What initially interested you about joining the College?

I had been familiar with the College’s work for many years, especially the programs in medical humanities and professionalism. In 2005 I was invited to serve as a Visiting Scholar in the College’s grant-funded Humanism in Medicine Initiative. As such, I spent more than a week in Philadelphia giving talks at the six local medical schools, as well as a workshop and poetry reading at the College. The project introduced me to the impressive work of the College’s Section on Medicine and the Arts and motivated me (eventually) to join the College.

Much of your work has revolved around compassionate care and the intersection of medicine and the humanities. What drew you to these fields?

This is a difficult question to answer. I’m pretty sure my love of the arts and humanities predated my decision to study medicine. From the very beginning I visualized the humanities and medicine as being closely connected. I eventually chose primary care practice because I gained so much satisfaction from developing relationships with patients and incorporating personal, social, and cultural knowledge, as well as specifically medical knowledge, into their care. Around mid-career I came to the realization that something was missing in my academic life. My work in clinical epidemiology and medical ethics didn’t really reflect the dynamics of humane and compassionate care that I experienced.
in practice and wanted to share with my students and others. So I switched gears and became an “official” medical humanist.

_How do you advise working physicians to go about reconnecting with their empathy and avoiding the pitfalls of becoming overly detached from the suffering of their patients?_

I tend to be skeptical about organized movements, like narrative medicine, or courses designed to teach empathy according to some protocol or model. Empathy is a natural human quality that needs to be preserved in medical training, rather than foisted upon the trainee as something new. I believe the key method of preservation is to focus on self-awareness and reflective practice throughout medical school and on into your professional life. That means to develop practical methods of keeping in touch with yourself (e.g. mindfulness, physical exercise, etc.) and articulating your conflicts and insights (e.g. journaling, reflection rounds, etc.). I don’t think it’s “one size fits all.” Each physician should naturally gravitate toward the techniques that “fit” his or her style and personality.

On the other side of the coin, how have you seen physicians use the humanities for their own self-care efforts?

As I mentioned above, self care is generally the cornerstone of a vibrant ability to connect with patients at a human level. There are exceptions—doctors who are tremendously empathic with patients, yet who run themselves to the ground—but that seems a poor strategy over the long term. Literature, drama, film, history, cultural studies, the arts: all have a great deal of light to shed on human relationships and motivation. Because of that, they are excellent adjuncts to reflective practice, as well as being intrinsically interesting. While a specific practice, like writing poetry, may appeal to only a few, nourishing one’s life with various aspects of the humanities in general is likely to have much broader appeal.

_How has poetry, of which you have published several volumes, helped you in your ability to connect with and care for yourself and others?_

I started to write poetry in high school. It just seemed the natural thing to do and had the added benefit of attracting girlfriends. The strange thing is that as I progressed through college and medical training I never lost the urge to write, even though I rarely set aside the time to do so. Around mid-career when I was approaching something like burnout, I was fortunate to discover that by allowing poetry back into my life, rather than keeping it at arm’s length, I became reenergized. My old enthusiasm for teaching and medical practice returned. I’m sure it’s more complicated than that, but there’s no question that becoming a working poet was a major event in my career. To answer your question, writing poetry became an avenue for me to articulate and “work out” my personal conflicts; in essence, to care for myself. I think the process of reflection involved in writing also made me better able to care for patients.

Which upcoming College event most interests you?

I’m most looking forward to “Mozart’s Death: Dastardly Conspiracies, Medical Fables, and a Likely Diagnosis!” on June 12. Mystery stories are one of my not-so-secret passions, and I especially enjoy efforts to decipher historical mysteries, or to attribute specific disease diagnoses to historical figures.

Tell us about one of your favorite items in the Library or the Museum?

The Library holds a wonderful copy of William Harvey’s De motu cordis, which “first” described the complete circulation of blood through the pulmonary and systemic arterial systems. This is one of the seminal developments in European medicine. I placed quotation marks around the word “first” because the great Islamic physician Ibn al-Nafis (d. 1288) accurately described the pulmonary circulation almost 400 years before Harvey. He wrote, for example, “The blood from the right chamber must flow through the vena arteriosa (pulmonary artery) to the lungs, spread through its substances, be mingled there with air, pass through the arteria venosa (pulmonary vein) to reach the left chamber of the heart.” We often forget that Islamic medicine in particular, and Islamic civilization in general, was far more advanced than European civilization in the Medieval period.