhibited by doctors at the expense of a pregnant, obese patient. This supposedly factual account portrays physicians in a negative light by exposing the appalling things they say about a patient, which include calling her "The Beached Whale" and "Shamu," a reference to a killer whale (36). In addition, the author adds that the patient "knew we were seeing her body size first and foremost, instead of caring for her as a whole person" (38). This distressing, sincere narrative depicts these particular physicians as being unsympathetic and slightly malicious. Furthermore, the story certainly damages the reputation of physicians, while encouraging patients to question whether their physicians are affording them the privacy and respect they deserve, once again weakening the patient-physician relationship.

As the two prior accounts from the perspective of medical students illustrate, it is possible that these trainees - although undoubtedly influenced by their medical backgrounds - are the most impartial and objective observers of the physician-patient relationship. In their connection with both physician and patient, they are in a unique position to study these relationships. As Arthur W. Frank describes in "The Fascination of Medical Students," medical students are "liminal" beings, in that "they are



neither one thing nor another" (i). This establishes that the students are more knowledgeable than the patient but not as learned as the physician. The student perspective is remarkably valuable in terms of comparing different narrative structures and viewpoints within medical literature.

Though the patient and medical student points of view are imperative to consider, it is necessary to examine literature told from the physician's perspective as well. Perhaps the most realistic example of medical literature written from the viewpoint of a physician appears in Vincent Lam's novel *Bloodletting and Miraculous Cures*. Following the progress of four medical-students-turned-physicians, Lam constructs an accurate and credible novel in which most of the accounts are from the physicians' perspective. This, however, does not mean that all of Lam's portrayals of doctors are positive; most notably, Dr. "Fitz" Fitzgerald, one of the four main protagonists in the novel, seems to deteriorate in both social and medical terms. In the chapter "Eli," Dr. Fitzgerald's treatment of his criminal patient is brutal, insensitive, and borderline cruel, as Fitz lets his temper control him by gagging Eli "hard [...] and [letting] him retch [...] until [Fitz] started to feel better" (181). Furthermore, Fitz's alcoholism diminishes his medical career and his own health. With Fitzgerald, Lam creates a character that is easily understandable to readers through his faults. Nevertheless, Lam establishes that Fitz is not the positively ideal physician and is equally as flawed as any other being, if not more so.

Lam's portrayals are not all negative, however, as he utilizes his four characters to represent the honest realities of physicians working within the healthcare system. Though his characters deal with both personal and professional hardship, they display compassion when dealing with their patients. The doctors' employment of their medical knowledge is predictable, but they also demonstrate empathy, thoughtfulness, and a genuine will to help others. The patients and their families are often described as being at ease around these physicians, not only due to physicians' authority within the medical world, but also due to their kind demeanor and sincere desire to help others. Lam's altruistic portrayals demonstrate that to be a first-rate physician, one must go further than simply being knowledgeable, practiced, and skilled.

The relationship between physicians and patients is one that has been thoroughly examined in order to understand the personal dynamics existing between the two opposing positions. As stated by John D. Engel et al. in *Narrative in Health Care: Healing Patients, Practitioners, Profession, and Community*, "[a] person carries to the relationship with her physician a state of vulnerability and suffering" (58). This statement is undoubtedly true in both reality and medical literature. Dr. Eric J. Cassell further develops the idea in his widely influential article "The Nature of Suffering and The Goals of Medicine," where he affirms,

[a]lthough pain and suffering are closely identified in the medical literature, they are phenomenologically distinct. The difficulty of understanding pain and the

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problems of physicians in providing adequate relief of physical pain are well known. (641)

Together, these observations propose a concept that physicians can never completely identify with their patients in terms of understanding an illness until they themselves experience the illness or until they empathize with the suffering of the patient as a person.

In the rapidly developing genre of medical literature, the importance of communication in the patient-physician relationship is accentuated. The comparison between the perspectives of the patient, the medical student, and the physician underscores how misunderstandings may occur among the different parties within the healthcare system, as well as how physicians are judged as medical professionals. The patient-physician relationship, in general, is of the utmost importance in ensuring that the healthcare system operates efficiently and does not fail patients, students, or physicians. As the medical humanities field continues to evolve and the examination of the patient-physician relationship through literature progresses, one can hope that empathy and understanding between patients and their doctors will improve. It is in the hands of physicians that humanity leaves its trust. As the literature demonstrates, however, this trust must be earned through a more comprehensive relationship than one based solely on possessing and dispensing medical knowledge. The patient and the ailment are not separate entities; they are simply two aspects of the healing equation and deserve to be considered equally.

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