Sarah Alger: Welcome to Proto, a podcast that explores the frontiers of medicine. I'm [Sarah Alger 00:00:07].

Dr. Suzanne Cov...: And I'm Dr. Suzanne Covin. Physicians and others in the medical field undergo their training in the science of how to heal the body, but how do we develop the other skills we need to help our patients and ourselves?

Sarah Alger: There may be lessons in more humanistic pursuits. For instance, in writing and in reflecting on great writing. For the past several years, Dr. Covin has been meeting with hospital staff and helping them discover literature that speaks to their experience such as the poem Nurse from Dorianne Laux.

Dorianne Laux: My mother went to work each day in a starched white dress, shoes clamped to her feet like pale mushrooms, two blue hearts pressed into the sponge rubber soles.

Dr. Suzanne Cov...: What happens when a clinician is faced not with a patient or a peer review paper, but a poem?

Sarah Alger: The examination of a poem, coming up on this episode of the Proto podcast, brought to you by Massachusetts General Hospital. In every era, it seems some people manage to marry their love of medicine with a calling to write. Anton Chekhov became one of the great short story authors while he was still seeing patients in the environs of 19th century Moscow. At [Passaic 00:01:21] General Hospital in New Jersey, the poet William Carlos Williams wrote his famous collection Spring and All while working in the department of pediatrics. Yet, both pursuits are intellectually and spiritually demanding. Balancing the two calls for a certain temperament and an ability to think along two very different tracks.

One person who can speak to that is Dr. Suzanne Covin. She received her undergraduate degree from Yale in English literature and a medical degree from Johns Hopkins. For more than 25 years, she has practiced as a primary care physician at Mass General Hospital and also pursued a writing career. Her work has appeared not only in the Lancet and the New England Journal of Medicine, but also in literary publications such as the Virginia Quarterly and the LA Review of Books. In 2019, she was named the inaugural writer-in-residence at Mass General Hospital. Dr. Covin, welcome.

Dr. Suzanne Cov...: Thank you, Sarah, and thanks for inviting me to talk about my very favorite topic.

Sarah Alger: I should mention that I work at the Russell Museum of Medical History and Innovation at Mass General, and we were honored to host Suzanne's very first writer-in-residence program event at the museum for National Poetry Month in 2019. So I'm particularly honored to be digging deeper into these topics with you today. Anton Chekhov famously said, "Medicine is my lawful wife and literature my mistress." How do you see the relationship between these two very different careers in your life?

Dr. Suzanne Cov...: I love that Chekhov quote. When tuberculosis cut off his, cut short his medical career fairly early, he later said that prose was his lawful wife and the theater was his mistress, but another quote I like that I've often thought of in terms of my own what's become I think not so much too different complementary careers even anymore, but just one career, is early on when his editor encouraged him to give up medicine and devote full-time to writing, he wrote back to his editor, "I know that you don't want me to chase two hares with one hound," which I've always loved. I think when I started writing which was mid-career medically, I thought I was chasing two hares, that I had a career and an avocation and then two parallel careers. Now, they really just feel one in the same to me in that storytelling really is the foundation of medicine and of course of writing as well.

Sarah Alger: In 2009, you launched a medicine in literature discussion group which continues, right?

Dr. Suzanne Cov...: Yes.

Sarah Alger: And what did you hope to accomplish with it?

Dr. Suzanne Cov...: I mean if you think about it, being a healthcare worker ... And I use healthcare worker and clinician very deliberately and not just doctor because even though we talk a lot in medical humanities about the doctor-patient relationship, that's not the only one that's important in healthcare and in our groups, we've had nurses and administrators and nurse practitioners and chaplains and all kinds of folks who are not doctors, but if you think about what we do, it's really very strange. You're taking people who are very communicative, very curious about other people, very empathic in general, and you put them in a room one-on-one usually with a patient. There's very intimate material that is spoken of and then other than in the driest sense, the healthcare worker is not permitted to discuss this.

I personally think that one of the reasons you're seeing so much writing now by doctors and nurses and others in healthcare, narrative writing I mean, is that as the medical record has become less and less communicative and more and more non-narrative and disjointed, there is this desire to convey the stories that are bottled up. So picture this communicative group that isn't allowed to talk about these things that are not only not usually spoken of, but sometimes can be traumatic for the listener, and now give them a safe way to talk about them and it is really just remarkable the kinds of things that people feel empowered to say and the eagerness with which they say it.

Sarah Alger: So at any point have you gotten any resistance from anyone you're coming to like, "What's a poem going to do for me?"

Dr. Suzanne Cov...: Of course I don't know if there's anybody silently rolling their eyes because they're silently rolling their eyes and I don't know about it. What I will tell you is that when I started going out to practices during their regularly scheduled meeting times, I was a little apprehensive. People's beepers are going off and they're trying to rush their lunch in between, say, the morning and afternoon patient care sessions. I thought that people would say, "Wait a minute. Last week, we were talking about hepatitis and this week, we're reading a poem. That's weird. Why are we doing it?" But to my absolute delight, I have never had anyone say, "Why are we doing this?" I think my sense has been that people know intuitively exactly how this kind of work relates to their lives and I have gotten no pushback, only encouragement other than, as I say, silent eye-rolling about which I blissfully am ignorant.

