Teaching literature and medicine

SIR

We have now run a Literature and Medicine Special Study Module for 2nd and 3rd Year undergraduates at the University of Birmingham Medical School for the last two years, and have therefore followed your debate on the role of literature in medical education with special interest.

We have to grapple in a very practical way with what a course of this nature should be "about". Ought we to persuade students that the portrayal of illness in literature involves the study of writers who have the insight of genius into the nature of illness, and therefore special claims on our attention? Alternatively, are we hoping to develop in students some particular way of looking at the world which will somehow prepare them for the vicissitudes of professional life?

There is a simple fact that needs to be addressed here. Except where writers are talking about their own emotional states (some of which amount to clinical problems), they write rather badly about disease, because disease is seldom truly their subject. Of course there are exceptions: Dickens depicts physical problems with particularity, Solzhenitsyn's Cancer Ward works well as a description of, well, a cancer ward (and the author has claimed that this was indeed his real aim), and - in spite of the comments on Lolita made by both Gillon1 and Pickering2 - Nabokov gives his paedophile narrator an authentically complete lack of insight. But on the whole, the answer to questions such as: "what does Ophelia tell us about madness" is likely to be: not very much, and certainly not as much as we can learn elsewhere. Indeed, a question such as: "what was Ophelia suffering from" is usually as pointless as the question famously dismissed 60 years ago in L C Knights's How many children had Lady Macbeth?3 Who cares? Macbeth is not "about" child-care.

There are, as it happens, a fair number of books around at the moment which are about illness and the response of individuals and their loved ones to it. All are written by professional writers, all are in different ways excellent - and all of them offer an experience which is quite unlike the experience of literature.4-6 Where we have used texts of this kind in our classes, it has been clear that they have engaged our students in a different way: apart from anything else, they are easier to make sense of.

This raises the question which Pickering draws attention to. Literature does not have a content the way that a medical textbook has a content. There are few if any works of great literature which are "about" anything very precise. But this in turn raises two important educational points. The first is that one of the major thrusts of contemporary medical education is that it is not just about knowledge. The days of the purely content-based, information transfer course are over, and among the beneficiaries are (apart, one hopes, from the students) such disciplines as ethics and behavioural sciences. Medicine is not just a list of things to know: and the discipline of reading literature is one way of helping students to an understanding that the correlation of level of knowledge to level of wisdom is poor. Thus, broadly speaking, one could argue that literary study is a good thing.

Secondly, however, just as part of ethics is concerned with the relationship between particular cases and general principles, just as part of literature is concerned with the particularities of sets of characters, so contemporary medical education claims a special role for problem-based, inductive learning which looks at individual patients and invites students to build up from them to the general principles which they illustrate.

Gillon is therefore surely correct to say that literature can offer individual cases which function as elements in a problem-based syllabus. The general difficulty comes, as Pickering suggests, with the view that these individual cases need to be used to reach "generalisable conclusions". And the precise problem, we would argue, is that word "conclusions". It is not in the nature of literature to offer conclusions: recognition of textual ambiguity is central to literary study. Even that most goal-oriented of poems, Paradise Lost, which sets out to "justify the ways of God to man" notoriously ends with everyone having sympathy with the devil. If literature has a consistent theme it is that much of the world as we experience it is irreducibly complex.

And, finally, this brings us up against an interesting conundrum. The theme of literature is the world's complexity - this is the justification for literary study on the undergraduate medical curriculum. However, a complex world is not necessarily illustrated through images of doctors and disease. Why then do disease-centred texts feature so prominently on most courses (including our own)?7

To be blunt, the answer to the second question is partly to do with credibility, with respect both to getting permission to operate this kind of course, and encouraging students to give it a try. But it also has to do with what we feel is the need to help students consider the relationship between their own developing professional and personal selves. Thus, for example, with the death of Ralph Touchett in A Portrait of a Lady, it is important to observe the relationship between the (accurate enough) professional details of death from consumption and the personal themes of love and compassion, of the death of friendship and the start of memory.
Reading literature is about the discipline of understanding from which spring awareness ("conscientização", to use the term of one of the great exponents of reading for education") and autonomy. And in general, the contextualisation of universal themes in the professional world of the student makes obvious sense. The most successful text we have used to date (it has one of the few heroic doctors in literature) is Camus’s *The Plague,* not for what it says about disease, but for its picture of the integrity of a professional man confronted - as doctors are - with tragedy which he can do little to influence. Yet Dr Rieux copes, through his understanding of the universal importance of duty:

“There lay certitude; there, in the daily round. All the rest hung on mere threads and trivial contingencies; you couldn’t waste your time on it. The thing was to do your job as it should be done”.

This is insight.

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References
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10 See reference 9: 37.
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*J Med Ethics* 1999 25: 278-279
doi: 10.1136/jme.25.3.278

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