



Volume 11
Issue 3
2017

Speaking Medicine: Reflections from a Sophomore

Clara Lu

Learning medicine has been much like learning a language. Just as we acquire new words, in medicine we master concepts and procedures not by memorizing but by using them—shakily at first, then intuitively, and finally with confidence and tact. In both, we become fluent by surrounding ourselves with the fluent. And so for me, the popular analogy of drinking from a fire hose has not rung as true as its alternative, an analogy of daily immersion in the deep repertoire of medical knowledge, from which I can only hope to gain eloquence.

Although eloquence remains far from reach, medicine after one year no longer feels foreign, just as a toddler understands a language to be hers without grasping at its full meaning. Toddlers of medicine, we novices pride ourselves in our hard-earned medical jargon, in the secret code of charting acronym upon acronym, and in the patterns and rhythms of a language we've begun to call our own.

But we learn to edit a language as quickly as we become comfortable with it. Within the hierarchy of clinical discourse, discerning when and when not to speak has become critical. And so we've learned not only how to highlight a patient's pertinent positives and negatives, but also how to filter information to favour our biases, how to conduct conversations that show what we know and hide what we don't.

There's danger in living a life thus encoded. Focused on using the right terms to belong, the right Latin to impress, the right number of words to mask our inexperience, we may not see how devoting ourselves to a single dialect can distance us from the poetry of our practice. If language can include, then it can also exclude; it can advocate or discriminate; it can wrench patients from or anchor them within their own narrative. Words, directed across rather than toward the hospital bed, can render a patient more powerless than their illness ever did.

It's easy to forget that beneath this professional face lies our core humanity, that beside the prose runs a common poetry we share with patients and colleagues alike. To embrace poetry beyond prose is to accept that our experience may not always find expression in secure, well-formed sentences, with the next phrase logically following the last—there will be tangents, derailments, caesurae. It is also to recognize those times when the best choice of words is no words at all, times when the best intervention is no intervention. Just as there is value in words, there is value in silence, cadence, and the reading between.

As he sought to define his life's calling, the composer Robert Schumann wrote of his "struggle between Poetry and Prose, or call it Music and Law" (Jensen, 2001, pp 34–35). There exists for us the same ancient tug between medicine's art and its science, between our empathy and our efficiency, between clinical intuition and evidence-based practice. Both are necessary, yet not always complementary—the Heisenberg principle at play in medicine.

But ultimately, to weigh poetry against prose is to ask the wrong question. However we choose to articulate ourselves—as poets, or scribes, or songwriters, or storytellers—it will count for nothing if we cannot first be listeners, drawing forth the patient's voice and placing the pen in their hand. Gifted daily with threads of narrative, we must listen until listening becomes the mother tongue, until it fills our throats with humility and conviction, until it alone teaches us that balance of poetry and prose that heals.

Reference

Jensen, E.F. (2001). *Schumann*. New York: Oxford University Press.

Clara Lu is now a third-year medical student at McMaster University, Hamilton, Ontario. Email: clara.lu@medportal.ca