Sarah Alger: So let's get to the poems, these encounters you've been facilitating. We are starting with a poem by Dorianne Laux that you've used and the title is Nurse. Let me quickly add that the poet, Dorianne Laux, was kind enough to record the poem herself for the Proto podcast.

Dorianne Laux: Nurse. My mother went to work each day in a starched white dress, shoes clamped to her feet like pale mushrooms, two blue hearts pressed into the sponge rubber soles. When she came back home, her nylons streaked with runs, a spatter of blood across her bodice, she sat at one end of the dinner table and let us kids serve the spaghetti, sprinkle the Parmesan, cut the buttered loaf. We poured black wine into the bell of her glass as she unfastened her burgundy hair, shook her head, and began. Over the years, we mastered it, how to listen to stories of blocked intestines while we twirled the pasta, of saws teething cranium, drills boring holes in bone as we crunched the crust of our sourdough, carved the stems off our cauliflower.

We learned the importance of balance, how an operation depends on cooperation and a blend of skills, the art of passing the salt before it is asked for. She taught us well so that when Mary Ellen ran the iron over her arm, no one wasted a moment. My brother headed straight for the ice, our little sister uncapped the salve, and I dialed the number under ambulance, my stomach turning to the smell of singed skin, already planning the evening meal, the raw fish thawing in its wrapper, a perfect wedge of flesh.

Sarah Alger: So Dr. Covin, can you tell us why you selected this poem?

Dr. Suzanne Cov...: I just think this is a great example of something that literature is able to do which is to dive beneath the surface of the experience of caregiving. When I say dive beneath the surface, I'm actually paraphrasing something that President Barack Obama said in an interview with the New York Times shortly before he left office in which he said that reading fiction helped him dive beneath the surface of what was going on day-to-day in the White House. I really felt that that captured what literature can do in the world of the hospital.

In this case, we see nurses everywhere going about their work, but do we think about what does it look like for a nurse to go home to her or his family and how that affects the family? What I love here is just of course the sensory details, the image of the blue heart emblazoned on the nursing shoes which will be very familiar to any nurse. I don't know that they're worn so much anymore, but back in the day, they certainly were. The reversal of roles of caregiving that the nurse comes home and is now cared for by her own children after a hard day of caregiving.

Sarah Alger: And so how have people in your group reacted to this poem?

Dr. Suzanne Cov...: Well the night we read it, people loved it. Nurses particularly, I think, appreciated it in a very visceral way. Nurses who are mothers, and I say mothers because I don't believe there were any men who are nurses who were there that night, related to it in a very, very specific way and folks whose parents like mine had been clinicians found that it evoked memories that they'd not thought of for years. Certainly that was the case for me.

Sarah Alger: Wow. So as you've sort of said already, there's this mixing in the poem. The mother's medical practice is woven into family life, but so is her storytelling and the children take lessons from both which feels very relevant to what you're doing. I wondered can you talk about the history of projects like this. What work like this precedes you, the humanities in medicine coming to the aid of one another like this?

Dr. Suzanne Cov...: Yeah, sure. So centuries ago and even really well into I think the late 19th century, the humanities were an inseparable part of medicine and medical training and educated man, and of course they were all men, studied Greek and Latin and great literature as part of medical training and medical notes from those days are sometimes just real prose masterpieces, sort of wonderful narratives and very descriptive during an era when unfortunately many times description was about all a doctor could do related to an illness. As technology and scientific knowledge have advanced, the narrative aspects of medicine have fallen away. There simply isn't as much time for them.

So in the last certainly 30, 40 years, medical humanities, which never really went away entirely, has become recognized as I guess a corrective to that imbalance. It's always been acknowledged that medicine is both an art and a science. I think years ago, it was more art and then it became more science and programs such as mine, which in some form or another exist at virtually every medical school and certainly many hospitals in the US and around the world, are I think becoming more and more central to the effort to correct that balance.

Sarah Alger: Here's another poem, When Giving is All We Have by Alberto Rios.

Alberto Rios: When Giving is All We Have. One river gives its journey to the next. We give because someone gave to us. We give because nobody gave to us. We give because giving has changed us. We give because giving could have changed us. We've been better for it. We've been wounded by it. Giving has many faces. It is loud and quiet, big though small, diamond in wood nails. Its story is old, the plot worn, and the pages too, but we read its book anyway over and again. Giving is first and every time hand to hand, mine to yours, yours to mine. You gave me blue and I gave you yellow. Together, we are simple green. You gave me what you did not have and I gave you what I had to give. Together, we made something greater from the difference.

Sarah Alger: That was Alberto Rios reading his poem for the Proto podcast. So what has been the resonance of this poem for a medical audience?

