

Poetry and medicine: healing for the healer. A call for a literary supplement

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I was delighted to read an article by a Professor Miles Little in the excellent new section of the *Internal Medicine Journal* called 'Outside the Square'¹, the title of which reminded me of the cartoon 'The Far Side'. I had visions of cows standing up making clever 'one-liners' to each other. These musings aside, his article was about, of all things, poetry. At first, I could not believe it... and in an Australian medical journal. There has arrived finally a breath of fresh air in this emotionally rarefied atmosphere of scientific medicine.

I believe that the Royal Australasian College of Physicians, which appears to be in need of a new *raison d'être*, could play an important role in improving our cultural and medical heritage by publishing a literary supplement to the Journal at least once or twice a year. This could be the soul of our increasingly technological society. In this literary repository, the day to day aspirations and travail of fellow colleagues in prose, poetry or in that near extinct literary form, the essay, could be expressed. As a lover of literature, poetry and French, I have, since high school, loved writing poetry in both English and French and, last year, I wrote a long poem about my experience in East Timor with the Australian Army and United Nations Military Hospital in Dili, which I hope my grandchildren one day will value.

I think it is unfortunate that there are few medical avenues for the ventilation of the more personal sides of our lives. In Storr's brief but excellent overview of Jung's work, he shows how Jung proposed that men might discover the feminine side of their persona². However, Jung found this concept difficult to explain to orthopaedic surgeons. I believe some of the women who have survived and excelled in our testosterone-driven medical societies may also benefit by such emotional conduits as poetry and literary expression. It is also ironic that, in this 'macho' sporting-mad country, we have such a rich anthology of poetry written in the 19th century by pioneering men from the Australian bush, that bastion of all that is male. Unlike Australia, Europe has many physicians who have also been either famous poets or writers.

I believe the levee banks of the medical profession are bursting with a deluge of publications of marginal value written by 'driven' men and women and read by increasingly cynical physicians swamped by often useless scientific information overload that would have been better left in forest form. I realized only recently that one of the reasons I do not enjoy reading most scientific articles is that they are written in a style that I find lifeless, humourless, colourless, impersonal, without passion and in the passive voice. Many are as enjoyable to read as my Saturday morning shopping list. It is hard to imagine 'The Origin of Species' written in the passive voice. Few are personal or emotional, and reflective content is usually forbidden by our editorial mores. Even 'negative' studies are rare.

Last week I attended the Annual Scientific Meeting of the Thoracic Society of Australia and New Zealand in Brisbane. Despite the hundreds of papers read, there was no mention of the word 'patient' (or heaven forbid, 'client') and no reflection of the depth of human suffering of either the patients, families or even doctors. Such pathos was sanitized by the impersonal use of standardized mortality ratios, relative risks, odds ratios, P values and statistical 'proofs' of effective therapies. I went away feeling sad. I think sometimes we use this as a defence against the pain of human suffering, like modern generals waging a war.

Since man first suffered on this planet, there has been an intimate relationship between the healer and the patient and a strong sense of the underlying religious, spiritual and metaphysical nature of humankind, as well as the art of healing. In the West, I believe that this is being lost because of our reliance on technology and our reductionist, utilitarian view of life; the laser-guided bomb with 'collateral damage' analogy.

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OUTSIDE THE SQUARE

I submit these thoughts in the hope that, one day, the Royal Australasian College of Physicians might act as an enlightened example to technocratic clinicians in this and other parts of the world by producing a supplement for all of us to enjoy and that may reveal a more intimate, vulnerable side of our medical lives. It may just produce better clinicians and be a comfort to many and example to our trainees. After all, I still believe that medicine is more an art than a science³.

I conclude with a poem I wrote many years ago after struggling unsuccessfully all night in intensive care with a patient⁴. In my opinion, poetry should convey vulnerability and personal insight. As the message of the loneliness of human suffering is universal, regardless of one's religious persuasions, let us reflect on the need for us to read and write poetry, which can be like the *pietà* in words.

INTENSIVE CARE BED⁴

The last bed
Filled at midnight's empty hour
The play in three tragic acts,
Moribund ... humanity.
Bleep, bleep ... bleep

Monitor marks time with impassivity
Failing heart's fibrillating, syncopated requiem.
Actors white-stiff-starch coated
Green-draped sterility blood-stained,
furrowed brows,
sick smell of latex gloves on tale-white hands and sweat.
Clock's falling hour the foe
And dawn's rays that lie beyond the east.
Shameless tubes and plastic probes
In fading flesh.
Fatigue plays a solo oboe song –
a fugue –
Blood's slow red-brown ooze
In yet more plastic tubes.
Orange dawn
Pierces wounds in sorrow's sombre sky,
The Universal tide runs low,
Life ebbs away. Ventilator alarms ...
No bleep ... bleep.
Love weeps –
And solemn sighs.
Last act, Chart's last entry-
...'Bed One empty'.
Fresh clean sheets –
...the body gone not unlike that Easter morn –
the morning shift comes on.

REFERENCES

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4. Allen RKA. Intensive care bed. *Studio* 1996; 62: 25.