

Out of Hours

Reading for meaning

When we think of the typical doctor, we conjure up an image of the consummate scientist, nose in a textbook, absorbing facts and figures by the pageful. We hardly imagine them curling up with a collection of Auden or Duffy of an evening, but perhaps this wouldn't be a bad idea.

The skills learned from sitting down to analyse a piece of poetry are more relevant to the practice of medicine than they may initially appear, and a quick comparison between the guidelines from the Writing Centre at the University of Wisconsin–Madison (UWM)¹ and the 'traditional medical model'² seems a simple way to demonstrate this crossover.

READING A PATIENT LIKE READING A POEM

The traditional model for history taking is taught at most medical schools. It is primarily disease- and diagnosis-centred, with little time built in to help consider how the patient feels about the disease process. However, the poetry-based model will hopefully address some of the shortcomings we find with the traditional medical model, while still allowing for scientific analysis of the patient's condition. It will also create an opportunity for dialogue between patient and doctor with regards to what the patient views as their major problems.

Moving through each section of the traditional model in comparison with the UWM guidelines, I hope to show how taking a history in a similar way to what, in literary terms, is called 'reading for meaning' will achieve a better understanding of what the patient requires from the consultation, while still having a clinical focus.

In order to submerge ourselves in the idea of the consultation as a poem to be read, we must first commit to the interpretation of the patient as poet. We would not do badly to listen to WH Auden in 'At Last the Secret is Out':

*'Behind the corpse in the reservoir, behind the ghost on the links,
Behind the lady who dances and the man who madly drinks,
Under the look of fatigue, the attack of migraine and the sigh
There is always another story, there is more than meets the eye.'*³

When we take this as the premise from which to examine the patient's history, the

most obvious parallel between the format of a poem and history taking is the concept of the title as the presenting complaint. We must ask ourselves, 'What does it tell [us] about the subject, tone, and genre? What does it promise?'¹ Doing this allows the patient the freedom to set out why they think they are here, and provides the groundwork for us to build on.

We next turn to the history of the presenting complaint and the patient's past medical history. Looking at a poem, we would want to consider the order of events. We have to look at their progression and whether any are expressly highlighted; the patient may have an idea of major occurrences that do not necessarily correlate with the doctor's. Similarly, when reading a poem, it is important to look for any concepts that are given particular emphasis. These give the reader an impression of the main ideas the poet is trying to convey, just as the poet-patient will give priority to the problems that are affecting them to the greatest extent; whether those are the most medically significant or not. It is probable that the patient has thought carefully about what they will say during the consultation, especially if they have been waiting a while, and their choice of words will be calculated to convey their main concerns. We can place an emphasis on understanding their requirements by listening out for consistent patterns in what they are telling us. After all:

*'The ear says more,
Than any tongue.'*⁴

Moving on, we come to the context of the poem; under what circumstances is the poem's action taking place? In a history, this appears as the social aspect: what do we know about the poet-patient's situation? Are they unable to work and struggling financially? Or are they finding it difficult to cope looking after a young family because of their illness? These are problems that aren't traditionally 'medical', but are all included in the way the World Health Organization defines health as 'a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity'.⁵ In the UWM guidelines, we are encouraged to summarise the poem to check we have covered all the pertinent points, and the same is encouraged with the patient; in a short consultation the information we have been told is highly

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compressed, so attempting to paraphrase allows us to confirm with the patient that we have understood their problem, handing them permission to correct us if we have got something wrong.

To finish, the UWM suggests that we should ask ourselves, "'So what?' What does it do? What does it say? What is its purpose?' Transferring this to the consultation, we need to ask, 'What now? Do we know why the patient is really here? Do we understand enough to be able to address their expectations?'

In light of the similarities between the two frameworks developed for very different purposes, it seems it may be time to give the textbook a rest and pick up the dusty poetry anthology last put down after GCSE English Literature.

It might just make you a better doctor.

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