Dr. Suzanne Cov...: I just adore this poem and I've read it with many different groups, including my own medical practice at Mass General. This poem was read at the mass poetry event at Huntington Theater last year, Evening of Inspired Leaders, by Mass General President Dr. Peter Slavin who also read it at our own event in honor of National Poetry Month. What I love about this poem as it relates to healthcare is that it is deceptively simple and yet it addresses one of the most elemental and existential aspects of healthcare which is what does it mean to care. What does it mean to care? I mean just asking that question alone for people whose very profession has the word care in it is powerful, and it begins ... Something that I often point out and delight in is that as is so often the case with a poem, the structure of the poem reflects its meaning.

It starts out with opposites in a way. We give because someone gave to us. We give because nobody gave to us. We give because giving has changed us. We give because giving could have changed us. I should mention that when we read these lines aloud in groups of healthcare workers, many of whom by the way haven't read a poem since high school, people nod in recognition. They find themselves saying, "Oh, yeah. I'm the person in the first line" or "No, I'm not that person. I'm the person in the second line." Anyway, it begins with opposites and then at the end, we have blue and yellow together as simple green. We have something that is irreducible and a question I always ask when I read this poem with a group is, "Why did it have to be simple green? Why couldn't blue and yellow just be green? Why simple green?" Poets choose their words very carefully. There must be a reason.

What we come up with is that the simple indicates that two things have come together and are no longer two things. They are one thing. This transformation very much mirrors the caregiver and care-receiver interaction. When I see a patient in an exam room, by the end of that interaction, I am no longer exactly the same person who walked into the room and the patient is no longer exactly the same person who walked into the room. There is something sometimes very hard to articulate that has happened between us, not always something positive even, but there is something that has happened between us that exists separate from each of us but including both of us. We were blue and yellow and there is a simple green.

Sarah Alger: So you don't only read poems. What are some of the longer works you choose?

Dr. Suzanne Cov...: The list is long and wonderful and can be found, by the way, at my website, but we've read everything from King Lear, Death of a Salesman, Kafka's Metamorphosis, modern memoirs such as George Hodgman's Bettyville, novels such as Rebecca Makkai's The Great Believers and Jeffrey Eugenides's Middlesex. Then sometimes we read short stories such as those of Chekhov and Alice Munro, Margaret Atwood, and essays by Jill Lepore, Oliver Sacks. It's really just ... As I said, it's just a wonderful varied carnival of literature. I have confessed to my groups and I'll confess here that basically what I do is I find a piece of literature that speaks to me and I feel instinctively will speak to my colleagues and just very naturally the ways in which that piece of literature relates to our work as healthcare workers emerges in the discussion.

Sarah Alger: So let's finish up with a few broader questions about your work. There is extreme interest now in the maintenance of physicians during their careers, not just in the sense of continuing medical education but in keeping them from burning out. How does this kind of practice play into that?

Dr. Suzanne Cov...: Well I have to confess that whenever I hear the term burnout, it makes me itch a little bit and the reason is that I think it describes most often a normal reaction to abnormal and systemic stresses. It's sort of like calling a famine a hunger problem. Having said that, I do think that a major cause of burnout is a loss of a sense of meaning in one's work, not just for clinicians but for anyone. To whatever extent this kind of work reconnects clinicians and other healthcare workers to a sense of meaning around our work, I think it ameliorates burnout, but it's no substitute for correcting the systemic pressures that are causing the burnout in the first place.

Sarah Alger: One of my favorite pieces of yours was published in the New England Journal in 2017 with the title Letter to a Young Female Physician. Here's a little of that from you.

Dr. Suzanne Cov...: I now understand that I should have spent less time worrying about being a fraud and more time appreciating about myself some of the things my patients appreciate most about me: my large inventory of jokes, my knack for knowing when to butt in and when to shut up, my hugs. Every clinician has her or his own personal armamentarium as therapeutic as any drug.

Sarah Alger: What do you hope that an encounter with these poems can add to a physician's armamentarium?

Dr. Suzanne Cov...: As I hope to express in this particular essay and as I believe deeply, the most powerfully therapeutic tool a clinician possesses is her or his self. Poetry, other literature, any art enriches who we are as human beings and that enrichment increases our capability as healers.

Sarah Alger: Dr. Covin, thank you so much.

Dr. Suzanne Cov...: Thank you, Sarah.

Sarah Alger: I'd also like to mention that Dr. Covin is working on a collection of essays entitled Letter to a Young Female Physician which will be published by WW Norton and Company in 2021. Listeners, thank you for tuning in to the Proto podcast.

Dr. Suzanne Cov...: Today's podcast was produced by Emily [Silber 00:25:40], Bradley [Kline 00:25:40], and Jason Anthony.

Sarah Alger: Special thanks to the poets Dorianne Laux and Alberto Rios who read their poems for us. Thanks also to our technical directors, Adam Keller and Chelsea [Andies 00:25:51]. Subscribe to the Proto podcast on iTunes and Stitcher and follow us on Facebook, Twitter, and Instagram. See you next time.